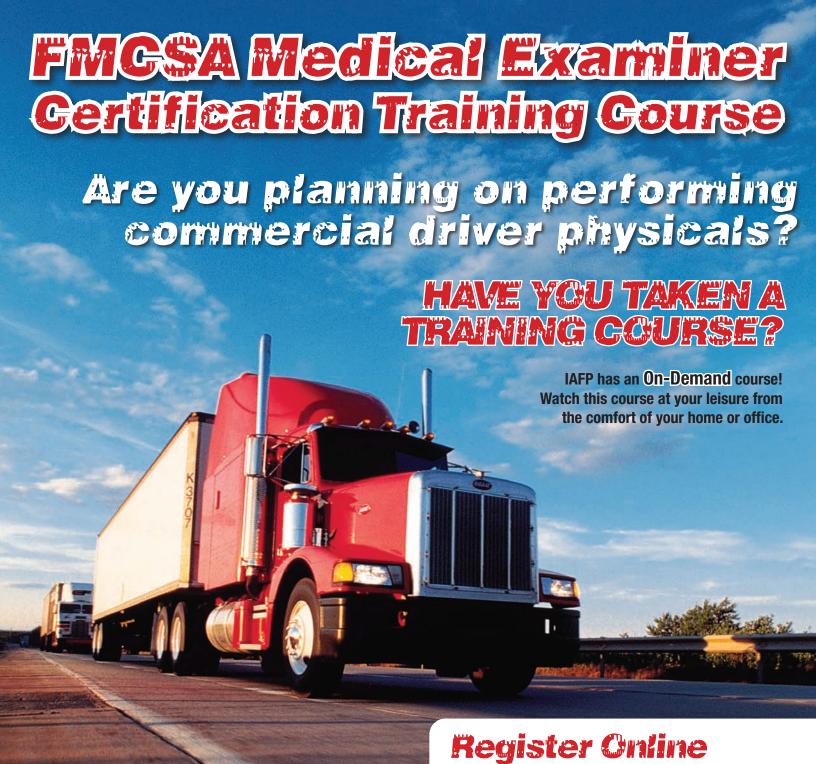
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**The Federal Motor Carrier Safety Administration** has established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must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

www.iaafp.org

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

Vision Statement for the Iowa Academy of Family Physicians "Family Medicine will be the foundation for a healthier Iowa."

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#### IAFP OFFICE

1515 Linden Street, Suite 220

Des Moines, IA 50309

Phone: (515) 244-4182

Fax- (515) 244-4131

E-mail: mail@iaafp.org

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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.

# PHYSICIAN PHYSICIAN

OFFICIAL PUBLICATION OF THE IOWA ACADEMY OF FAMILY PHYSICIANS Vol. XLIX No. 1 / Spring/Summer 2022

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### TED LASSO OF HEALTHCARE

#### By Laura Bowshier, M.D.

Family physicians are the Ted Lassos of the healthcare world. Rather than finding a bomb in someone's stomach midsurgery (I'm looking at you, surgeons of Grey's Anatomy), family physicians are the problem solvers. They connect this patient, these healthcare colleagues, this community and these resources and innovate towards better health and wellness. Done well, this is not sensational or salacious (though we all have adrenaline-filled cases we recall for better or worse), but is interesting because of the complexity, the relationships and eventually the solutions found.

Because of the ability of a family doctor to synthesize and lead, it's been recognized for decades that primary care is the backbone of a healthy society. Last year, the National Academies of Science, Engineering and Medicine published their report "Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care" looking at how to strengthen this base. This report created an outline of opportunities at the

local, state and national level to enhance primary care and thereby our nation's healthcare system.

As such, your academy has been working to bring these recommendations to Iowa. From coordinating with national research groups to look for baseline data on how we're doing to continued advocacy at the state house for increased funding for the Rural Loan Repayment program, we are embracing our role to champion the health of our communities and the specialty of family medicine. Part of this effort also involves highlighting innovative practice models throughout the state through our magazine and educational programming. Let us know how you are using your team and your tools, so we can collectively learn and grow.

In the vein of Ted Lasso's advice to "be curious," I end with an ask - please let us hear from you. Reach out and share your feedback on how the academy is doing, either with opportunities for improvement or those you appreciate. Join us at our



member socials or education conferences to connect in person. Become involved in an IAFP committee in which you have a passion or suggest a new interest group that you'd like to see. We are the foundation for a healthier Iowa and we are stronger together.



# Interesting Cases: They Aren't What They Used to Be

By Jason Wilbur, M.D.

Welcome to warm weather, Iowa family physicians! And remember the color green? It's back! Is it somewhat trite to start a seasonal column with an observation about the season? Yes. But am I also genuinely thrilled that things are growing in my yard again? Yes!

Our original intention was to devote this issue to "interesting cases." However, our guest columnists had other important and challenging things to write, and I urge you to read their perspectives on the intrinsic difficulties in balancing a life in medicine and the ethical issues that emerge when imprisoned people need health care.

As I have aged into this profession, the meaning of an "interesting case" has changed. When I was a student and a resident, an interesting case was a rare diagnosis or an uncommon presentation of a common diagnosis. Illness scripts and paradoxical presentations were cemented in our brains with these cases. It was "cool" to diagnose metastatic melanoma that presented as a seizure. While I still feel some excitement when I make such diagnoses, that emotion is overbalanced by dread for the patient and a little shame for myself. As I have grown in experience, I have expanded my definition of an "interesting case."

A better type of "interesting case" is one where I have a solution to a problem that's been overlooked. One of my favorite stories in this vein is that of a long-time patient of mine who saw an orthopedist regularly due to multiple joint replacements and terrible osteoarthritis. The patient was having increasing difficulty with arthralgia and his orthopedist was prescribing oxycodone. Frustrated that he was not feeling better, he came to see me one day. I diagnosed

him with polymyalgia rheumatica and prescribed prednisone. He called two days later profoundly grateful, calling it a "miracle." Now, that feels good!

Another type of "interesting case" is one that I follow over time—and I mean years or decades. These cases show a side of medicine that is difficult to fully appreciate as a student or resident, where such long-term continuity is impossible. This kind of continuity relationship only happens if you stay in one place for long enough, and basically keep doing the same thing. I am fortunate to have some patients who I have known for 15 or 20 years. Sometimes I've "adopted" their families over time and sometimes not. Either way, I have learned amazing things from all of these relationships. I've watched children grow into adults and middle-aged adults grow old. Of course, I've had my share of successes, failures and losses. The "interesting" part of these cases is walking with them on their journey-not arriving at a destination. One patient I walked with dealt with chronic pain with years of opioids, and I was amazed as she lost weight and tapered off high dose opioids. Another couple developed dementia together and refused to leave their home or let anyone help them until the situation was critical and we were able to get them to assisted living. Sure, these cases aren't rare diagnoses or satisfying treatments, but they are meaningful and important relationships.

A final type of "interesting case" is the one where I reach my limit and learn something from someone else. To be a good physician, you must know when you are at your limit – when you need to turn to team members, specialists, or caregivers for help. This could be a simple knowledge deficit (e.g., "You



mean a male with dysuria and negative gonorrhea, chlamydia and urine culture probably has trichomonas? Why didn't I think of that!"). It might be an aspect of the patient history I am lacking (e.g., "Your mom drinks 2 bottles of wine a day? That explains a lot."). There are many times when I must work with my subspecialist colleagues to provide optimal treatment for my patients, and I almost always learn something interesting when we care for those patients collaboratively.

I am sure that you can think of many other types of interesting cases. As always, if you have a comment, question or recommendation for us about this magazine — your magazine — please contact me at jason-wilbur@uiowa.edu.

As required by the IAFP Bylaws this is the official notice of Annual Business Meeting to be held on Thursday, October 27th at 5:00 pm at the West Des Moines Sheraton.

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

Spring/Summer 2022 3

### WHERE IS THE HUMANITY?

By Megan Sinik M2

You walk forward to enter the elevator at the hospital, and you are faced with a person in an orange jumpsuit, chained to a wheelchair, with a guard standing behind them.

#### How do you respond?

I have seen people stop in their tracks and turn abruptly, some enter the elevator but do everything in their power to maintain distance and avoid eye contact, and others simply act normally. I find myself acutely aware of these interactions, wondering if it was fear, awkwardness, or simply ignorance that led to different reactions. I also find myself studying the interactions of my residents and attendings with those who are incarcerated, wondering if they will change their tone, body language, or even their medical plan due to the circumstances of our patient.

An equality perspective would say every patient is deserving of the same treatment, regardless of their circumstances. An equity perspective would recognize that incarcerated people do not have autonomy over their healthcare -- limited access to providers, medications under strict regulation, and their ability to change lifestyle habits even more constrained - thus we must attempt to deliver the same level of care within that constrained framework. A justice perspective would ... unknown. It's hard to find any manner of acting just within a system based on injustices: what does the just provider do? Recognize the failings of a system built on punishment and isolation, work to your capacity on advocacy for change, and hope this leads to a society built on restorative justice, active forgiveness, and community? How does this look in an individual patient context? I don't think these questions have universal answers, but they are ours to grapple with as we develop into the competent and just providers we hope to become.

These questions and nuances exist for everyone but are exacerbated by the unique nature of the medical field. We have four core values, known and upheld by every practitioner: beneficence, nonmaleficence, autonomy, and justice; all stand in stark contrast to models of incarceration currently practiced. The essences of our two existences are at odds, yet constantly overlap within the hospital. At this point of overlap, interesting cases have emerged, representing clearly how the paradigm of care and the paradigm of punish are in conflict.

The first patient, as with all incarcerated patients, was chained by her ankles to the bed. Although she was able to walk with ease, these chains kept her in bed, except to use the restroom. We repeatedly asked the guards if they would be able to unchain her, allowing her to exercise by walking around the room. Who knows if they fulfilled this request? What we do know is she suffered from a pulmonary embolism later that week.

In the second case, the tension between care and punishment was almost palpable. A patient, who incidentally had Covid, was admitted for treatment. Our floor was a locked unit that did not allow visitors because the patients walked the halls and hung out in the dayroom together, and we could not risk Covid transmission between them. Therefore, patients with Covid were confined to their room, and we donned PPE as we entered, business as usual for the past 3 years. However, the guards, who stood in the room all day, and also walked the halls, did not want to wear PPE. They claimed the yellow gowns interfered with their access to their firearm. Keep in mind, this patient was not

in a state that allowed them to move. The guards were repeatedly reminded to wear PPE, told they could rip holes to allow for gun access, but they repeatedly refused. This cycle continued, and tensions increased. Finally, the guards decided the patient's care was now in their hands and took the patient from the hospital before he had been treated for his medical condition. The next morning, the patient was back in our Emergency Department.

During the third case, one of my favorite medical quotes came to mind, "wherever the art of Medicine is loved, there is also a love of Humanity." This patient had suffered a hemorrhagic stroke and was in the ICU on a ventilator. His neurological status wavered, at times able to wiggle his toes, at other times barely responsive to a sternal rub. Yet a guard stood watch over him, and cuffs were locked tight against his ankles. Those cuffs stared me in the face like a sick joke, this patient was not going anywhere anytime soon, and they wanted to make sure he knew it.

# Where is the humanity in this treatment?



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 lowa. 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

## 2022 MATCH RESULTS

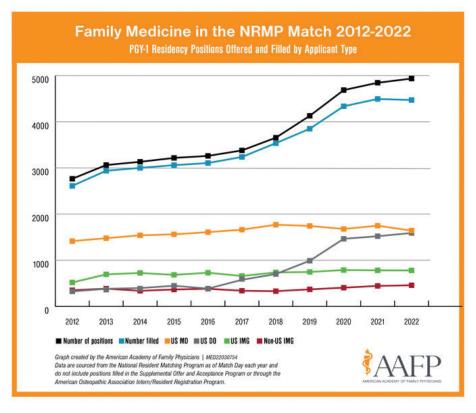
#### **Iowa Stats**

18 UI M4s matched in FM - 12% of the 152 graduates. Only 6 of those matched in Iowa FM residencies.

55 DMU students matched in FM - 14 matched in Iowa FM residencies.

#### **National Stats**

Family medicine programs filled 4,470 positions in the main Match, 23 fewer than last year, for a fill rate of 90.6%. However, 16 more family medicine programs participated in the Match compared to a year ago, offering nearly 100 additional positions. That means that when the results of this week's Supplemental Offer and Acceptance Program are added to the total, it's likely that the 2022 class of family medicine residents will be the largest in the specialty's history.



- U.S. seniors from allopathic medical schools accounted for 1,555 positions, down from 1,623 last year.
- U.S. seniors from osteopathic medical schools accounted for 1,496 positions, up from 1,443.
- International medical graduates accounted for 1,237 positions (including 779 U.S. citizens), up from 1,225.

### MATCH PHOTOS





Nikki Johnston matched at Gundersen Lutheran in La Crosse, WI in Family Medicine. She is pictured here with her parents, Brad and Kim Burgin, and also with her sister, Rachel.



Sean Rogers matched at the Family Medicine program at Army to Womack Army Medical Center, Ft. Bragg, NC.



Francesca Prospero matched at Lake Forest in Chicago, IL in Family Medicine.



Grant Henning matched at the University of Iowa in Family Medicine. He is pictured here with his wife Mimi and their new addition!



Jacob Garner matched at the University of North Carolina Rural Track.



Catherine Khasho matched at Dignity Health Northridge Hospital Family Medicine Program in Los Angeles CA.



Kyle Grover matched at Iowa Lutheran in Des Moines in Family Medicine. He is pictured here with his wife, Franny, and their family.



Jenna Mullins matched at Mayo Clinic in La Crosse, WI in Family Medicine.



Eric Schnieders matched at Via Christi in Wichita, KS in Family Medicine.



Outstanding Students 2022

Congratulations to our 2022 IAFP/ Don Tesdall Memorial Outstanding
Student Award Recipients: Fric Schneiders and Nicole Johnston

Student Award Recipients: Eric Schneiders and Nicole Johnston.

Shown in Photo with IAFP Vice President: Kate Thoma, MD.

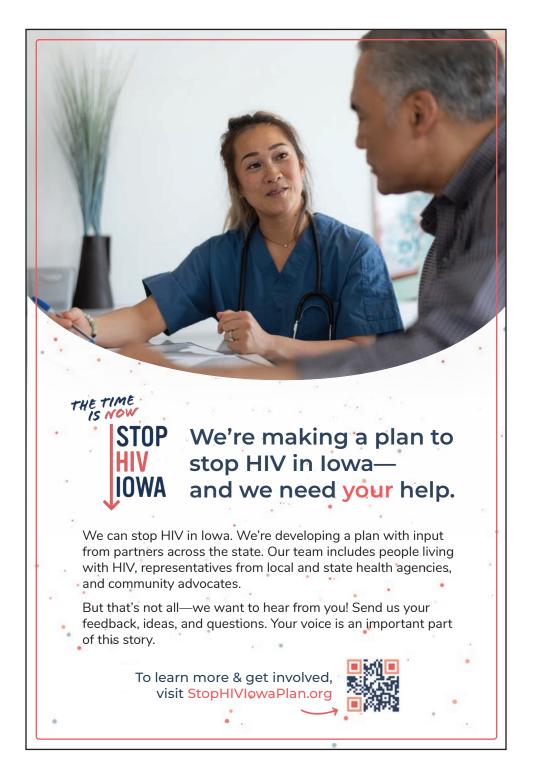
# Making Full-Spectrum Physicians into Full-Spectrum People

By Emily Johnson, DO, R2 / Genesis Family Medicine Residency Program / Davenport, Iowa

Family medicine physicians are known to be the "jack of all trades," following patients from cradle to grave and knowing them fully. This sounds like a great concept, and it can be, but the reality is a large venture. Primary care physicians are expected to have availability to see their patients at a moment's notice, yet also have a robust schedule of follow-ups. They must be efficient with reviewing mountains of records from previous providers and specialists — and remember that disability paperwork? The patient needs it back by tomorrow. We must spend time talking to patients about their lives as well as their medical problems but not make the next person wait. The pharmacy calls about a refill — and by the way, the patient is there waiting. You get done with your patients for the day and no one is upset with you — except your biller, who needs the notes that you're behind on. An additional set of challenges arise if you factor in a fullspectrum family medicine physician who follows patients in the hospital or practices obstetrics. And they must do all of this before 5 pm — because physicians need to have lives and practice wellness too, right?

How can this idealistic plan become a reality? How can we be a good doctor and a whole person? This month at our residency program, we had a resident wellness "show and tell" to talk about what makes us whole outside of work. It was refreshing to see people lighten up and show us what they love: playing instruments, reading, murder mystery games, craftsmanship, and bragging about their children, pets, and families. The overarching question that kept coming up was, "How do you factor this activity in with work?" At that point, everyone's demeanor changed slightly, and their answers ranged from cutting back on sleep, hobbies not getting as much attention as they once had, etc. These are sacrifices no one wants to make.

The truth of the matter is, at the end of the day, something has to give. Doing it all is not sustainable. Fortunately, in family medicine, you're not stuck doing the same thing forever. You can practice



full spectrum for a few years and later decide to cut back or change your daily practice completely. You can work parttime, practice share, teach residents and students, become a part of administration, and work in Urgent Care; the options are almost endless. As doctors in general, we are life-long learners, but this is especially true for family physicians. Our lives, hobbies, families, and priorities change, and our career can be molded around this. We should prioritize our life outside of work. In order to get here, most of us gave up the better part of our twenties. While some of our peers were traveling the world, bouncing between college majors and jobs, starting families, and enjoying their youth, we were in a classroom and in clinical rotations. Building our career came with a unique set of sacrifices but practicing our career does not need to follow that trend.

"I hear 'I used to do this, I used to do that' so often from other doctors. I think it's important to dedicate yourself to what you love doing and build your career into your lifestyle instead of sacrificing everything else for it."

- Dr. Gareth Andrews

It's okay to choose yourself. It is not selfish. You are a better doctor for doing what makes you feel whole and fulfilled by fostering an environment of personal wellness. You cannot preach it to others in good faith if you do not live it. So, play your instruments, solve your murder mystery puzzles, put the mountain of paperwork aside and crack open your favorite historic romance novel, and my personal favorite, belt out your favorite song at karaoke! Own what makes you unique and what

makes you feel whole. And then come back and take care of your patients with a smile on your face. They will thank you.

"As physicians we owe our patients two things — only two things — our time and our skill. We do not owe our patients our lives. Doctors must take some time off from their daily work to get some rest, to travel, to participate in their family affairs, be an active member of their community, etc. To excessively devote our lives to the practice of medicine while we neglect other aspects of living may be tantamount to never having lived at all."

- Dr. Joseph Wassersug

ADVERTISEMENT

### Make Every Bite Count with Nutrient-Dense Foods

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

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

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





8-10 months Shredded Beef



10-12 months Chopped Beef



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



 $For more information\ visit\ Beef Its Whats For Dinner. com/nutrition/beef-in-the-early-years$ 

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

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



# IAFP Spring and Summer Updates

By Pam Williams, Executive Vice President

#### NASEM REPORT

In May 2021 the National Academies of Sciences, Engineering and Medicine published a report that strengthened the case for primary care as the foundation of the US health care system. "Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes," concludes the 448-page "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care," which reflects some 18 months of research.

The report contained recommendations for policies that:

- pay for primary care teams to care for people, not doctors to deliver services;
- ensure that high-quality primary care is available to every individual and family in every community;

- train primary care teams where people live and work:
- design information technology that serves the patient, the family and the interprofessional care team; and
- ensure that high-quality primary care is implemented in the United States.

Since the report was published, the IAFP Board of Directors has been discussing the recommendations and formed a High-Quality Primary Care Workgroup, chaired by IAFP President Laura Bowshier and President-Elect Corrine Ganske. Also serving on the committee are James Bell, MD, Sarah Ledger, DO, Candice Smith, MD and Kate Thoma, MD.

The workgroup has been studying the report to determine how the IAFP can support the AAFP national goals established in the report. Drs. Bowshier, Ganske and I have had several Zoom meetings with representatives of the Robert



Graham Center to review preliminary data on the scorecard for Iowa and to get a better understanding of the timeline for implementation.

At this time our intent is to focus on raising awareness among Iowa physicians and providing education that highlights interesting or innovative practices in our state, best practices in establishing and working with teams, developing rural or school-based clinics. It is our hope that members are willing to share in a variety

### **IAFP Board of Director Positions Open**

The IAFP Nominating Committee is seeking one active member from District 1 and one active member from District 4 to serve on the IAFP Board of Directors. You may nominate yourself or another active member for consideration by the committee. The counties that encompass each district may be found below. We are also always looking for members to serve on our IAFP committees. More information about IAFP committees may be found on page 5.

Please submit your nomination to Pam Williams at pwilliams@iaafp.org by June 20th.

#### **Counties in District 1:**

Allamakee, Benton, Black Hawk, Bremer, Buchanan, Clayton, Delaware, Dubuque, Fayette, Howard, Iowa, Jackson, Jones, Linn, Marshall, Mitchell, Poweshiek, Tama, Winneshiek, Worth

#### **Counties in District 4:**

Audubon, Boone, Buena Vista, Butler, Calhoun, Carroll, Cerro Gordo, Cherokee, Chickasaw, Clay, Crawford, Dickinson, Emmet, Floyd, Franklin, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Humboldt, Ida, Kossuth, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Shelby, Sioux, Story, Webster, Winnebago, Woodbury, Wright

of ways. Please feel free to share short blurbs that may be of interest, write and article for the e-newsletter or magazine, volunteer to lead a Zoom webinar to share your experiences with those who wish to know more about what you are doing. Please step forward and volunteer to share your innovations.

# PRECEPTOR VOLUNTEERS NEEDED

The University of Iowa Department of Family Medicine is looking for family physicians in the community to serve as preceptors for the required Family and Community Medicine Core Clerkship that provides third year medical students with a positive experience in a community family practice office. To learn more about this opportunity please visit this site: <a href="https://medicine.uiowa.edu/familymedicine/education/medical-student-education/family-medicine-preceptorship">https://medicine-preceptorship</a>:

#### IN PERSON CME IS BACK!

The Fall CME Getaway will be held at a lovely Eagle Ridge Resort in Galena, Illinois, just over the Iowa border on September 30 to October 2. Galena should be beautiful in the fall. This event is designed for couples who want to get away, for families to spend time together in a fun setting or for the solo traveler who wants time for reflection or for interaction with colleagues.

The IAFP Annual Meeting will be back with an exciting CME line up at the Sheraton West Des Moines on October 27-29.

Please consider joining us for these activities.

#### VIRTUAL OPTIONS

In order to help you fulfill the State Mandated CME Requirements please check out www.iaafp.org and click on the education tab to learn about the on-demand programs available to our members on end-of-life care and pain/opioid management. The same link will take you to information

about how to obtain the education component to meet the requirements of the National Registry of Certified Medical Examiners certifying examination.

#### **THANK YOU**

Thank you for continuing to support IAFP through payment of dues, participating in

virtual CME, staying in touch by email, phone, reading the e-newsletters and magazines and utilizing our programs.

We hope to see many of you at the upcoming events outlined above and throughout this issue.

# Help us prevent increases in congenital syphilis in Iowa.

#### Healthy pregnancies lead to healthy babies.

In addition to other prenatal care, following syphilis testing recommendations for pregnant persons is a critical 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 persons in the first trimester at their first prenatal visit.
- Persons presenting late for prenatal care should be tested for syphilis immediately.
- Given the rapidly increasing rates of syphilis among pregnant persons in lowa, consider retesting at 28 weeks gestation and delivery.





Bureau of HIV, STD and Hepatitis For more information, please contact: George Walton, STD program manager

(515) 240-1143

■ george.walton@idph.iowa.gov

Learn more about STDs during pregnancy, at: cdc.gov/std/pregnancy



# Do You Have an Innovative Practice Model?

The IAFP is looking for members who have an innovative practice model and would be willing to share their experience with other members.

A few examples of innovative practice models would include:

- Ensuring everyone has a primary care provider
- Practicing in interprofessional teams
- Developing community, rural or school-based clinics
- Promoting equitable access to virtual care
- Collaborating with community projects
- Practicing in a healthcare shortage area
- Diversifying the healthcare workforce to reflect one's community

Please reach out to Katie at *kcox@iaafp.org* with if you are interested in sharing your innovative practice model.



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#### Ophthalmologists

Steven Anderson, MD Kyle Alliman, MD Derek Bitner, MD Paul Boeke, MD George Clavenna, DO James Davison, MD Stephen Fox, MD Christina Gillmor, MD Edward Hu, MD Steven Johnson, MD Alex Kartvelishvili, MD Lou Ann Kiessling, MD Audrey Ko, MD Anne Langguth, MD Benjamin Mason, MD Jared Nielsen, MD Matthew Rauen, MD Peter Rhee, MD David Saggau, MD Austin Strohbehn, MD Gregory Thorgaard, MD Reid Turner, MD Logan Vincent, MD Ryan Vincent, MD

#### Ames

2020 Philadelphia Street

#### Carroll

405 South Clark Street Suite 220

#### **Cedar Falls**

516 South Division Street Suite 120B

#### **Fort Dodge**

804 Kenyon Road, Suite 100

#### Hiawatha

1195 Boyson Road, Suite 200

### Iowa City

2225 Mormon Trek Boulevard

#### Marshalltown

309 East Church Street

#### Ottumwa

1005 Pennsylvania Avenue Suite 110

#### Pleasant Hill

5900 East University Avenue Suite 202

#### Spencer

2004 Highway Boulevard

#### Waterloo

999 Home Plaza, Suite 101

#### **West Des Moines**

6200 Westown Parkway

# Family and Community Medicine Core Clerkship at the University of Iowa Department of Family Medicine

The goal of the required Family and Community Medicine Core Clerkship at the U of I Department of Family Medicine is to provide third year medical students with a positive experience in a community family practice office. To learn more about this opportunity and the important role played by family physicians in Iowa visit:

https://medicine.uiowa.edu/familymedicine/education/medical-student-education/family-medicine-preceptorship

Please go to the following link to answer a short five question survey:

https://www.surveymonkey.com/r/7S5SS56



# WHY THE RESOLUTION?

#### By Douglas W Martin MD FAAFP / Senior Delegate to the AAFP House of Delegates

I think the average member of the AAFP (and IAFP) does not often realize about how a singular idea that comes from a physician can actually turn into a policy change within the national organization. But this is exactly how the AAFP Congress of Delegates resolution process works.

It is important that all members understand how the governance structure of the AAFP is put together. As with many physician specialty organizations, the AAFP is essentially divided between elected leadership positions (the Directors and Officers of the Academy) and the Congress of Delegates (representatives of state academies and special constituencies).

What many do not know is that the elected directors and officers DO NOT MAKE

POLICY. Instead, AAFP Policy is only created by actions of the Congress of Delegates. It is rather the job of the elected leaders to ENFORCE and EFFECTUATE the policies that are created.

So how is policy made or changed? The only way that this can occur is by action of the Congress of Delegates, and the COD can only do this officially by adopting resolutions. And, resolutions can only be brought forward by the representatives that make up the COD.

It has been a long time since Iowa has submitted a resolution. While some may say "why does this matter?" I can say that as I end my service in the COD that it is strange to me that I field a ton of comments

from IAFP members on AAFP policy or positions on various subjects without ever receiving a resolution or even an idea that may eventually be fodder for a resolution. This disconnect is neither healthy nor operational, especially since the AAFP is supposed to reflect the will of the majority of its members.

Now do not misunderstand me (or the others who are part of the Iowa AAFP COD Delegation). We are here to represent Iowa to the best of our abilities. We stand up and provide testimony in reference committees and on the floor of the COD when resolutions are debated where it is clear that Iowa members have a strong position. We volunteer on various AAFP COD committees (bylaws, tellers, rules,



etc.) so that we can bring our Iowa values and perspectives to those processes.

It is just that we want to make sure that you all have a say in policy.

So, if there is an issue or a challenge where you feel that the AAFP needs policy, or if you believe that current AAFP policy needs to be changed, won't you please consider submitting a resolution? Don't worry about the wonky requirements of how it should be written and if you are not a parliamentary nerd like I am; you can leave the whereas and resolved statements to us!!

This year's deadline for submission to the AAFP is August 10, however, in order to give us time to research the issue and to properly format the resolution, the deadline for submission to the IAFP is July 20. We stand ready to advocate for you.

Please feel free to reach out to EVP Pam Williams at pwilliams@iaafp.org with questions, suggestions or to put you in touch with me or the other members who represent you at the AAFP Congress of Delegates: Amr Kamhawy, MD, Delegate, Jeffrey Hoffmann, DO, Alternate Delegate and Robin Barnett, DO, Alternate Delegate.

You can find more information and helpful resources at: http://iaafp.org/aafpresolutions/

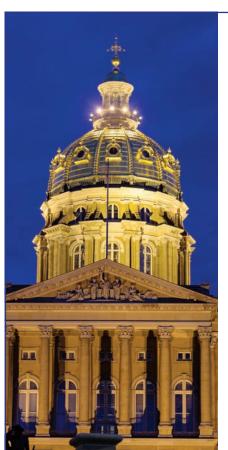
#### **NOTICE:**

Please Note: The 2022 legislative session ran a bit longer than in past years. The end of session report will be featured in the fall magazine.

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

Jim Bell, MD Laura Bowshier, MD Lee Fagre, MD Corrine Ganske, MD Andrea Silvers, MD

Jeff Hoffmann, DO Donna Nelson, MD James Paulson, MD Steve Richards, DO Pam Williams



#### WHAT IS THE IAFP PRIMCARE PAC? IAFP PrimCare PAC is the state political action committee of the Iowa Academy of Family Physicians.

The PAC is a special organization set up to collect contributions from a large number of people, pool those funds and make contributions to state election campaigns.

#### WHERE DOES MY DONATION GO? IAFP PrimCare PAC will make

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



#### I ALREADY PAY MY DUES—ISN'T THAT ENOUGH? Election laws prohibit the use of membership

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

### **IAFP PRIMCARE PAC DONATION:**

- \$1000 PLATINUM MEMBERSHIP ■ \$750 GOLD MEMBERSHIP
- **□** \$500 SILVER MEMBERSHIP
- **□** \$250 BRONZE MEMBERSHIP
- OTHER

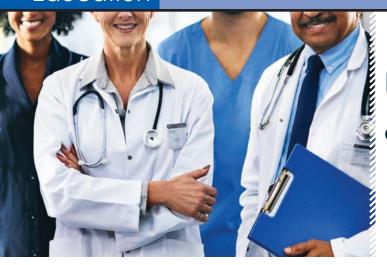
| Name                                |
|-------------------------------------|
| Address                             |
| ☐ Pay by check ☐ Pay by credit card |

☐ MC ☐ Other CVC Code Signature Exp. Date

Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The lowa 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 regulatior

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

Name



74TH ANNUAL CONFERENCE

# COMING TOGETHER

OCTOBER 27-29, 2022

**WEST DES MOINES SHERATON** 

# 2022 ANNUAL CONFERENCE REGISTRATION FORM

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

| Address   | City  | State  | Zip   |
|---|---|--|---|
|   |   |  |   |
| Phone   | Email   |  |   |
| Additional Accommodations (Vegetarian Diet,   | Food Allergies, Other)                                  |  |   |
| A. Thursday, Friday & Saturday  | October 27-29 CI  | ME Reaistration Fees:  | C DONATIONS   |
| Registration Type Active Member New Physician Member (< 7 yrs in practice) Life/Inactive Member Resident/Student Member PA/NP who works with an AAFP member Non-Member (includes PA/NP) Conference Faculty  IMPORTANT NEW CHANGES: The syllog | \$299<br>\$250<br>\$195<br>N/C<br>\$299<br>\$399<br>N/C | Regular Fee (starting 9/20/2022) \$350 \$275 \$195 N/C \$350 \$450 N/C | □ Rural Primary Care Loan Repayment Program in the Amount of:  \$ □ IAFP PrimCare PAC Donation in the Amount of: \$ □ Foundation Donation |
| to download and/or print free of charge. A L<br>kcox@iaafp.org. NO PAPER COPIES WILL BE P   | in the Amount of:<br>\$                                 |  |   |
| To help with meal and material counts please  | Total Section D:  |  |   |
| ☐ Thursday Evening ☐ Friday ☐ Saturday M  | D. PAYMENT:   |  |   |
| Total Section A:  |   |  | Section A: \$   |
| B. FRIDAY INSTALLATION/AWARD  | Section B: \$   |  |   |
| Friday Evening, Installation/Awards Banquet:<br>Spouse/Guest Banquet Fee @ \$75 per person  | Section C: \$   |  |   |

#### **HOTEL REGISTRATION**

Total Section C: \_\_\_

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

Special Conference room rates are \$119 single/double + tax per night. Please identify yourself as part of the lowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before October 6, 2022 to receive this rate.

#### **REGISTER TODAY! 2 EASY WAYS TO REGISTER**

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:

IAFP | 1515 Linden Street, Suite 220 | Des Moines, IA 50309

**REGISTER ONLINE AT:** www.iaafp.org/2022-Annual-Conference

#### CANCELLATION POLICY

You may cancel without penalty if cancellation request is received up to and including 15 days prior to the start of the conference. Due to financial obligations incurred by the lowa 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.

Total Due: \$

# JOIN US FOR 11.5 HOURS OF CME. THE FULL SCHEDULE WILL BE RELEASED SOON. HERE ARE SOME OF THE EXCITING TOPICS AND SPEAKERS:

- AAFP Update Tochi Iroku-Malize, MD, MPH, MBA, FAAFP
- ABFM Update Lauren S. Hughes, MD, MPH, MSC, FAAFP
- Anemia in CKD Diana Jalal, MD
- Battling Misinformation Judy Monroe, MD, CDC Foundation President & CEO
- Eye Health for Infant-17 Ann Langguth, MD
- Foot Pain Joseph Tansey, MD
- Journal Club Live Mark Graber, MD; Jill Endres, MD; Jason Wilbur, MD
- Long COVID Raul Villacreses, MD
- Name that Rash John Selby, MD
- Newborn Screening John Bernat, MD, PhD
- Updates in Diabetes Management Pearl Dy, MD
- Stroke & Thrombectomy Michael Jacoby, MD
- TAVRs Daniel Shivapour, MD

You're invited to a webinar presented by The Iowa Academy of Family Physicians and lowa Immunizes

## **HPV: Everything** You Need to Know

June 29, 2022 5:30 p.m. - 6:30 p.m. Via zoom

FREE Live CME



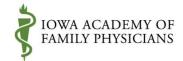
Dr. Mustafa Eldadah, MD **MercyOne Des Moines Pediatrics Care Clinic** 





Dr. Richard Deming, MD **Director- MercyOne Richard Deming Cancer Center** 





Dr. Timothy McCoy, DO **MercyOne South Des Moines Family Medicine & Urgent Care Clinic** 

#### REGISTER TODAY AT WWW.IAAFP.ORG/HPV

The AAFP has reviewed HPV: Everything You Need to Know and deemed it acceptable for up to 1.00 Live AAFP Prescribed credits. Term of Approval is from 06/29/2022 to 06/29/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Offered with funding from Iowa Cancer Consortium

# IOWA ACADEMY OF FAMILY PHYSICIANS 2022 GALENA FALL CME GETAWAY

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



Phone#









NEW FALL CME WEEKEND GETAWAY The IAFP is excited to bring a new fall option to our CME lineup. Join us as we travel to Galena! This meeting is great for singles, couples and families where there will be plenty of time for you to relax, explore and enjoy all the area has to offer. We will offer three, half-day CME sessions during this weekend beginning at 12:30 on Friday and from 8:00 to 1:00 on Saturday and Sunday. We look forward to having you join us at this exciting new event!

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

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

Please note all villas are a 2-night minimum stay. All room rates are quoted exclusive of applicable state and local taxes, currently 11%, as well as the resort amenity fee.

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

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

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

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

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

☐ 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 7in

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

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

CANCELATION POILCY:

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

## **New Members**

#### **Active**

Kurt Anderson, MD, Eldridge Jose Armendariz, MD, MBA, MPH, Davenport Adam Brooks, MD, New Hampton Rita Jenkins, MD, Hinton Jill Johnson, DO, Clinton

#### **Students**

Nabeel Baig, University of Iowa Jill Beach, Des Moines University Cassandra Concannon, MS, Des Moines University Tim Davie, University of Iowa Suzanne Elliott, MS, Des Moines University Ethan Fabrizius, Des Moines University Alexander Greiner, University of Iowa Kacie Griffith, University of Iowa Amanda Hale, Des Moines University Lauren Hartwell, Des Moines University Matthew Holzer, Des Moines University Jacob Horn, University of Iowa Austin Jasniewski, Des Moines University Kinnari Karia, University of Iowa Charis Kasler, Des Moines University Madeline Kroeger, University of Iowa Parker Lemon, Des Moines University Elle McCormick, University of Iowa James Michaud, Des Moines University Brian Neiheisel, Des Moines University Laurel Pietrzak, Des Moines University Jay Puffer, Des Moines University Kelsey Rolefson, Des Moines University Jessica Salpor, MS, Des Moines University Carl Skoog, University of Iowa Ryan Szalat, University of Iowa Max Wei, University of Iowa Kali Weiss, University of Iowa Meta Williams, Des Moines University Chaseton Womack, Des Moines University Anthony Young, University of Iowa

#### Extraordinary Care, Every Day



#### **Family Medicine** Live Life the Way it Should Be!

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

- Full time position
  Broad spectrum practice without OB
  Primarily outpatient
- Outstanding support services
   Physician owned and governed
- Large, established referral network
  Loan forgiveness

- Excellent work/life balance
   #1 in Quality and Value by lowa's leading insurer last 5 years
   One of the least litigious states in the country
   #1 Best State to Practice Medicine WalletHub

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



EEO/AA Employer/Protected Vet/Disabled **Contact Doug Kenner** 314-330-4169 or dkenner@mountainmed.net

# Members Up for Re-election in 2022

Emad Abou-Arab, MD

Michael Abouassaly, MD

Candyce Ackland, MD

Raminder Ahluwalia, MD

Mahtab Ahmed, MD

Nader Ailabouni, DO

Jessica Alston, MD

Kenneth Andersen, MD, FAAFP

Brian Anderson, DO

Stacey Appenheimer, MD

Thomas Baer, MD

Nicole Barbee, MD

Chandramohan Batra, MD

Jennifer Bell, MD

Maresi Berry-Stoelzle, MD

Leah Bethel, DO

Ellie Bishop, DO

Mitchell Blom, DO

Rebecca Bollin, DO

R Boom, MD

Dana Brecount, DO

Nicole Brokloff, MD, MPH

Brent Brunsting, MD

Brian Burnett, MD

Nicholas Butler, MD

Enrique Cardenas Ramos, MD

Neelima Chennupati, MD

Scot Christiansen, MD

Timothy Colby, DO

Padmalatha Collappakkam, MD

Meghan Connett, MD

Tanner Crossley, DO

Craig Cunningham, MD

Anthony Day, MD, FAAFP

Chester De Jong, MD

Richard Dobyns, MD

Matthew Doty, MD

Derek Duncan, DO

Josephine Dunn Junius, MD

Elizabeth Dupic, MD

Melissa Ehm Pote, DO

Michelle Elgin, DO

Anthony Ellis, DO

Allulolly Ellis, DO

Jonathan Engbers, MD

Johanna Engel-Brower, MD

Thomas Evans, MD, FAAFP

Timothy Evert, DO

Angela Farrell, MD

Jennifer Fejfar, DO

Laura Ferguson, MD

Matthew Ferguson, DO



# Physician led, community focused.

CARE HOW YOU WANT IT





- // Local physican owned and led since 1994
- // Consistently ranked top for quality and value by lowa's largest health insurer
- // 10 community locations across the metro area

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

#### Members in the News

Camilla Frederick, MD, MPH

Orietta Girard, MD
Daniel Glascock, MD
Chris Goetzinger, MD
Ryan Grandgenett, MD
Dylan Greene, MD
Matthew Gritters, MD
Mara Groom, DO

Esgar Guarin-Nieto, MD, FAAFP

Laura Hadden, MD Jason Hagemann, DO Gregory Halbur, MD Kevin Hanigan, DO Lauren Hanna, MD

J Hay, MD

Stephanie Helmer, MD Natalie Hempy, MD Jacob Hiatt, DO, MS Anna Holzer, MD Katherine Hopper, MD

Timothy Horrigan, MD, FAAFP

Alexandra Hubbell, DO
Timothy Hunter, MD
Katherine Hurst, MD
John Ingram, MD
Frederick Isaak, MD
Linda Jager, MD
Michael Jung, MD
Melissa Kahler, MD
Arvind Kakani, MD

Francis Kane, MD, FAAFP Rosanna Kao, MD Samantha Keady, DO David Keith, DO, MSPH Charles Keller, MD, FAAFP

Jenna Kemp, MD

Jon Kammerer, MD

Sanjeeb Khatua, MD, MBA, MPH, FAAFP

Robert Knudson, MD Heather Kruse, MD

Robert Kruse, MD, MPH, FAAFP

Aaron Kunz, DO Shauna LaFleur, MD John Lancaster, Jr, MD April Lanning, DO Erika Lauer, MD

Eleanor Lavadie-Gomez, MD, FAAFP

Sarah Ledger, DO

Scott Lichty, MD

Lori Lindstrom, MD Ursula Livermore, MD

Alexander Locascio, DO Kevin Locke, MD, FAAFP

Sara Loetscher, MD Cheryl Madson, MD

William Maher, DO Scott Markham, DO Denise Martinez, MD

Chris Matson, DO, MS Guy McCaw, MD, FAAFP Eryn McClutchey, DO

Elizabeth McCurdy, DO

Thomas McElderry, MD, MBChB

Douglas McLaws, DO Monica Meeker, MD Tyler Menke, MD

Laura Merron, MD, FAAFP
Tatsuzo Miakashi, MD
Amy Mitchell, DO
Tracy Mixdorf, DO
Timothy Momany, MD

Ambrose Munro, MD Libby Naeve, DO

David Nystrom, DO, FAAFP Maria Olberding, MD Angela Olerich, DO Wesley Parker, MD

Joseph Monahan, DO, FAAFP

Todd Pentico, MD Eric Peterson, MD Kavita Powaria, MD Robert Pranger, MD Danielle Prince, MD

Keith Probst, MD James Putman, MD Marissa Pyle, DO

Audra Ramsey, DO

Sarojini Ratnakar, MD Timothy Rice, DO Brandon Rickertsen, DO

Steven Rippentrop, MD Minyon Rittgers Easton, MD

Carol Roge, MD Abbie Ruisch, DO Jasmina Sabic, DO

Shrima Sarkar, MD

Natalie Schaller, DO

Matthew Schiller, MD

Julie Schroeder, MD Chris Schuster, MD

Saima Shahid, MD

Anita Simison, MD

Matthew Skeens, DO

Candice Smith, MD

Lineal Coulds MD

Lionel Smith, MD

Mureema Solberg, MD Seokhan Song, DO

David Springer, MD Marina Stankovich, MD

Rene Staudacher, DO, FAAFP

Catherine Swanson, MD

Erin Swenka, DO

Meredith Swenson, DO

Ashley Taliaferro, DO

Kate Thoma, MD, FAAFP

Paul Thomas, DO

Matthew Thompson, DO, FAAFP

Melissa Thompson, MD Shannon Throndson, MD Douglas Timboe, MD

Joshwa Tromblee, DO Cheryl True, MD

Janet Tull, MD

Matthew Ulven, MD, MPH, FAAFP

Heidi Van Maanen, DO Jamie Vitamvas, MD

Margaret Vitiritto-Khan, DO Paul Volker, MD, FAAFP Cherielynn Wagner, DO

Julie Wagner, DO Michael Wallace, MD Thomas Waters, DO

Joel Wells, DO Ryan Werling, DO Kent Willadsen, MD Regan Wolbers, MD

Mackenzie Worthington, DO

Steven Young, MD John Zehr, MD, FAAFP Geralyn Zuercher, MD

Spring/Summer 2022 21

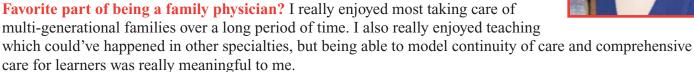
# IOWA PHYSICIAN TO LEAD NATION'S LARGEST OCCUPATIONAL MEDICINE SOCIETY

On May 4, 2022, Douglas W. Martin, MD, FACOEM, FAADEP, FAAFP, a renowned expert in disability evaluation with emphasis on evidence-based medicine, was installed as President of the American College of Occupational and Environmental Medicine (ACOEM), the nation's largest medical society dedicated to promoting the health of workers through preventive medicine, clinical care, research, and education. The installation ceremony took place at the 106th annual membership meeting held during the College's 2022 American Occupational Health Conference in Salt Lake City, Utah.



# GET TO KNOW IAFP PRESIDENT-ELECT CORRINE GANSKE, MD OF DES MOINES

Why did you pick family medicine? I chose family medicine because I wanted to take care of all ages and have the opportunity to know my patients really well. I also thought that I was going to end up in a smaller community where family medicine is clearly a natural fit.



**Biggest challenge facing family medicine today?** I think the biggest challenge for practicing family physicians is keeping focus on our purpose for being in family medicine and not being distracted or pulled down by those activities and frustrations that don't add value to that meaning.

What are some of your hobbies? I am always busy doing something. I really enjoy gardening and cooking. I have been working on quilting most recently but have been a lifelong knitter. There are always two or three projects in process around the house.

Favorite ice cream flavor? I like vanilla ice cream because you can always put something extra on top of it.

**Favorite book and/or movie?** I tend to read mostly nonfiction and always find new ideas to enjoy from each of them. Movies are something I watch with partial attention while I'm knitting!



The IAFP will be conferring eligible AAFP Fellows at the IAFP Annual Conference in October. We will confer the Fellows during our banquet on the evening of Friday, October 28th, 2022 at the West Des Moines Sheraton. If you are interested in being conferred in October please email Katie at *kcox@iaafp.org* 



# Support the IAFP Foundation by Shopping with AmazonSmile

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



Spring/Summer 2022 23

# RURAL MEDICINE SCHOLARSHIPS AVAILABLE!

# M4 STUDENTS & R3 RESIDENTS!

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

#### Resident (R3)

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

#### Student (M4)

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

#### **Application Requirements**

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

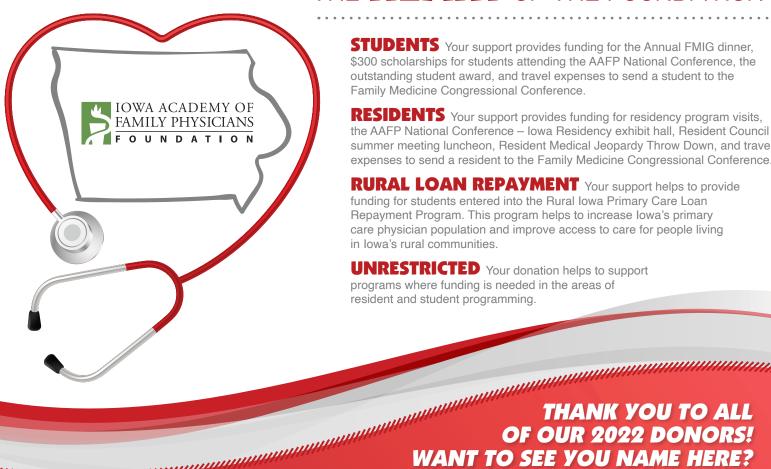
#### **Criteria for Consideration**

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

#### The deadline to receive letters is June 15, 2022.

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

# THE **HEART** OF THE FOUNDATION



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

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

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

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

To keep family medicine in lowa strong, we are asking all lowa 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.

**PLEASE DONATE BELOW!** Jim Bell, MD Donald Boldt, MD Jenny Butler, MD Melanie Cleveland, MD Elise Duwe, MD Lee Fagre, MD Alan Fisher, MD

Corrine Ganske, MD

Barcey Levy, MD

Doug Martin, MD Brian Mehlhaus, MD Doug Peters, MD Jessica Rockafellow, MD Dawn Schissel, MD Andrea Silvers, MD Dustin Smith, MD Jason Wilbur, MD Pam Williams

#### **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

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

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