IAFP

IOWA FAMILY PHYSICIAN

VOL. XLVIII NO. 1 / SUMMER 2021

73RD ANNUAL CONFERENCE

STRONGER THAN EVER 2021

INSIDE:

- Implicit Bias Why Is It Important for Family Physicians to Understand?
- 2021 Annual Conference Preview
- 2021 End of Legislative Session Report

"STRONG MEDICINE FOR IOWA"

Iowa Academy of Family Physicians
100 East Grand, Suite 240
Des Moines, Iowa 50309

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

FMCSA Medical Examiner Certification Training Course

Are you planning on performing commercial driver physicals?

HAVE YOU TAKEN A TRAINING COURSE?

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

Register Online
www.iaafp.org

The Federal Motor Carrier Safety Administration has established a National Registry of Certified Medical Examiners with requirements that all medical examiners who conduct physical examinations for interstate commercial motor vehicle drivers must complete a training course and pass a certification examination. Please contact the IAAFP at 515-283-9370 with questions.

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

Vision Statement for the Iowa Academy of Family Physicians

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

IAFP Office

100 East Grand, Suite 240
Des Moines, IA 50309-1800
Phone: (515) 283-9370
Toll Free: (800) 283-9370
Fax: (515) 283-9372
E-mail: mail@iaafp.org
Website: www.iaafp.org

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

IAFP IOWA FAMILY PHYSICIAN

Official Publication of the Iowa Academy of Family Physicians
Vol. XLVIII No. 1 / SUMMER 2021

In this issue

Created and printed by

TOWNcrier ADVERTISING & PRINTING

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

The Art of Family Medicine

By Lonny Miller, M.D.

On April 20, I participated in the University of Iowa Family Medicine Interest Group's Speed Dating event in which family physicians from around the state shared their varied practice styles with medical students interested in our specialty. Panelists gave the students glimpses of the rewarding careers they developed by virtue of the comprehensive nature of the training that family medicine residency provides. Whether some of us are called to serve rural communities as primary care or emergency physicians or serve urban communities by caring for underserved populations, we can be counted upon to be where we are most needed.

In my own career, my clinical focus has drifted over the years. Like many in rural areas, I started practicing the full spectrum of family medicine, including obstetrics. As family and personal commitments changed, I left obstetrics. But during that same time period, though, my hospital needed help in the emergency department. Random shift coverage eventually led to my regular presence in our emergency department and kindled within me an interest in that area of medicine. I am now preparing to leave outpatient care to focus on my work in rural emergency services. This is only possible because of the breadth of my training in family medicine and my resultant comfort in providing care in multiple settings.

No matter where you choose to practice your art of medicine, as a family physician you can always be counted upon to provide meaningful care for your patients and your community. As your state academy, we are proud to be there supporting you in your mission.

Emerging from the Pandemic

By Jason Wilbur, M.D.

In early March 2020, I was with family and friends at a Noodles restaurant in Coralville, Iowa, for our monthly get-together. There was plenty of talk about Covid, but none of us was excessively worried: the disease was on the decline in China, we had no known cases in Iowa, and the World Health Organization had not yet declared it a pandemic. Within 10 days, things changed dramatically.

Last week, I was at the same Noodles restaurant with the same group of people for the first time since March 2020. All of us were grateful to be together again, in public, with every one of us vaccinated, and no masks. What we took for granted in early 2020 required the efforts of millions of people and billions of dollars to accomplish again in 2021. Emerging from the pandemic, my greatest concern is that we will all pretend like nothing happened, cross our fingers and learn nothing. I hope that we are better than that.

As the dust settles post-pandemic, many of us will want to "move on" and "get back to normal." While it is necessary to focus on things that have taken a back seat during the pandemic, we cannot totally forget what happened in 2020. We must learn, or we will fall so much harder when the next pandemic hits.

What are the lessons of the pandemic? There are many, and here are just a few that I consider some of the most important.

1. We are stronger together.

In response to the pandemic, sometimes we rallied together and sometimes we fell apart. Fighting a pandemic has aspects that are similar to fighting a war. It's us versus the virus. If we are divided, it's easier for the virus to win. Social media fights got ugly. Berating store clerks about their mask mandates demeans both parties. We can do better, and we must do better next time.

2. Flexibility in health care delivery is vital.

Do you appreciate how quickly our health care system, which usually turns as slowly as the *Titanic*, was able to rapidly deploy telehealth, set up testing centers, change policies to protect healthcare workers and redeploy staff? As we go "back to normal," this ability to rapidly respond to change must stay with us.

3. Everyone is not treated equally, especially our most vulnerable citizens.

How long did it take us to realize that care facilities would be hit hard by the pandemic? Not long. We knew it in March of 2020 when the Covid mortality rate of a suburban Seattle nursing home was almost 40%. In Iowa, about 90% of Covid deaths occurred in persons aged 60 and older, and 2,300 of our 6,000 Covid deaths were in nursing home patients. Put another way, if you occupied an Iowa care facility bed in the last year, your chance of dying of Covid was 1 in 13 (Iowa has approximately 30,000 nursing home beds). Other vulnerable populations faired poorly, too. In the next pandemic, we must find ways to protect our most vulnerable citizens.

I'm sure that each of you has learned many more lessons from this pandemic. This is not an exhaustive list. I only hope to begin a conversation about preparing for the next pandemic as we emerge from this one.

As always, please email me with any comments, questions, or ideas for the magazine. You can reach me at jason-wilbur@uiowa.edu. May we all emerge from Covid stronger and smarter than before!

"There was plenty of talk about Covid, but none of us was excessively worried: the disease was on the decline in China, we had no known cases in Iowa, and the World Health Organization had not yet declared it a pandemic. Within 10 days, things changed dramatically."

The IAFP Foundation/ Don Tesdall Memorial Outstanding Student Award

Congratulations to our 2021 IAFP/ Don Tesdall Memorial Outstanding Student Award Recipient: Melissa Chan! Ms. Chan received her Bachelor of Science in Neurobiology, Physiology & Behavior from the University of California, Davis. From there, she journeyed to Iowa where she has shown strong leadership skills at the University of Iowa- Carver College of Medicine. She has been involved with the IAFP as well as the AMA and Iowa Medical Society. She has held multiple positions with her Family Medicine Interest Group, most recently serving as Co-President. She also held leadership positions at the Free Mental Health Clinic and on a COVID-19 Taskforce. Now, Ms. Chan will travel back to California where she will complete her residency in family medicine/psychiatry at the University of California, Davis.

Melissa- thank you for leaving your mark in Iowa! We wish you well as you travel to California and begin your next chapter!

The IAFP Foundation/ Don Tesdall Memorial Outstanding Student Award is supported by the IAFP Foundation and the Tesdall Family. The IAFP Foundation appreciates the generosity of the Tesdall family and donors who funded this award in memory of Don Tesdall, MD, an IAFP member for 41 years and a proud farm boy from rural Iowa.

Would you like to get involved at the Academy?

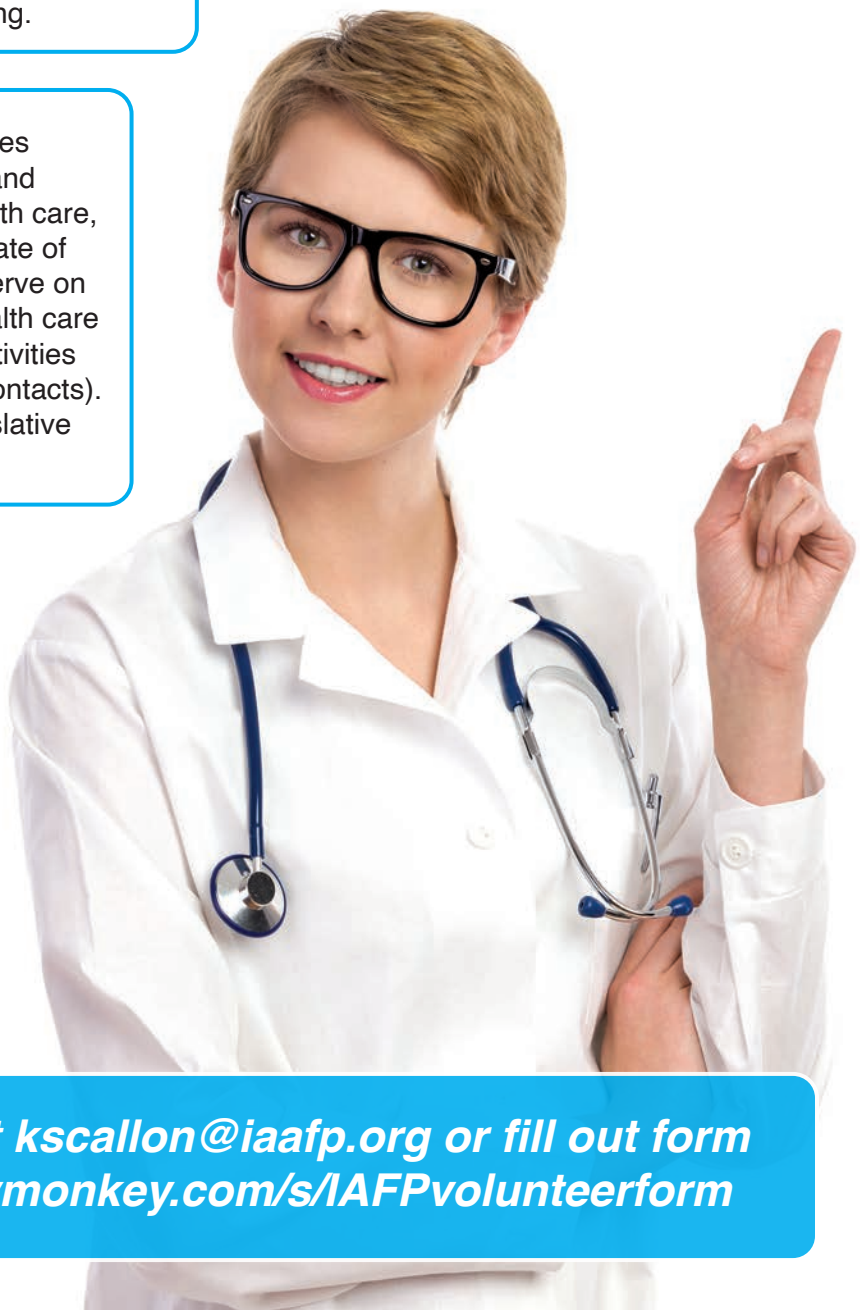
JOIN A COMMITTEE!

Committees meet once a year in a face-to-face meeting. This year, the meeting will be conducted October 28, 2021.

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 at a TBD date.

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 TAR WARS, 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: https://www.surveymonkey.com/s/IAFPvolunteerform

Never Leaving Primary Care

By Jessica De Haan, M2, University of Iowa Carver College of Medicine

"I heard you were leaving and I understand it's for a good reason. But I'm not happy about it. Nobody here is. Do you plan to come back one day?" she asked me with a maudlin expression. Word had spread fast since I first began telling patients that I was leaving the small family practice clinic where I had worked for 6 years. It was my first job out of PA school where I had grown as a young adult who spent the bulk of her 20s living in the high desert as a new clinician. Yet over time my goals began to shift. When I realized at age 29 that I could feel my head hitting the metaphorical ceiling of my career, it didn't sit well with me. I had reached the point where I was feeling confident of what I knew, and also could more fully appreciate *how much* I still did not know in terms of medicine. With the encouragement of a physician friend of mine and my husband, I decided to put in an application for medical school and was shocked when I found out that I had been accepted. Then began the task of notifying my employer and my patients that I would no longer be their primary care provider. It was harder than I anticipated.

Currently, I am in my second year of medical school and desire to pursue a career focusing on women's health issues. I bring with me the perspective of just how valuable primary care is. By taking a holistic view of the patient, focusing on more than just one organ system at a time, family medicine providers serve as an incredibly humanizing force in the art of medicine.

As a PA who will soon become a doctor, I will never forget the lessons that working in family medicine taught me. I learned that I can gain the heart of a reticent patient who doesn't want to talk to me about his or her issues, by paying thoughtful attention to the concerns of each member of their family. I learned that by seeing a patient through the tides of life— busy and slow, single/married/divorced, happy and sad, well- or under-insured —can I appreciate just how much ordering a screening test can mean. By working on the front end to prevent so

many problems, primary care clinicians receive very little thanks for preventing the accidents that didn't happen because of them. An astute clinician may even recognize when local job market trends will impact their clinic visits that month for those who can't afford a co-pay and prophylactically call in a refill for a patient's prescription.

The years I spent working in a remote and underserved area taught me that every problem the patient brings to me is ultimately my problem to inquire about and do my best to remedy. Performing my clinical rotations in a high-resource setting such as the University of Iowa Hospitals and Clinics has shown me how spoiled one can be in terms of top-of-the-line services that patients can be referred to see. Not infrequently I've heard doctors say in the work room, "That's not an issue I manage. They can see someone else for that." Granted, I see the wisdom in knowing where to draw the line and send off a patient to someone of a different expertise, yet I heartily acknowledge what a privilege it is to be able to do so. There are many places where a referral to a specialist means a day's lost wages for someone who has to spend hours driving across the state to see a new doctor.

Despite what insurance reimbursements may tell us, family medicine doctors are the backbone of healthcare. I wish my classmates could have experienced what I did prior to medical school as I think it would establish a sense of awe for working in a hospital system with an ever-present availability of multiple specialties, social workers, dieticians, mental health teams, and researchers at their disposal for consults.

Increasing medical students by 28% from 2002 to 2016 has failed to change the output of primary care physicians as the majority of pediatric and internal medicine residents choose to subspecialize.[1,2] My recommendation is to promote bridge programs for advanced practice providers (APPs) such as PAs and NPs with primary care training to cross over more easily into the allopathic or osteopathic medicine worlds. The Doctor of Medical Science degree, Doctor of Health Science degree, and Doctor of Nurse Practitioner degree have not translated into more clinical independence, but are rather avenues for APPs to gain leadership roles within healthcare administration and education platforms. There are now a few 3-year medical schools which have attempted to recruit APPs and students who already know which residency they want to match into; thus, choosing to forego more advanced electives. However, this has not yet demonstrated success in creating a meaningful change for filling the primary care deficit. Lowering the opportunity cost would be another avenue to consider for recruiting APPs with a bent towards primary care into applying for and attending medical school. Currently, there is no model that considers the toll it takes on a non-traditional student to set aside a lucrative career while supporting a family, in order to hit the reset button on medical education and commit to at least 7 additional years of training. What incentives are we providing to foster a new generation of primary care providers? I believe we have an entirely untapped pool of talent among the APP workforce that we refuse to untether. Finding an alternative means of fast-tracking their education would unquestionably benefit patient welfare. The concern for market competition seems unjustified if their abridged training could be restricted to serving specifically in primary care.

"It feels like eons ago when I was seeing my own patients and apologizing for nearly deserting them in a literal desert. The staff and patients there molded me into the person I am today, one who values being personable over profit and RVUs."

It feels like eons ago when I was seeing my own patients and apologizing for nearly deserting them in a literal desert. The staff and patients there molded me into the person I am today, one who values being personable over profit and RVUs. We can't deny that medicine is a business. We also can't deny that we are the very ones who shape the culture of that business. I responded to the sweet lady I had known for years, "I don't know if I'll be back. There are so many years from now until I'll be done that who knows what will happen in the interim, but I promise that I will do my very best to keep helping patients like you who have taught me so much about what it means to work in medicine." There was a moment of silence as I handed her patient care instructions. Then she looked up and smiled saying, "You'll be a great doctor. I have no doubt. We'll miss you." She taught me that although one may briefly leave the field of primary care, it never leaves your mind.

[1] Dalen JE, Ryan KJ. United States Medical School Expansion: Impact on Primary Care. *Am J Med*. 2016;129(12):1241-1243. doi:10.1016/j.amjmed.2016.05.021

[2] Dalen JE, Ryan KJ, Alpert JS. Where Have the Generalists Gone? They Became Specialists, Then Subspecialists. *Am J Med*. 2017;130(7):766-768. doi:10.1016/j.amjmed.2017.01.026

Family Medicine Residency Training Fosters Diversity of Practice Styles

By Shada Ahrar, MD PGY-2 / MercyOne North Iowa / Family Medicine Residency / Mason City, Iowa

How to decide what to practice after finishing a family medicine residency? So many opportunities to practice a specific scope of medicine to a full spectrum practice exist. Family medicine physicians also have the flexibility of working solo or in a group setting. For a more specific practice, one can work in fields such as emergency medicine, urgent care, hospitalist, palliative care, hospice, outpatient clinic, geriatrics, maternity care, sports medicine, public health, research, and the list goes on and on. Family medicine physicians can also perform procedures including caesarean sections, colonoscopies, endoscopies, intrauterine device placement, colposcopies, skin biopsies, suturing lacerations, and more. Regardless of how one practices, the main goal for every family medicine physician is to care for all patients and to build a trusting relationship.

A family medicine residency program can help shape one's focus to on which type of practice to pursue. If one is looking for a full spectrum practice, family medicine residency programs are designed to prepare residents by having them rotate through multiple different specialties including inpatient medicine, emergency medicine, critical care, orthopedics, obstetrics, gynecology, and pediatrics. However, if a resident is looking to go into a more focused practice, he or she can easily speak with the program director and coordinator to help set up the rotations to focus on the specific practice desired. In planning the third year of residency, more elective rotation months are available allowing a resident to devote more time practicing in their specific area of interest.

How does a family medicine program foster diversity of practice styles? A typical day in the family residency programs differs widely. One could say there is no "typical day," however a review of a day on the Family Medicine Teaching Service (FMTS) at MercyOne North Iowa- Mason City will explain that more fully. The day starts around 0600 where four residents will get "sign-out" from the night resident who has covered the hospital for the night. After sign-out, the residents will round on the inpatients. Following rounds, the team gathers with the attending physician and the pharmacist for a roundtable discussion of patients where treatment options are discussed and treatment plans are created. The team then sees each patient again to discuss the final plan and goals for the day. After rounds are complete, the residents place additional orders and finish working on notes. At 1200, the residents attend a conference where faculty, residents, or guest speakers present didactic information on various medical topics.

After noon conference, the residents will either go back to FMTS or attend outpatient clinic. Those residents attending clinic will sign-out their inpatients to the residents continuing FMTS and then attend clinic. The residents going back to FMTS will check in again with the current inpatients and admit any new patients. The day becomes even more diverse when an admission from the emergency department is called in to the residents in the FMTS. When the call comes, a resident will evaluate and admit the patient to the medical floor for further evaluation and treatment. The day winds down, evening arrives, and around 1800, the night resident gets "sign-out" from the day team, and then the day team is finished. A new daily cycle begins as the night resident assumes his or her rounds.

If at any point, a pregnant patient that a resident has been routinely following for outpatient prenatal care, comes into Labor and Delivery, it is that specific resident's responsibility to care for that patient. The resident will evaluate her and deliver her baby. Likewise, the baby will be examined and cared for by the resident.

A lot can happen in a day in the family medicine residency program. From inpatients of all diagnoses to outpatients seen for new complaints or follow-up appointments, the scope of patient care provided by the residents varies widely day-to-day, hour-to-hour.

I hope this gives a little more insight into how family medicine training in general, and specifically how the MercyOne North Iowa Family Medicine Residency Program opens the door to the many diverse practice opportunities available post family medicine residency.

Welcome New First-Year Residents 2021-2022

Broadlawns Medical Center, Des Moines

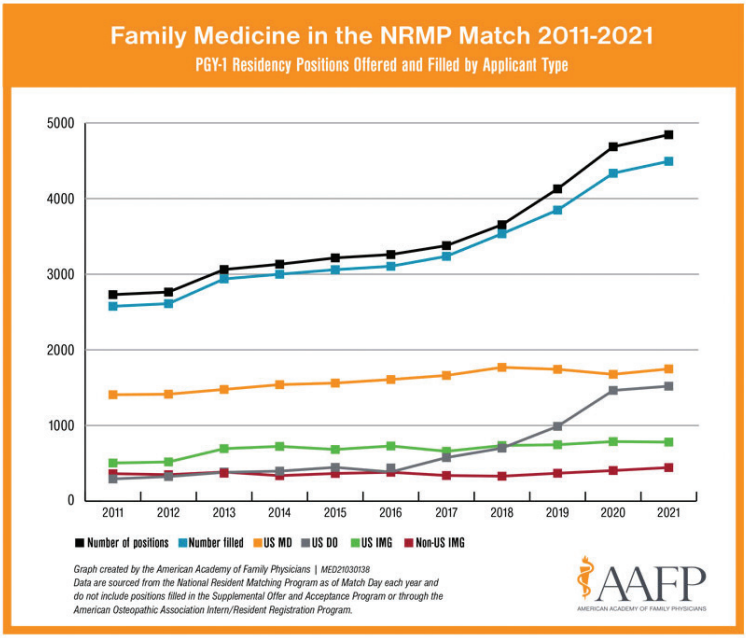
Jordan Greenfield, DO (Kansas City University College of Osteopathic Medicine, Kansas City, MO)
Savannah Marker, DO (Des Moines University, Des Moines, IA)
Madison Meyer, DO (Des Moines University, Des Moines, IA)
Brittany Pederson, DO (Des Moines University, Des Moines, IA)
Nicole Randel, DO (Des Moines University, Des Moines, IA)
Huynh Vo, DO (Des Moines University, Des Moines, IA)
Blaise Waller, DO (A.T. Still University, Kirksville, MO)
Mollie Wilson, DO (A.T. Still University, Kirksville, MO)

Genesis Quad Cities, Davenport

Daisy Hanshaw, MD(The University of Iowa Carver College of Medicine, Iowa City, IA)
Rachel Kelly, DO (Chicago College of Osteopathic Medicine of Midwestern University, Downers Grove, IL)
Kyle Luebka, MD (The University of Iowa Carver College of Medicine, Iowa City, IA)
Michael Warhank, MD (The University of Iowa Carver College of Medicine, Iowa City, IA)
Emily Wheat, MD (University of Illinois – Rockford, Rockford, IL)
Mark Wilson, DO (Kansas City University College of Osteopathic Medicine, Kansas City, MO)

MercyOne Des Moines

Ramez Al Hebshi, MD (University of Medicine and Health Sciences, St. Kitt)
Grace Chabal, MD (University of Iowa Roy J and Lucille A Carver College of Medicine)
Thomas Gerhart, DO (Rocky Vista University College of Osteopathic Medicine)
Ahmed Issa, MBBS (Capital Medicine University)
Zachary Johnson, MD, Ross (University School of Medicine)
Noah Kelm, DO, Des Moines (University College of Osteopathic Medicine)
Terry Lee III, DO (Chicago College of Osteopathic Medicine of MidWestern University)
Rosetta Marinelli, MD (Caribbean Medical University School of Medicine)
Sydney Rice, DO (Des Moines University College of Osteopathic Medicine)
Bennett Oden, MD (University of Oklahoma College of Medicine)



MercyOne North Iowa, Mason City

Brandon Hart, MD (University of North Dakota, Grand Forks, ND)
Joseph Leon, DO (Kansas City University College of Osteopathic Medicine, Kansas City, MO)
Terrell Messerly, MD (University of Minnesota – Duluth, MN)
Andrew Obritsch, MD (University of North Dakota, Grand Forks, ND)
Olivia Raitano, MD (Creighton University, Omaha, NE)
Thomas Volberding, MD (Creighton University, Omaha, NE)

Siouxland Medical Education Foundation, Sioux City

Patrick Brau, MD (The University of Iowa Carver College of Medicine, Iowa City, IA)
Spencer Christensen, DO (Kansas City University College of Osteopathic Medicine, Kansas City, MO)
Adam Gordon, MD (East Tennessee State University Quillen College of Medicine, Johnson City, TN)
Haydee Hernandez, DO (Touro University Nevada College of Osteopathic Medicine, Henderson, NV)
Kyle Uto, MD (Creighton University, Omaha, NE)
Tyler Vanadurongvan, MD(Ross University School of Medicine, Bridgetown, Barbados)

University of Iowa Hospitals and Clinics, Iowa City

Drew Amador, MD (University of Illinois - Rockford)
Jack Chen, MD (University of Vermont, Burlington, VT)
Alexander Dresden, DO (Burrell College of Osteopathic Medicine, University Park, NM)
Sandra El-Daccache, MBBS (St. George's University, London, England)
Mark Mousa, MD (American University of Antigua)
Harika Polisetty, MBBS (Kasturba Medical College, Manipal, India)

UnityPoint Iowa Lutheran, Des Moines

S. Jeals Brines, DO (Arkansas College of Osteopathic Medicine, Fort Smith, AR)
Alexa Courtney, DO (Des Moines University, Des Moines, IA)
Amanda Dolley, DO (Des Moines University, Des Moines, IA)
Alexia (Lexi) Fisher, DO (Des Moines University, Des Moines, IA)
Andrew James, DO (Lincoln Memorial University DeBusk College of Osteopathic Medicine, Harrogate, TN)
Jill Pollpeter, MD (Creighton University, Omaha, NE)

UnityPoint Allen, Waterloo

Maggie Hefner, DO (Des Moines University, Des Moines, IA)
Andrew Jozwiakowski, MD (University of Missouri - Kansas City, Kansas City, MO)
Elizabeth Majewski, MD (University of Illinois - Chicago, Chicago, IL)

MercyOne North Iowa Waterloo, Waterloo

Sai swetha Alladi, MD (MediCiti Institute of Medical Sciences, Hyderabad, India)
Dinorah Gomez, MD (University of Medicine and Health Sciences, St. Kitts)
Travis Morstorf, DO (Touro University Nevada College of Osteopathic Medicine, Henderson, NV)
Daniel Oswald, DO (Arizona College of Osteopathic Medicine of Midwestern University, Glendale, AZ)

To view the most updated listing of new resident, visit ***www.iaafp.org/2021-Residents***

Records Set in 2021 Match

More family medicine residency programs than ever matched the most students and graduates in family medicine's history. The results marked 12 years of growth in overall positions offered and filled for family medicine in the NRMP Match, with growth in nearly every applicant category. This year also marks the 10th straight year of all-time records for family medicine in the Match, and an all-time high for osteopathic medical students matching in family medicine.

2021 NRMP Match Highlights

- **4,493 medical students and graduates matched to family medicine residency programs** (categorical and combined) in 2021. A breakdown of those matches:
- **1,623** U.S. allopathic medical school (MD) seniors
- **1,443** osteopathic medical school (DO) seniors
- **781** U.S. international medical graduates (IMGs)
- **444** foreign IMGs
- **125** previous graduates of U.S. MD-granting schools
- **77** previous graduates of DO-granting schools
- Family medicine offered **4,844** positions, 159 more than in 2020, and 13.8% of positions offered in all specialties.
- Most notably in 2021, the growth of family medicine continued even after the final shift to a Single Accreditation System and consolidation to the NRMP Match in 2020, which had been responsible for a large portion of the significant growth from 2017 to 2020.

Match statistics have been provided by AAFP. Please visit *www.aafp.org* for the full report.

Iowa Match Stats

Forty-five incoming residents matched into the eight residency locations. Thirteen completed their medical school education in Iowa medical schools. Overall, the forty-five incoming residents represent a total of twenty-four medical schools.

IAFP Offering Virtual CME

The IAFP is excited to bring you on-demand webinars you can watch anytime, anywhere! You will find more information on all of our virtual CME below.

On-Demand IAFP End of Life Care Course Zoom Webinar

Cost: $40 IAFP/AAFP members
$50 non-members

On-Demand Evidence Based Care of Chronic Pain Course Zoom Webinar

Cost: $40 IAFP/AAFP members
$50 non-members

Every Bite Counts Series

IAFP is proud to team up with the Iowa Food and Family Project Group for this FREE 2-part webinar series.

On-Demand Cancer Webinars

IAFP is proud to team up with the American Cancer Society, the IDPH, and the Iowa Cancer Consortium to bring you FREE webinars. Each webinar offers 1 credit of CME.

To get more information or to register, visit www.iaafp.org/education

Implicit Bias

Why Is It Important for Family Physicians to Understand?

By Danielle D. Jones, MPH

Implicit bias is the unconscious associations individuals form in response to social conditioning and audiovisual cues. In primitive persons, bias was a useful tool for quickly triggering the flight or fight reaction in response to danger. Today the reaction is often elicited in response to race and/or ethnicity.

In the delivery of healthcare, implicit bias has shown to directly drive disparities in a number of diagnostic and treatment recommendations, including pain, coronary artery disease, kidney dialysis, contraception, and prenatal care.[1-3] More recently, it has been suggested that implicit bias may influence clinicians' decision-making with regards to testing for and treating COVID-19[4]. It is important for family physicians to understand that despite their best intentions, not even they are immune to the neurological phenomenon of implicit bias. By raising their awareness, family physicians can learn skills to minimize the influence of implicit bias on their clinical decision-making process.

Step One: Training to Build Awareness and Skills

The American Academy of Family Physicians (AAFP) recommends educating physicians about implicit bias and strategies to address it to support culturally appropriate, patient-centered care and reduce health disparities. The AAFP Board of Directors also recently adopted a race-based medicine policy opposing the use of race as a proxy for biology or genetics in clinical evaluation and management and in research. AAFP encourages clinicians and researchers to investigate alternative indicators to race to stratify medical risk factors for disease states.

AAFP has developed **training resources** to assist family physicians, family medicine residents, and medical students in recognizing and overcoming implicit bias and combating racism. These resources cover the neurobiological process that leads to the formation of unconscious associations in the context of current medical education and training, making implicit bias easier to understand. AAFP's training also includes the perspectives of patients who share their experiences with bias in the clinical setting. This helps physicians relate the concept to patient-centered care. Lastly, the training provides a set of skills physicians can practice in and out of the clinical setting to further reduce their reliance on unconscious associations.

"In the delivery of healthcare, implicit bias has shown to directly drive disparities in a number of diagnostic and treatment recommendations, including pain, coronary artery disease, kidney dialysis, contraception, and prenatal care."

While designed primarily to address implicit associations that arise during physician-patient encounters, the same skills can be used in relationships between physician peers, especially in the context of employee relations such as hiring and promotion. The training was developed using resources cited in medical literature as effective for training in the healthcare setting. It includes self-assessments and case study examples similar to those used in medical education and training.

AAFP began piloting this training with members of its Board of Directors and commissions, as well as executive leadership and staff. It is now in the second phase of the pilot, working with a select group of chapters to measure the effectiveness of the learning outcomes and engagement as part of AAFP's compliance as a continuing medical education provider. AAFP plans to share what it learns through this pilot to inform future education on implicit bias.

AAFP, through The EveryOne Project, has also developed an **Implicit Bias Training Guide** to promote awareness of unconscious associations among primary care physicians and their practice teams. The Guide includes a facilitator's guide, participant's guide, a series of videos, and customizable PowerPoint presentations that can help facilitate practice teams' in-service or lunch-and-learn sessions. This resource, exclusive to AAFP members, is available at ***aafp.org/patient-care/social-determinants-of-health/everyone-project/eop-tools/implicit-bias-resources.mem.html***.

Another training opportunity is the **Health Equity Fellowship**, a collaboration between AAFP and the Association of Family Medicine Residency Directors. The goal of the fellowship is to cultivate a cohort of family physicians as subject matter experts capable of driving policy and system changes that produce equitable health outcomes in their local communities and across primary care. Applications are being accepted until Oct. 1 for the 2020-2021 Health Equity Fellowship ***(aafp.org/patient-care/social-determinants-of-health/health-equity-fellowship.html)***. Interested members can apply to one of three tracks: rural health, academic medicine, or traditional family medicine.

The American Board of Family Medicine is also committed to assisting family physicians in turning the tide on implicit bias. Its new **Health Disparities/ Equity Self-Directed Performance Improvement Clinical Activity** addresses many different dimensions of care—such as assessing race/ethnicity, socioeconomic status, sexual orientation/ gender identity, disability, rural, and the underserved. The activity also provides an opportunity for delegates to develop a plan for closing gaps in care, such as disparate outcomes of common screening activities (e.g., cancer, HIV) and/or conditions (e.g., quality measures for hypertension, diabetes).

Beyond Training

While training may be an effective intervention for targeting healthcare inequities that result from physicians' unconscious associations, additional upstream interventions are needed that target the use of race as a proxy in medical decision-making and the healthcare system more broadly. Currently, the way in which race is used as a proxy in medical decision-making allows for differential diagnosis and treatment recommendations for which there is no biological or genetic justification. AAFP opposes the use of race-based medicine and encourages family physicians and other clinicians to investigate alternative indicators. In addition, interventions that aim to implement more equitable policies, procedures, and processes in the delivery of care must also be considered.

Addressing the root cause of health iniquities will require structural change on multiple levels.
AAFP hopes that members see implicit bias training as an opportunity to be part of the solution. By acknowledging and then actively working to become aware of and address one's own personal biases, family physicians can collectively begin to engage and dismantle the systems which impact both them and their patients.

1. Hoffman, K.M., et al., *Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites.* Proc Natl Acad Sci U S A, 2016. **113**(16): p. 4296-301.

2. Daugherty, S.L., et al., *Implicit Gender Bias and the Use of Cardiovascular Tests Among Cardiologists*. J Am Heart Assoc, 2017. **6**(12).

3. Kogan, M.D., et al., *Racial disparities in reported prenatal care advice from health care providers*. Am J Public Health, 1994. **84**(1): p. 82-8.

4. Milam, A.J., et al., *Are Clinicians Contributing to Excess African American COVID-19 Deaths? Unbeknownst to Them, They May Be*. Health Equity, 2020. **4**(1): p. 139-141.

Danielle D. Jones, PhD MPH *currently directs the American Academy of Family Physicians' Center for Diversity and Health Equity (CDHE). In this role, she guides the strategic priorities of the AAFP's Board of Directors towards a leadership role in addressing issues of diversity, equity, and inclusion across the family medicine specialty. These priorities include diversifying the workforce, establishing health in all policies, developing medical education and implementing practice tools that advance equity. Research areas of interest include unconscious bias, structural racism, and maternal child health.*

This article has been reprinted with permission from the AAFP.

A Light at the End of the Tunnel

By Pam Williams, Executive Vice President

It seems with each passing day that light at the end of the tunnel is getting a little brighter. What a year! It has been so difficult not to be able to see each other in person, but virtual meetings and conferences have definitely helped to see us through this difficult time.

We have been so very fortunate to have established partnerships with other groups such as the Iowa Department of Public Health, The Midwest Division of the American Cancer Society, the Iowa Cancer Consortium, Wolfe Eye Clinic and the Iowa Food and Family Project Group to bring virtual "live" CME to our members at no charge.

In addition, we were able to provide virtual conferences on the state mandated CME topics of pain management and end-of-life care to help you fulfill the Iowa Board of Medicine requirements and a KSA to help you stay on top of the ABFM's Maintenance of Certification. We hope to offer these again in late fall or early winter.

If you participated in any of the live webinars you can also count the credits toward the AAFP's requirement of 25 live CME credits needed for each three-year membership cycle. Almost all these programs are also still available on-demand at www.iaafp.org.

We recently hosted a virtual Family Medicine Speed Dating event for the students in the Family Medicine Interest Group (FMIG) at the University of Iowa. The students were so engaged hearing from eight family physician members who shared their practice experiences in sports, geriatrics, occupational rural medicine, ER, hospitalist, suburban and academic medicine and included discussions with physicians who care for special populations including LGBTQ, immigrant and geriatric patients. They appreciated learning about all of the opportunities available to them as future family physicians.

The most exciting news for us is that we are planning to have the 2021 Annual Meeting as a live/in-person event. The conference is scheduled for October 29-31 at the Sheraton in West Des Moines. We will follow all CDC guidelines in effect at that time.

"The most exciting news for us is that we are planning to have the 2021 Annual Meeting as a live/in-person event. The conference is scheduled for October 29-31 at the Sheraton in West Des Moines."

I know many of you were disappointed that we had to cancel the summer conferences that were to be held at Lake Okoboji and in Galena, Illinois. At the time we had to make the decision, all of you were just starting to get the vaccine and it was unclear when your families and our staff might be able to get theirs. Fortunately, it seems that all of you who wanted to get the vaccine have done so and now our staff is also fully vaccinated. We have rescheduled the Okoboji conference for June of 2022 and Galena for fall of 2022.

The AAFP has also maintained a virtual schedule for most of their events although

we have received word that the Congress of Delegates will be a live gathering in Kansas City in October. Our Iowa Delegates, leadership team and staff are looking forward to getting together to help develop and guide AAFP policy.

I think my life was enriched by the events of the past year. I found great joy in a world that had shrunk considerably at a pace that was much slower than I ever thought I could appreciate with an intimate group of family who stayed safe and well. I hope your lives were enriched as well. With so many of you being on the front lines battling this pandemic, I'm sure you saw so much pain and suffering but you also made such a difference in the lives of so many. Thank you for all that you do, and I look forward to coming out into the light with all of you.

NOTICE

As required by the IAFP Bylaws this is the official notice of Annual Business Meeting to be held on Thursday, October 28th at 5:00 pm at the West Des Moines Sheraton.

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

Sanford Worthington invests $3M into local cancer care

Cancer patients can now get the most precise radiation treatment close to home thanks to the installation of a new, $3.4 million TrueBeam linear accelerator.

“At Sanford Health, we are committed to delivering the highest quality cancer care and health care to patients in Worthington and our surrounding communities,” said Jennifer Weg, executive director of Sanford Worthington Medical Center. “With a new linear accelerator right here in Worthington, we are bringing new radiation treatment options close to home.”

Linear accelerator in cancer treatment

So what is a linear accelerator? Well, it is a state-of-the-art device programmed to deliver high-energy X-rays that conform to the specific size, shape and location of a tumor. It will give providers the ability to target and destroy cancerous cells in a precise area of the body, with minimal exposure to surrounding healthy tissue.

“What this means for patients is accuracy, speed and comfort,” said Sanford Health’s Amber Frisch, supervisor of radiation therapy in Worthington. “What it means for the radiation oncology professionals is the ability to treat many different types of complex cancer cases.”

The TrueBeam radiotherapy system can treat tumors in places that can be hard to reach or that are near critical organs, such as the heart and lungs. In addition, the accuracy of treatment permits higher radiation doses while reducing the risk of exposure to healthy tissue.

By having the capacity to deliver higher dosages of radiation, patients can heal in fewer sessions. A tumor that might need 20 to 40 sessions of conventional radiation therapy can be reduced to less than five, for instance. These shorter sessions also lower the risk of side effects in patients due to less sessions and less long-term exposure to radiation.

“It integrates advanced imaging and motion management technologies that makes it possible to deliver treatments more quickly, while monitoring and compensating for tumor motion,” Frisch said. “Before and at any point during a treatment, the linear accelerator can generate the 3D images used to fine-tune tumor targeting – something that wasn’t possible with earlier technologies.”

Better tumor targeting technology

The TrueBeam system will improve on cancer treatment in many ways including:

- **Improved precision:** The accuracy of the TrueBeam system is measured in increments of less than a millimeter.
- **Shorter radiation sessions:** Some treatments that once took 10 to 30 minutes can now be completed in half the amount of time. Faster treatment delivery is not only more comfortable for patients, but reduces the chance of tumor motion during treatment, which helps protect nearby healthy tissue and critical organs.
- **Advanced imaging:** The new imaging technology quickly produces 3D images in real time for more precise tumor targeting.
- **Motion tracking:** For lung and other tumors subject to respiratory motion, the TrueBeam system offers gating, which makes it possible to monitor the patient’s breathing and compensate for movement of the tumor while radiation is being delivered.

SANFORD
CANCER CENTER

2021 End of Session Report

Prepared by Cornerstone Government Affairs

After a long election season, new and old members of both chambers came to the Capitol to get to work. The House Republicans increased their majority by six seats for a total of 59 members. Several of their pickups came from suburban areas and urban areas. Speaker Pat Grassley (R-New Hartford) and Majority Leader Matt Windschitl (R-Missouri Valley) were both reelected to their leadership positions. Numbers in the Senate stayed the same at 32 Republicans, 18 Democrats. The biggest changes in the Senate came in leadership after former Senate President Charles Schneider did not seek reelection. Jake Chapman (R-Adel) was elected new Senate President while Jack Whitver (R-Ankeny) was reelected Majority Leader. Senate Democrats elected Zach Wahls (D-Coralville) to be their leader this session after Janet Petersen (D – Des Moines) stepped down.

This session was unique as the State was reopening after the COVID pandemic. There were many changes to the way business was conducted, including virtual committee and subcommittee meetings in the Senate, as well as virtual "option" committee and subcommittee meetings in the House. Although various COVID protocols were in place, the pace of session was normal, with the legislature following its normal 110-day session. Although Republicans have controlled both chambers, as well as the governor's office since 2016; several priority bills proved difficult to pass the finish line. However, the last two weeks of session proved productive, as a significant tax bill as well as budget bills were agreed to by the majority parties as the session ended. The legislature did run long, going past their per-diem number of days, and adjourned May 20th.

Beginning of Session Priorities

In January, Governor Reynolds laid out her plans for the session in her annual Condition of the State in January. Normally, the Condition of the State is done in the morning during the first week of session, but this year the Governor addressed the state in a primetime 6pm speech. In connection with that speech the Governor released her budget priorities. She had several priorities which included:

* Expanding broadband across the state by allocating $450 million to increase broadband access to every household in the state by 2025.
* Increasing funding for mental health by $15 million this year and another $15 million the next year.
- Eliminating the triggers put in place during 2019 tax reform
- Appropriating $3 million to fund public-private partnerships in developing childcare facilities, as well as using $25 million in childcare development block grants to promote child care startups
- Beginning a review of Iowa's licensing boards and commissions "to make sure they are serving their purpose
- Using $1 million for Iowa hospitals and clinics to begin a "center of excellence" program that connects rural physicians with specialists
- Biofuels legislation that would encourage increased sales of biofuels throughout the state
- Back the blue legislation that would make changes to Iowa law that supports law enforcement
- Tax reform

Leadership from both chambers gave remarks on the first day of session laying out what they hoped to accomplish during the session. Topics that Republican leadership hoped to tackle included tax reform, childcare access, education reform, and responsible budgeting to help Iowa continue to recover from COVID. Both chambers encouraged their fellow Iowans that the state's economy is healthy and credited it to the sound, fiscally conservative budgets they had both passed prior to the COVID pandemic. Democrat leaders focused on combatting COVID-19 and helping Iowans recover.

Overview of the 2021 Legislative Session

Over a thousand bills were introduced and funneled down through the normal funnel deadline process. Although many bills made it across the finish line, most bills did not. Throughout the session both the House and Senate passed their varying priority bills which focused on their versions of tax reform, child care, mental health funding, emergency medical services, telehealth payment parity.

During the last weeks of the session a massive tax deal was cut which eliminates the income tax triggers that were put in place during the 2017 income tax reform bill, eliminates the MHDS levy, and phases out the backfill dollars (more on this later).

Education reform was brought up early as a priority for Republicans but in varying formats. The Senate passed an education omnibus bill that touched on education savings accounts, charter school reform, and open enrollment caps. The House did not take up the bill as whole, instead broke it down into separate bills for each issue. The charter school (HF 813) piece passed the House 55-40 and the Senate 30-18.

The legislature also addressed broadband by passing standards as well as funding the program to the tune of $100M. The

legislature also funded several other priorities to attract workforce, eliminate the childcare cliff effect and support health care providers in the state.

Additionally, the legislature passed, and the governor, signed into law a "no mask" in schools' provision that was included in the Education omnibus bill, on the last night of session. This essentially made mask wearing a family choice for children in K-12 schools, rather than a school district choice. The language also provided that a city or county could not mandate mask wearing. Businesses are still able to choose whether they would like to implement a mask requirement.

To view in-depth details about the budget, bills of interest, and the 2020 Census, please visit www.iaafp.org/2021-legislative-updates for the full end of session report.

Thank you to our 2021 PrimCare PAC Contributors!!!

David Bedell, MD
Zach Borus, MD
Sherry Bulten, MD
Jeff Hoffmann, DO
Amr Kamhawy, MD
Francis Kane, MD
Noreen O'Shea, DO
Steve Richards, DO
Dawn Schissel, MD
Margaret Vitiritto-Khan, DO

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

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

IAFP PrimCare PAC

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

IAFP PRIMCARE PAC DONATION:

- ❑ $1000 PLATINUM MEMBERSHIP
- ❑ $750 GOLD MEMBERSHIP
- ❑ $500 SILVER MEMBERSHIP
- ❑ $250 BRONZE MEMBERSHIP
- ❑ OTHER _____

Name _____
Address _____
❑ Pay by check ❑ Pay by credit card
❑ Visa ❑ MC ❑ Other _____
CC#_____CVC Code _____
Signature_____Exp. Date _____

Contributions to PrimCare PAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals or an LLC to PrimCare PAC should be written on a PERSONAL CHECK OR PERSONAL CREDIT CARD. Funds from corporation cannot be accepted by the PAC. Contributions are not limited to suggested amounts. The Iowa Academy of Family Physicians will not favor nor disfavor anyone based upon the amount of or failure to make a PAC contribution. Voluntary political contributions are subject to limitations of FEC regulations.

MAIL FORM & PAYMENT TO: IAFP, 100 E GRAND AVENUE, SUITE 240 | DES MOINES, IA 50309 | FAX (515) 283-9372

IAFP Call for Resolutions

Resolutions are the official means by which you as a member have input into the governance and political process of the American Academy of Family Physicians. If you have a topic you are interested in addressing then we encourage you to submit a resolution for consideration by the IAFP Board of Directors. IAFP can help guide you through the process of writing your resolution. You can find more information and resources at http://iaafp.org/aafpresolutions/
Resolutions are due July 9th.

2021 ANNUAL CONFERENCE

SCHEDULE OF EVENTS - OCTOBER 28-30, 2021 - WEST DES MOINES SHERATON

THURSDAY, OCTOBER 28

IAFP BUSINESS MEETINGS

9:00 am	Foundation Board Meeting
10:30 am	Education and Membership Committee Meetings
12:30 pm	Advocacy Committee Meeting
2:30 pm	Board Meeting

ANNUAL CLINICAL EDUCATION CONFERENCE OPENS

4:00 pm	Registration
5:00 pm	Annual Business Meeting
5:45 pm	Welcome/Introductions & Overview
6:00 pm	Addressing Social Determinants of Health in a Rural Area
6:30 pm	Update on Infectious Disease in Iowa
7:00 pm	Decision Points in Management of Patients with DKD *- This presentation is sponsored by the Primary Care Education Consortium and supported by an educational grant from Bayer Healthcare Pharmaceuticals Inc.*
8:00 pm	Q & A/Panel Discussion
8:15 pm	Recess
8:15-9:15 pm	**2021 Donor Appreciation Reception -** In recognition of 2021 Donors of the IAFP Foundation, Rural Loan Repayment Program and PrimCare PAC ** Members must have donor ribbon to attend*

FRIDAY, OCTOBER 29

7:00 am	Registration
7:00-8:30 am	Breakfast in Exhibit Hall
7:55 am	Introductions and Announcements
8:00 am	Early Identification of Autism Spectrum Disorder
8:30 am	All About B12
9:00 am	Q&A/Panel Discussion
9:15 am	Break – Exhibit Hall
9:35 am	Management and Prevention of Influenza in High - Risk Patients *- This activity is jointly provided by the North Carolina Academy of Family Physicians and Spire Learning, and is supported by an educational grant from Genentech.*
10:35 am	Treatment of Geriatric Depression and Anxiety
11:05 am	Q & A/Panel Discussion
11:20 am	Lunch and Keynote Presentation: AAFP UPDATE
12:20 pm	Visit Exhibits
12:50 pm	Journal Club Live
2:05 pm	Renal Case Studies
2:35 pm	Q & A/Panel Discussion
3:05 pm	Break in Exhibit Hall
3:35 pm	ABFM Update
4:20 pm	Q & A/Panel Discussion
4:30 pm	Recess for the Day
5:30 pm	**Resident Medical Jeopardy**
6:00 pm	**Banquet Reception**
7:00 pm	**Installation & Awards Banquet**
9:00 pm	**Post-Banquet Reception**

SATURDAY, OCTOBER 30

7:15 am	Past President's Breakfast
7:30 am	Breakfast for Registrants
8:00 am	Navigating Breast Cancer Risk and Density
8:30 am	Comprehensive Management of Osteoporosis
9:00 am	LGBTQ Inclusive Care for Family Medicine Providers
9:30 am	Q & A/Panel Discussion
9:45 am	Break
10:00 am	Female Sexual Dysfunction
10:30 am	Sex Trafficking in Iowa
12:00 pm	Q & A/Panel Discussion
12:15 pm	Adjourn

OPTIONAL SESSION
ADDITIONAL FEE REQUIRED

12:15 pm	Knowledge Self-Assessment (KSA) – Care of Older Adults

SPECIAL GUEST SPEAKER LOUIS KURITZKY, MD

Dr. Kuritzky is a nationally recognized speaker, having given over 1,300 presentations over his career on topics including Allergy, Psychiatry, Dermatology, Immunizations, Doctor-Patient Relationship, Inter-Professional Relations, Orthopedics, Public Health, Radiology, and Urology. In addition, he has authored over 150 publications. Dr. Kuritzky is currently a Clinical Assistant Professor of Family Medicine at the Main Street Clinic in Gainesville, Florida.

2021 ANNUAL CONFERENCE REGISTRATION FORM

Name_____ Spouse/Guest Name (s) (if attending) _____

Address_____City_____ State_____ Zip _____

Phone_____ Email_____

Additional Accommodations (Vegetarian Diet, Food Allergies, Other)_____

A. Thursday, Friday & Saturday October 28-30 CME Registration Fees:

Registration Type	Early Fee (Until 9/20/2021)	Regular Fee (Starting 9/20/2021)
Active Member	$299	$350
New Physician Member (< 7 yrs in practice)	$250	$275
Life/Inactive Member	$195	$195
Resident/Student Member	N/C	N/C
PA/NP who works with an AAFP member	$295	$350
Non-Member (includes PA/NP)	$399	$450
Conference Faculty	N/C	N/C

IMPORTANT NEW CHANGES: The syllabus will be available online prior to the conference for you to download and/or print free of charge. A USB syllabus can be purchased for $10.00 by emailing kcox@iaafp.org. NO PAPER COPIES WILL BE PROVIDED.

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

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

Total Section A: _____

B. OPTIONAL COURSES TO BE HELD ON SATURDAY, OCTOBER 30

Knowledge Self-Assessment: Care of Older Adults (4-6 hours) Member $175 ____ Non-Member $200 ____

Total Section B: _____

C. FRIDAY INSTALLATION/AWARDS BANQUET:

Friday Evening, Installation/Awards Banquet: ($35 for registered attendee) Yes ____ No____

Spouse/Guest Banquet Fee @ $75 per person Number of guests for Friday Banquet____

Total Section C: _____

D. DONATIONS:

❑ Rural Primary Care Loan Repayment Program in the Amount of: $_____

❑ IAFP PrimCare PAC Donation in the Amount of: $_____

❑ Foundation Donation in the Amount of: $_____

Total Section D: _____

E. PAYMENT:

Section A: $_____

Section B: $_____

Section C: $_____

Section D: $_____

Total Due: $_____

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 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.

REGISTER TODAY!

2 EASY WAYS TO REGISTER

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:

IAFP | 100 East Grand Ave, Ste 240 | Des Moines, IA 50309

REGISTER ONLINE AT:

www.iaafp.org/2021-Annual-Conference

HOTEL REGISTRATION

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

Special Conference room rates are $115 single/double + tax per night. Please identify yourself as part of the Iowa Academy of Family Physicians when booking a room to receive special room rates. Reserve your room before October 5, 2021 to receive this rate.

IOWA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR IOWA

Members Up for Re-Election in 2021

Laura Abels, DO
Jennifer Abler, DO
Nesrin Abu Ata, MD
Larissa Ackerson, DO
Kristina Adkins, MD
Steven Aguilar, MD
Babar Ahmed, MD, FAAFP
David Ahrens, MD
Mukti Aich, MD
Carlos Alarcon Schroder, MD
Zachary Alexander, MD
Samantha Algrim, MD
Nandita Alla, MBBS
Amy Andersen, MD
Joshua Anderson, DO
Einar Arason, DO
Jonathan Arnold, MD
Betheal Aschenaki, MD
Heather Babe, MD
Charity Baker, DO, FAAFP
Joshua Baker, DO, FAAFP
Hussain Banu, MD
Theophile Barley, MD
Kristen Barnette, MD
Ruth Barosy, MD
Eileen Barto, MD
Steven Bascom, MD
Matthew Baughman, MD
Kimberley Bauman, MD
Paul Baumert, MD, FAAFP
Gordon Baustian, MD
Todd Bean, MD
Robert Beck, MD
William Bensen, DO
Pierre Bernard, DO
Elaine Berry, MD
Michael Berstler, MD, FAAFP
Sharon Bertroche, MD, FAAFP
Scott Bohner, DO, FAAFP
Anne Boileau, DO
Laura Bowshier, MD
Jason Brehmer, DO
Luke Brinkman, DO
Tara Brockman, DO
Troy Buchholz, MD
Sherry Bulten, MD, FAAFP
Dean Bunting, MD
Regina Butteris, MD, FAAFP
Jerald Bybee, MD
Robert Callahan, MD
Spencer Carlstone, MD
David Carlyle, MD, FAAFP
Rodney Cassens, MD
Maria Catalan Aquino, MD
Illa Chandani, MD
William Chase, MD
Arthur Check, DO, FAAFP
Sumathi Chellappa, MD
Teresa Coon, MD
Anthony Coppola, DO
Ryan Coppola, DO
Michelle Craig, DO
Nicholas Crippin, DO
Carina Crookston, MD
James Cummings, MD
Darron Cutler, DO
William Daft, DO
Brittany Dalton, DO
Myra Daniel, MD
Amanda Dannenbring, DO
Daniel Darnold, MD
Paul De Jong, MD
Paige Deets, MD
James Demmel, MD
Mitalee Dharwadkar, MD
Renee Diamond, MD
Gyobanna Driver, MD, FAAFP
Devi Dunker, DO
Robert Dykstra, DO
Andrew Edwards, MD
Nicole Ehn, MD, FAAFP
Kayla Ehrman, DO
Jennifer Elkin, DO
Shanna Elliott, DO
Jason Ellis, DO
C Epperly, MD
Rachael Etnier, DO
Case Everett, MD
Amy Ewen, MD
Scott Fackrell, DO
Thomas Fagg, DO
Lee Fagre, MD, FAAFP
Mark Feldkamp, DO
Jill Flory, MD
Steven Fowler, MD
Matthew Fox, MD
Clayton Francis, MD
David Fraser, MD
Robert Friedman, MD
Leighton Frost, MD
Amy Fulton, MD
Angela Fults, DO
Kevin Furness, DO
James Gamache, MD, FAAFP
James Gerdes, DO
Kirk Gieswein, MD, FAAFP
William Goble, DO
Christina Goebel, MD
Mark Goedken, MD
Andy Goodner, MD
Steven Gordon, MD
Angela Greif, MD
Jamie Greiner, MD
Bernadette Gyano, MD
Mary Haas, DO
Analisa Haberman, DO
Jennifer Haden, DO
Cindy Hanawalt, MD, PhD
Wendy Hansen-Penman, DO
Glen Hanson, MD

Glen Harden, MD
Steven Harder, DO, FAAFP
Benson Hargens, MD, MPH
Basil Hassan, MD
Erin Hayward, MD
Savita Hegde, MD
Aaron Heiar, DO
Jody Helmick, MD, FAAFP
Krista Hill, MD
Steven Hill, MD
John Hilsabeck, MD
Edward Hirl, MD
Douglas Hoch, MD, FAAFP
Barbara Hodne, DO, FAAFP
Jimmie Horton, MD
Matthew Humpal, MD
Lawrence Hutchison, MD
Sarah Jacobitz-Kizzier, MD
William Jagiello, DO
Anshul Jain, MD
Alanna Janssen, DO
David Janssen, MD
Julia Jenkins, DO, FAAFP
Michael Jennings, MD
Paul Jensen, MD, PharmD, FAAFP
Brianna Jewell-Newton, DO
Amy Jochims, MD
Bradley Johnson, DO
Eric Johnson, DO
Leah Johnson, MD
Mark Johnson, MD
Edward Jones, DO
Michael Jurgens, MD
Tracy Kahl, DO, FAAFP
James Kalar, MD, FAAFP
Stacie Kasper, DO
Autumn Keiser, MD
Jeffrey Kellogg, DO
Shannon Kennedy, MD
Susan Kennedy, DO
Suzanne Kersbergen, DO
Christopher Ketter, DO
Matthew Kettman, MD
Joe Kinzey, MD
John Klein, MD
April Kolb, DO
Annie Kontos, DO, FAAFP
Jason Kopp, DO
Allison Kovar, MD
Brandon Kovar, MD
Karen Krogstad, MD
Pomilla Kumar, MD, FAAFP
Benjamin Kumor, MD
Deepti Kurra, MD
Amy Laib, MD
John Lanaghan, MD

Iowa-AFP Membership Awards

AAFP Awarded the Iowa Chapter with the following 2020 membership awards:

- Second Place: Highest Percent Increase in Active Membership – Large Chapter
- First Place: Highest Percent Retention of Active Members – Large Chapter
- Second Place: Highest Percent Retention of New Physicians – Large Chapter
- 100% Resident Membership

Kathleen Lange, MD
Matthew Lanternier, MD
Toni Lauffer, DO
James Law, DO
Douglas Layton, DO, FAAFP
Robert Lee, MD, FAAFP
Sangil Lee, MD
Megan Lehr, DO
Jeffrey Lenz, MD
Todd Letney, MD
Brian Lindo, MD
Elizabeth Loeb, MD
Marnie Loftus, DO
Cassidy Long, DO
Michael Luft, DO, FAAFP
Andrew Luke, MD
Brandon Madson, MD
Mark Mahoney, MD
Gary Mansheim, MD, FAAFP
Paul Manternach, MD
Frank Marino, DO
Timothy McCoy, DO
Sarah Mechem, MD
Kathleen Megivern, DO
Nicholas Messamer, MD
Scott Meyer, MD
James Milani, DO
Benjamin Miller, DO
Daniel Miller, DO
Daniel Miller, DO, FAAFP
Eric Miller, DO
Joanne Miller, MD
Lonny Miller, MD, FAAFP
Lori Miller, DO

Robert Mixsell, MD
Kevin Moore, MD
Keri Mounce, MD
Andrew Mueting, DO
Tony Myers, MD
Robert Nathanson, DO, FAAFP
Anji Neil, MD
Brian Nelson, MD
Debra Neuharth, DO
Patricia Newland, MD
Alan Nguyen, DO
D R Nielsen De Jong, MD
Thomas Novak, MD, FAAFP
Renee Nydegger, MD
Soe Nyunt, MD
Donald Odens, MD
Sarah Olsasky, DO
Matthew Olson, MD
Kathryn Opheim, MD
Twyla Ostercamp, DO
Matthew Otis, DO
Mark Otto, MD
Michael Ourada, MD
Rachel Overton, MD
Adrian Palar, MD
William Paltzer, MD
Paul Parmelee, DO
Thomas Pattee, DO
Andrew Patterson, MD
John Patton, MD
Thomas Peacock, MD, FAAFP
Paul Pellett, MD
Greg Perkins, MD
Stephanie Perkins Mahan, DO

Gina Perri, MD
Douglas Peters, MD, FAAFP
Joseph Petersen, DO
James Poock, MD, FAAFP
Richard Posthuma, MD
Ashley Powell, DO
Jessica Price, DO
John Pymm, DO
Seth Quam, DO
Shaun Quam, DO
Jeffrey Quinlan, MD, FAAFP
Deborah Ralston, MD
Cassie Rasmussen, DO
Brian Ray, DO
Larry Richard, MD
Stephen Richards, DO, FAAFP
Kelli Roenfanz, DO
Ekaterina Roman, MD
John Roof, MD
Janet Ryan, MD
Kelly Ryder, MD
Amir Sajadian, MD
Christian Sanchez, MD
Julie Sandell, DO
Katharine Saunders, MD
Amy Schantzen, DO
John Schantzen, DO
Allison Schoenfelder, MD
Thomas Schreiber, MD
Thomas Schryver, MD
Angela Schwendinger, MD
Gregory Selenke, DO

(continued on page 22)

(continued from page 21)

Lynne Senty, DO
Rahil Shaikh, MD
Larisa Sharp, MD
Jason Sheffler, DO
Brian Shian, MD
Chiranjeevi Siddagunta, MD
Susan Sieh, MD
Erica Silbernagel, DO
Jamie Smith, MD
Matthew Smith, MD
Ann Soenen, DO
Matthew Spitzenberger, DO
Michelle Sprengelmeyer, MD, FAAFP
Carla Springer, MD
Kenneth Steffen, DO
Dale Steinmetz, MD
Eric Stenberg, DO
Julie Sterling, MD, FAAFP
Ryan Stille, MD
Stephanie Stitt Cox, MD
Elizabeth Stoebe, DO
Chereen Stroup, MD
Vijaya Subramanian, MBBS
Jeffrey Sutton, MD
Eric Svestka, MD
Kent Svestka, MD
Adam Swisher, DO
Maureen Tacke, DO
Allison Testroet, DO
Sarah Thomas, MD
Craig Thompson, DO, FAAFP
D Thornhill, MD
John Thurman, DO
Donell Timpe, MD
Dorothy Todt, MD
Robert Tomas, MD
Karl Treiber, DO
Arpit Trivedi, MD
Gordon Urbi, MD
Philip Van De Griend, MD
Sharon Vande Vegte, DO
Galyn Vande Zande, DO
Steven Vander Leest, DO
Alexandra Vander Meide, MD
Joel Vander Meide, DO
William Vandivier, DO
Albert Veltri, MD
Andrea Venteicher, MD, FAAFP
Thaddeaus Vernon, MD
John Vogel, DO
Jeffrey Walczyk, MD
Meshia Waleh, MD
Callie Waller, DO
Joseph Wanzek, DO
Heather Weber, DO
Matthew Webster, DO
Tammy Wells, MD
James Whalen, MD
Robert Whitmore, II, MD
Daniel Wientzen, DO
Joshua Williams, DO
Bradley Willis, MD, MPH
April Winters, DO
Donald Wirtanen, DO
David Wolff, MD, FAAFP
Donald Woodhouse, MD, FAAFP
Benjamin Woods, MD
Elizabeth Wooster-Pierson, MD
W Wulfekuhler, MD
Jon Yankey, MD
Amanda Young, DO
Clete Younger, MD
Dennis Zachary, MD
Arleen Zahn-Houser, MD, FAAFP
Lisa Zittergruen, MD
Sara Zoelle, MD

MEMBER IN THE NEWS

Doug Martin, M.D. wrote a letter to the editor titled "Thoracic Outlet Syndrome Is Typically Not an Urgent Condition" that ran in the March 2021 issue of the AFP Journal. He will have another letter that he co-authored published in a future issue.

New Members

Active

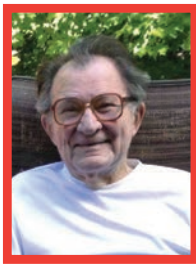
Molly Gentle, MD, Ames
Craig Gibson, DO, Iowa Falls

Students

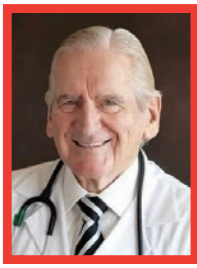
Aparna Ajjarapu, University of Iowa
Cole Anderson, Des Moines University
Brian Ayotte, Des Moines University
Kelly Bang, Des Moines University
Shreya Bansal, Des Moines University
Cory Barnish, Des Moines University
Conor Burke Smith, University of Iowa
Thomas Cassier, University of Iowa
Ailynna Chen, University of Iowa
Sarah Costello, University of Iowa
Kathryn Faidley, University of Iowa
Jacob Garner, Des Moines University
Dake Huang, University of Iowa
Kelly Hubert, University of Iowa
Jacob Kaplan, University of Iowa
Faizan Khawaja, University of Iowa
Allison Klimesh, University of Iowa
Alyssa Krueger. Des Moines University
Ivan Lazar, Des Moines University
James Lo, Des Moines University
Kirby Lundy, Des Moines University
Kristofer May, University of Iowa
Bhavana Makkapati, University of Iowa
Aaron McConeghey, University of Iowa
Millie Pal, Des Moines University
Christopher Parrill, Des Moines University
Edvin Rosaic, University of Iowa
Emily Ruba, University of Iowa
McKenna Sexton, Des Moines University
Alexandra Severson, Des Moines University
Eric Solis, University of Iowa
Matthew Vaughn, Des Moines University
Ameya Walimbe, University of Iowa
Abby Walling, University of Iowa
Anthony Zhang, University of Iowa

In Memoriam
John "Jack" Anderson, MD
Boone

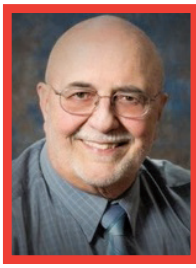
In Memoriam
George Gundrum, MD
Burlington



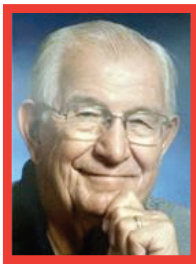
In Memoriam
James Dunlevy, MD
Fairfield



In Memoriam
Ignatius Greene, MD
Decorah



In Memoriam
Floyd Jones, DO
Shenandoah



In Memoriam
Robert Kemp, MD
Keokuk

In Memoriam
George Utley, MD
Clarence

In Memoriam
Richard Vermillion, DO
Boone

In Memoriam
Bradley J. Willis, MD
Cedar Rapids

Thank you to our 2021 Foundation Donors!!!

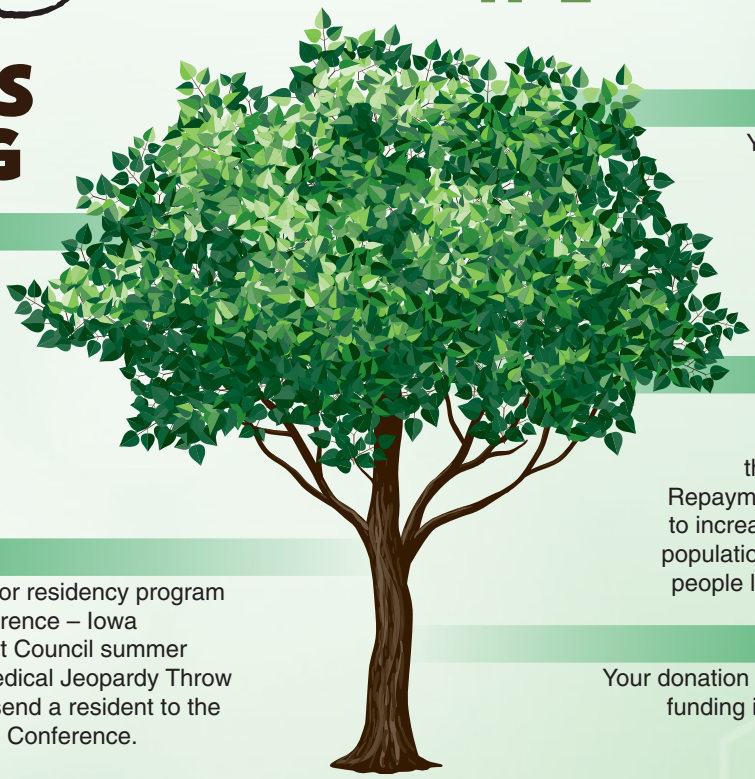
Mabior Ayuen, MBA, PhD
David Bedell, MD
Jim Bell, MD
Sherry Bulten, MD
Jenny Butler, MD
Melanie Cleveland, MD
Angela Godejohn, MD
Jeff Hoffmann, DO
Amr Kamhawy, MD
Kevin Locke, MD
Kenton Moss, MD
Donna Nelson, MD
Noreen O'Shea, DO
Dawn Schissel, MD
Robert Shires, MD
Kate Thoma, MD
Margaret Vitiritto-Khan, DO
Jeffrey Zoelle, MD

Don't see your name? Contribute to the Foundation in 2021 to see your name listed here.

The Giving Tree

IOWA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

BRANCHES OF GIVING



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.

TAR WARS

Your support helps fund Tar Wars, a preventative smoking program which educates students in the 4th/5th grade about the benefits of remaining tobacco-free. Money raised helps to fund the Iowa Tar Wars Poster Contest.

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.

WE NEED YOUR HELP
TO SUSTAIN THE BRANCHES OF OUR GIVING TREE

To build strong roots for family medicine in Iowa, we are asking **all Iowa family physicians** to donate to the IAFP Foundation. ANY amount is appreciated! We are aiming for **100% participation**! We need **everyone's** help to sustain the branches of our giving tree. Below are the different levels of donation.

IAFP Foundation:

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

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

❑ Unrestricted ❑ Tar Wars
❑ Residents ❑ Rural Loan Repayment
❑ Students / Family Medicine Interest Groups

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

Name: _____

Address: _____

_____

❑ Make a donation online at www.iaafp.org

❑ Pay by check ❑ Pay by credit card

❑ Visa ❑ MC ❑ Other_____

CC#_____CVC Code _____

Signature_____Exp. Date _____

MAIL THIS FORM AND PAYMENT TO: IAFP, 100 E GRAND AVENUE, SUITE 240 • DES MOINES, IA 50309 • FAX (515) 283-9372

Iowa Academy of Family Physicians
100 East Grand Ave • Ste 240
Des Moines, IA 50309

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

Phone 515-283-9370
Fax 515-283-9372

Find us on Facebook!