IAFP

IOWA FAMILY PHYSICIAN

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ADVOCACY ISSUE

70th Anniversary Year

INSIDE:

- Recounts of the Las Vegas Shooting from 2 Iowa Family Physicians
- 2017 Annual Meeting Highlights

"Strong Medicine for Iowa"

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University of Iowa Health Care

Vision Statement for the Iowa Academy of Family Physicians

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

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

IAFP IOWA FAMILY PHYSICIAN

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On The Cover:
(left) 2017-2018 IAFP President Dr. Scott Bohner with his Family. (right) IAFP Family Physician of the Year Dr. Esgar Guarin with his wife and daughters.

In this issue

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IAFP Working to Prevent Physician Burnout

By Scott Bohner, D.O.

When I was first approached about running for an officer spot, I initially hesitated – not because of the work or the time commitment, but because of this speech, so bear with me.

When thinking about this speech, I researched many different topics but settled on one of the biggest challenges I see ahead of us as family physicians. A lot has been made of the changes in healthcare and the political climate, but most of that is out of our control, so I decided to focus on something that I think we can help control – physician burnout.

Physician burnout is hard to describe and even harder to define. The best explanation I found is that burnout combines emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Why is this important? A recent study found a burnout rate of 46% among physicians. It is also directly linked to other undesirable effects such as:

- Lower patient satisfaction and care quality
- Higher medical error rates and malpractice risk
- Higher physician and staff turnover
- Physician alcohol and drug abuse
- Physician suicide – every year, we lose more than 400 physicians to suicide.

It's easy to see why this is a problem that must be addressed.

Dr. Drummond is a family physician and has written several articles on burnout. He describes three cardinal symptoms of burnout:

1. Exhaustion
2. Depersonalization
3. Lack of efficacy

Exhaustion is the lack of physical and emotional energy. A common phrase would be "I'm not sure how much longer I can keep going like this." Depersonalization is signaled by cynicism, sarcasm, and the need to vent about your patients or your job. Finally, lack of efficacy is when you start doubting the meaning and quality of your work. For example, "What's the use? Insurance is just going to deny it anyway…" I'm sure all of us have muttered these phrases from time to time, but when they become constant thoughts is when burnout starts to sink in. Burnout is not restricted to just physicians. In fact, it's described in a multitude of occupations, but medicine is unique in a few ways. Being a physician has always been and will always be a stressful job. We often see people at their worst and not always from 9-to-5. We deal with the constant scrutiny of lawyers and medical boards. We try to keep our production up to pay the bills and keep the administration happy. But, we knew what we were signing up for, right? In some ways, yes; but, I don't think anyone can argue that the practice of medicine has changed exponentially over the past couple of decades, and the changes have occurred so rapidly that we as a profession were not ready for the stresses they have created.

"I don't think anyone can argue that the practice of medicine has changed exponentially over the past couple of decades, and the changes have occurred so rapidly that we as a profession were not ready for the stresses they have created."

We are also a product of our upbringing and our training. We are perfectionists by nature and we are often the lone ranger. We can't stand making mistakes and we sure don't trust anyone else to do the job, so we do it ourselves. We feel like we should be the one with all the answers and most importantly, we are workaholics. We don't know when to quit. While this works well when trying to get the top score in your anatomy class and in getting through the long call nights of residency, it will kill any chance of having a work-life balance. If one of the main ways to reverse burnout is to use time at home to recharge your batteries but you have no time at home, how can that happen?

So, how do we fix it? Dr. Drummond suggests two mechanisms to avoid burnout.

1. Lower your stress levels and the drain they produce
2. Improve your ability to recharge your batteries.

Sounds easy but awfully vague right?

There are several ways to approach this. I'd like to highlight a few of them that I believe the academy is directly impacting.

Medical malpractice has always been a source of frustration and stress. The constant need to watch your back or practice defensive medicine is a common complaint heard throughout the membership. The IAFP heard you, and in conjunction with several other organizations and our great lobbyists, we were able to get tort reform passed that is commensurate with that of our surrounding states.

A recent survey by the RAND Corporation found that a main reason physicians are dissatisfied is the inability to provide quality care to patients. One of the barriers to that care are the prior authorizations needed for certain drugs. Patients are forced to try older and cheaper drugs first, even if their present medication is working. Your IAFP was able, with help from many others, to get changes made on the step therapy making it an easier process. The law will be in effect on Jan 1, 2018.

The primary care shortage continues to be one of the biggest causes of burnout. Without adequate help, the workload increases and so does burnout. We all know that the primary care workforce is shrinking. We as physicians don't need to hear this, we feel it every day. We need more family physicians, especially in the rural areas. We also need to stop the "cheapening" of our specialty. We need the public and health care systems to know that PAs and NPs are not substitutes for primary care physicians. They are part of the team but one that is physician-led. The IAFP continues to be committed to improving the number of rural family physicians. We continue to work on workforce legislation with the Rural Iowa Primary Care Loan Repayment Program, and although the funding did take a hit this past legislative session, the Academy vows to continue its efforts.

Finally, if you are at the point where you need help, ask for it. It's what we tell our patients every day. Shouldn't we hold ourselves to the same standard? A third to half of physicians do not have a personal physician or regular source of health care. A recent Mayo study showed nearly 40% of physicians reported that they would be reluctant to seek formal medical care for treatment of a mental health condition because of concerns about repercussions to their medical licensure. With 400 physicians dying from suicide every year, we need to stop preventing physicians from getting the care they need.

This is a great profession and a great calling. Find your "why," your purpose, and what inspires you. Don't lose your passion or compassion and always remember who you are fighting for. Your academy is fighting for you and I look forward to the next year and the opportunity to represent Iowa's family physicians. Thank you.

In his speech, Dr. Boehner also thanked the following people:

- Jenny Butler and Noreen O'Shea, for their leadership and mentorship.
- Dawn Schissel, for initially encouraging him to serve on the IAFP board.
- His family, for being by his side and for understanding the time constraints that his new duties will bring.
- His parents, for raising him to get out of his comfort zone and for exemplifying leadership.

Join the Chorus

By Jason Wilbur, M.D.

Happy New Year, Iowa family doctors! We made it through 2017 with its highs and lows, twists and turns. We saw federal healthcare legislation born, die and rise again only to die a second time. Our state lost one Medicaid managed care company and saw another say, "No thanks," to covering more Iowans. Our state government updated tort laws and expanded the availability of medical marijuana – and granted special protections to providers who treat chronic lyme disease, but don't get me started on that one.

Welcome to our advocacy issue. In the winter issue, we choose to focus on advocacy to coincide with the Iowa Legislature's annual session. In this issue you will find several articles that I think will help rekindle your fire for family medicine. With a greater than average volume of writing from our contributors, I have decided to keep my editorial brief and let the other writers do the talking.

In this issue, you will find thought-provoking articles by two students and a resident who each display a passion for advocating for the health of patients and communities. I hope that they continue this passion as they advance in their careers. You will read moving accounts from two of our own IAFP members who were at the Harvest Country Music Festival in Las Vegas when the shooting that took so many lives began. I want to acknowledge and thank them for their willingness to share their experience, living through it a second time as they thought, spoke and wrote about it.

The theme of advocacy rises again from our new president, Scott Boehner, who encourages us to work on ourselves a little bit more, to care for each other and to avoid traps that lead to burnout. Our tireless and hard-working executive vice-president, Pam Williams, recaps 2017 and summarizes the events coming up in 2018.

And what do I have to say? I will keep my message simple. Support the AAFP and the IAFP if you value family medicine. These organizations work to bring our message to the wider world. We are a diverse group of individuals from every different background, and we will not always agree with each other. With our many different voices, we sometimes sound more like a cacophony than a chorus. But when we unite our voices, our message can be delivered with clarity and even harmony.

"Support the AAFP and the IAFP if you value family medicine. These organizations work to bring our message to the wider world. We are a diverse group of individuals from every different background, and we will not always agree with each other. With our many different voices, we sometimes sound more like a cacophony than a chorus. But when we unite our voices, our message can be delivered with clarity and even harmony."

What can one busy doctor like you do? Join the chorus. Sing with us. Support the political action committees that have been active on our behalf – the PrimCarePAC and the FamMedPac. Join us at the State House for the Legislative Coffee in February. Get to know your representatives. Follow them on Twitter. Call your Congressperson and our US Senators. Their staffers actually will listen to you! Believe me; I've tried it many times. If you need talking points, head over to the AAFP's advocacy site (https://www.aafp.org/advocacy.html) and educate yourself. 2018 is the year to get involved.

As always, please send me your comments, thoughts and recommendations for what you want to see in this magazine. I can be reached at Jason-wilbur@uiowa.edu.

Do Your Patients Know Their Status?

- 1.2 million people are living with HIV in the U.S.
- 45,000 people are newly infected annually
- 14% of Iowans infected with HIV have not been diagnosed

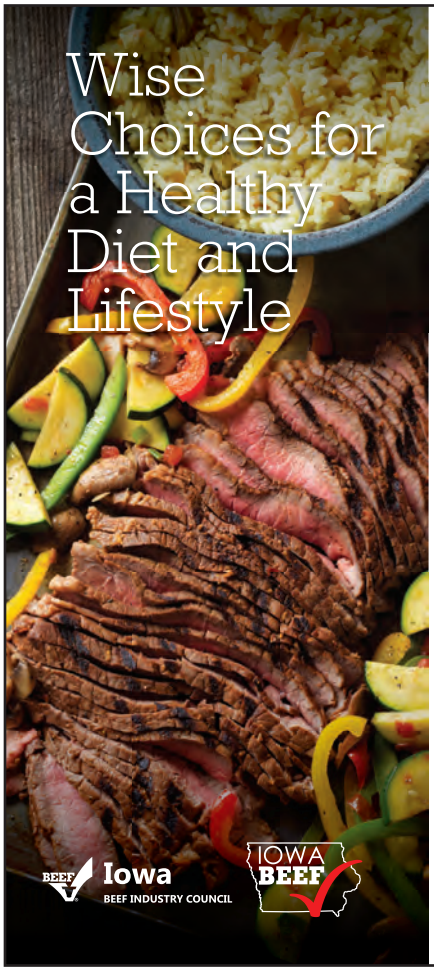
HIV Screening Is Standard Care.

Every Patient Should Be Tested.

- The CDC & USPSTF recommend individuals get screened for HIV at least once in their lifetime

PREVENTION IS CARE
Care IS Prevention

ACT against AIDS



Lean Beef Promotes Weight Loss, Lean Bodies and Heart Health

Higher-protein diets are becoming more popular as people seek new ways to achieve weight loss that will also keep them feeling full and satisfied.[i] New research, called the Beef WISE (**W**eight **I**mprovement, **S**atisfaction and **E**nergy) Study shows that lean beef can be as effective as other proteins for weight loss potential.[ii]

Eating lean beef, as part of a healthy, higher-protein diet, combined with exercise, can help people lose weight and fat mass while maintaining lean muscle and supporting a healthy heart.[ii]

1

STRONG, HEALTHY BODIES

Weight loss should result in decreased body weight while preserving lean muscle to achieve a healthy body composition and overall strength. In this new study, lean beef – as part of a healthy, higher-protein diet, combined with exercise – helped people lose fat while preserving lean muscle. In fact, 90-95% of the weight lost came from fat.[ii]

2

SUPPORTING HEART HEALTH

While following a higher-protein diet with lean beef, participants in the same study not only effectively lost weight and improved lean body composition – they also did so without negatively impacting risk factors for heart disease, such as total or LDL cholesterol or blood pressure.[ii]

3

REALISTIC DIETS

Including a variety of foods people already enjoy can help them embrace and adhere to a healthy diet.[iii] This recent research study demonstrates that lean beef doesn't have to be restricted in a higher-protein, weight loss diet and contributes to the growing body of evidence demonstrating the positive role of lean beef in a healthy diet.[iv,v,vi]

Meals That Nourish


Classic Beef Kabobs


Grilled Southwestern Steak

Visit **www.BeefItsWhatsForDinner.com** for full recipes.

Funded by The Beef Checkoff

i Leidy HJ et al. The role of protein in weight loss and maintenance. Am J Clin Nutr 2015;101:1320S-9S.

ii Sayer RD, et al. Equivalent reductions in body weight during the Beef WISE Study: Beef's Role in Weight Improvement, Satisfaction, and Energy. Obes Sci Pract 2017. Available at: http://onlinelibrary.wiley.com/doi/10.1002/osp4.118/full

iii Wycherley TP, et al. Self-reported facilitators of, and impediments to maintenance of healthy lifestyle behaviours following a supervised research-based lifestyle intervention programme in patients with type 2 diabetes. Diabet Med 2012;29:632-9.

iv McNeill SH. Inclusion of red meat in healthful dietary patterns. Meat Sci 2014;98:452-60.

v Roussell MA, et al. Beef in an Optimal Lean Diet study: effects on lipids, lipoproteins, and apolipoproteins. Am J Clin Nutr 2012;95:9-16.

vi Roussell MA, et al. Effects of a DASH-like diet containing lean beef on vascular health. J Hum Hypertens 2014;28:600-5.

University of Iowa Medical Students Advocate for Needle Exchange Legalization

By Sarah Ziegenhorn / M2, Carver College of Medicine / Executive Director & Co-Founder, Iowa Harm Reduction Coalition

Early on the morning of October 17, 2017, forty white-coat-clad University of Iowa medical students filed in to an interim legislative committee hearing on the opioid crisis. Convened by six legislators to identify strategies to address Iowa's heroin, fentanyl, and prescription pain killer epidemic, the students came to the session to support one particular piece of legislation: a bill to legalize syringe exchange programs in Iowa. As a second year medical student at the Carver College of Medicine and a representative of the Iowa Harm Reduction Coalition, I was invited to present testimony on the proposed legislation.

Needle exchange programs were first introduced in Europe in the early 1980s. By the late '80s they had made their way to coastal U.S. cities, and by the early 2000s had become an integral component of health and social services in many communities. Throughout the 1990s and 2000s, researchers examined the outcomes of these programs and quickly learned that they were remarkably effective at reducing the incidence of HIV among people who inject drugs (PWID). For example, Wisconsin saw over 400 new cases of HIV among PWID in 1994, but by 2010 the annual number of new HIV cases had dropped to 0 among drug using communities. While some communities feared that these programs in which an individual could receive sterile syringes in exchange for their used ones would promote drug use, the research has not substantiated this concern. In Washington, New Mexico, Connecticut, Hawaii, Minnesota, New York, and Wisconsin, research findings repeatedly demonstrated that syringe exchange programs effectively connected PWID to treatment programs. One case-control study found that people who participated in syringe exchange programs were five times more likely to enroll in drug treatment programs than those who had never visited an exchange. Further, the syringe exchange participants were ten times more likely to remain in recovery several years after completing treatment.

As the opioid crisis has spread across the nation, states have rapidly legalized syringe exchange programs. From 2014 – 2016, fourteen states passed syringe access laws, the majority of these states with Republican-led legislatures and governors. Iowa is now one of only 16 states where needle exchange remains illegal.

The medical students who traveled to Des Moines to advocate for a change to Iowa's syringe access laws represented over 500 University of Iowa students who participated in a week-long summit on Iowa's opioid, methamphetamine, and hepatitis C crises in September 2017. Convened in partnership between the Iowa Harm Reduction Coalition and University of Iowa Health Care, the summit featured national experts in substance use and infectious disease prevention and offered the campus community an opportunity to explore these synergistic crises and learn about legislative solutions to address them.

Ultimately, the students' testimony on behalf of syringe exchange legalization was well-received. In a December 2017 report, the legislative committee recommended the proposed syringe access bill to the Governor and issued a bi-partisan statement in support of the bill. The bill will be introduced in the Iowa House and Senate in January 2018 with the start of the legislative session. Along with the Iowa Medical Society, the Iowa Public Health Association, and the Iowa Nursing Association, UI medical students will continue to advocate for this important piece of legislation and encourage IAFP members to partner with us.

Volunteers Needed to Showcase Practice Styles to Medical Students at U of I FMIG

IAFP has developed a successful program for students at the University of Iowa FMIG. Each spring, we put together a group of member volunteers who help the students explore the many different aspects and practice styles available to them in a family medicine setting. Below is a list of topics/settings we have included in the past. If you are interested in spending an evening in the spring with us please contact Kelly at kscallon@iaafp.org

- Traditional Primary Care – Employed by a Major Health System
- Independent Practice
- Emergency Medicine
- Prevention/Wellness
- Occupational Medicine
- Addiction Medicine
- Rural Practice
- Academic Medicine
- Special Populations (Elderly/Children/Adolescents/Hispanic/LGBTQ, etc.)
- Procedures/OB/Rural
- Sports Medicine
- Other (your unique practice)

BRAND NEW PROGRAM

IAFP MEDICAL STUDENT SUPPORT PROGRAMS

The IAFP provides several opportunities for Iowa family physicians to provide financial and mentorship support to students who express an interest in family medicine as a career. Research shows that student interest is dependent on many factors, including early exposure and mentorship/ role modeling by practicing family physicians. Both mentors and mentees benefit from these professional relationships. We have many options for you to help support this process and we hope you will consider donating financially and/ or educationally.

1. Adopt-a-Student option ($400) allows practicing family physicians to be matched with one (or more) interested students, providing both financial and mentorship support to the specific student during medical school. Matches will take into consideration mentor/mentee preferences, geography, and mentor practice factors.

- Financial support is used to:
  - Offset expenses for travel and accommodations for attendance at the AAFP National Conference in Kansas City, where students gain energy and information about family medicine residency programs and may attend educational sessions of interest to future family physicians.
  - Support students during early curriculum with resources, study break treats, as well as offsetting travel/accommodation expenses for shadowing opportunities and mentorship connections.
- Mentorship support includes quarterly contact with students as arranged. These connections may take various forms and will be supported by the UI Department of Family Medicine Medical Student Education Program:
  - Electronic conversations
  - Face-to-face or Skype meetings
  - FMIG event co- attendance
  - Shadowing connections during summer or school breaks
  - Precepting students for required and/or elective family medicine clerkships

2. AAFP National Conference Sponsorship Only ($300 each) will provide funding to offset travel expenses for student(s) to attend the conference and gain energy and information about family medicine residency programs as well as to attend educational sessions of interest to future family physicians.

3. Mentorship Only (no financial contribution) allows physicians to connect with students as described in option 1, without associated financial support.

To learn more and sign up for this program, visit www.iaafp.org/adopt-a-student

IOWA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

Taking Strides Against Implicit Biases in Health Care

By Kasra Zarei / M2, University of Iowa

In 1966, Martin Luther King Jr. once said in a speech to the Medical Committee for Human Rights, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Despite national efforts, health care disparities persist and have even increased. The field of medicine collectively has made progress in combatting health care disparities and discrimination, but unconscious biases have prevented society from attaining a diverse and equitable care system.

Unconscious Biases: Natural, Automatic but Potentially Harmful

The human brain can process nearly 11 million pieces of data per second. Only a miniscule fraction of this information is consciously recognized at a given moment. For protection and efficient management of stimuli, humans use cognitive shortcuts to process information more rapidly – shortcuts which become essential to navigate intellectually demanding situations such as administering patient care.

While these automatic cognitive processes can positively aid in providing care to patients by improving efficiency, they can also negatively affect patient care when health care providers act purely based on unconscious inclinations.

The term unconscious bias, or implicit bias, refers to attitudes or stereotypes that are outside human awareness. Implicit biases are often learned at an early age, pervasive, and can be favorable or unfavorable. Despite their "unconscious" nature and not necessarily aligning with one's declared beliefs, they still impact and shape human understanding, interactions, and decisions.

Unlike explicit biases where there is a conscious intent to differentiate treatment based on certain characteristics, an individual exhibiting an implicit bias may have no intention to be discriminatory. Regardless of the intent, biases can be damaging, even when unconscious in nature.

"Implicit biases have been documented in many fields, including health care. In academic medicine, implicit biases have been shown to exist in program admissions, grant funding, and patient care. As an added challenge in health care, providers are continually subject to stressful situations and arguably more prone to the influences of implicit biases due to added pressures of clinical efficiency and time-sensitive decisions."

Nevertheless, bias is a human trait – most if not all individuals possess automatic associations, positive and negative, about other people based on any number of characteristics. From this natural part of human behavior comes the risk that these unconscious associations may negatively shape our attitudes and behaviors, and result in involuntary discriminatory practices, especially under circumstances where our cognitive shortcuts are most often used.

Implicit Biases in Health Care

Implicit biases have been documented in many fields, including health care. In academic medicine, implicit biases have been shown to exist in program admissions, grant funding, and patient care. As an added challenge in health care, providers are continually subject to stressful situations and arguably more prone to the influences of implicit biases due to added pressures of clinical efficiency and time-sensitive decisions.

In fact, studies have documented differences in clinical decisions based on patient race alone. One of the first groundbreaking studies in this area published by Kevin Schulman and colleagues (N Engl J Med 1999; 340:618-626) showed that health care professionals were less likely to refer women and black patients for cardiac catheterization compared to whites. Minorities have also been shown to be less likely to receive treatment for acute myocardial infractions and less likely to receive bypass surgery. Additional studies have produced more evidence confirming that health care providers deliver different diagnostic procedures and clinical management to patients from racial and ethnic minorities, consequently creating treatment disparities.

Implicit biases not only have ramifications on patient health, but also the diversity of the health care workforce. For instance, according to a report published in JAMA (2008;300(3):306-313), 2.5% of physicians and medical students were black in 1910, while in 2006 this number has decreased to 2.2%. Additional evidence suggests that implicit biases can negatively impact the education and career opportunities available to people who identify with an ethnic, cultural, or other underrepresented group.

Implicit biases, by definition, take place unconsciously making it necessary to modify behaviors emerging from bias through reflection, examination, and modification of our behaviors. Unconscious associations ultimately can be attenuated and reversed in the face of appropriate interventions. Potential interventions have been aided by tools and techniques developed by scientists to make people more aware of their hidden biases.

The Implicit Association Test and the Way Forward

Multiple studies have shown that when clinicians have sufficient cognitive resources and determination, they can manage their implicit biases. The first step to addressing implicit biases is developing awareness of individual biases and engaging in reflection. This reflection process can be aided by tools including the Implicit Association Test (IAT), a test that can reveal hidden biases through measuring the relative strength of associations between pairs of concepts by asking individuals to sort them. The IAT has been rigorously tested and shown to be a valid instrument for measuring unconscious associations in medicine and patient care.

After understanding how implicit biases affect their interactions with other people, providers can put in place interventions to mitigate the impact of biases. Several studies have shown that when clinicians have sufficient cognitive resources, time, data, and determination, they can manage their implicit biases. The techniques that help include mindfulness, perspective taking, and even replacing associations with new ones through approaches including counter-stereotyping and inter-group contact.

Providers must take time when making decisions and reflect on whether biases, implicit or explicit, are at play by asking themselves, "Am I being biased in my decision?" The reflection process may take only a few seconds but could have a significant impact on a patient's care.

Another helpful strategy in mitigating the effects of implicit biases is to subject all patients to pre-determined protocols and guidelines. This may consist of providing the same preventative and chronic disease management to every patient, regardless of their skin color, gender, culture, or background. Beyond standardization of patient care and personal reflection and awareness, health care providers must also remember to maintain empathy and spend time in the community to get a better understanding of the diversity in their everyday environment. High-quality health care and comparable health outcomes for all patients requires a diligent effort from all professionals to explore and address these implicit biases.

Additional Resources

1. The Implicit Bias Test: https://implicit.harvard.edu/implicit/iatdetails.html

2. The Ohio State University, Mitigating Implicit Bias in Health Care: https://u.osu.edu/breakingbias/tools-for-mitigating-bias/

Advocacy

By Mallory Forsyth, M.D., R1 / Siouxland Medical Education Foundation / Sioux City, Iowa

Patient advocacy is a principle that is grilled into a resident's head as soon as clinical work begins. As family physicians, advocating for our patients becomes second nature and is probably a daily occurrence more so than in any other specialty. Since patient advocacy is family medicine's bread and butter, I thought it would be more beneficial to speak about advocacy in a broader sense. Instead of thinking about our patients as individuals, we should also think of them as a community.

The physician-community relationship is analogous to that of an elected government representative and their constituents. While a representative can act on behalf of individuals, the overall goal is to do what is in the best interest of the represented group. How can the family physician transform into that role? And what is our responsibility as physicians to do so?

It is up to you, as an individual, to make that decision. The first step is educating yourself about issues ranging from the ever-changing healthcare bill, Medicaid coverage in your area, drug monitoring, and vaccination programs, to name a few. Find a cause or issue that excites you and impacts your patients. Then, find the best avenue to make yourself heard and make an impact.

Nationally, through organizations like AAFP or AMA, you can add your name to letters of support or find templates or talking points to help you contact your congressional representatives. Both the federal and state capitals have advocacy days that allow you access to your representatives to voice your support and concerns regarding healthcare issues.

Locally, there are opportunities for advocacy, but you will most likely have to develop your own plan and have a more "boots on the ground" approach. Family physicians have the unique opportunity of creating relationships with our patients and, through them, with the community. Many family medicine residents in Iowa will practice in rural areas and will serve on school boards or government committees. As the community grows to trust you as a physician, they will look to you for support or input on other aspects of the community. Without even trying, physicians are in an influential position that allows us to become agents of change.

"The first step is educating yourself about issues ranging from the ever-changing healthcare bill, Medicaid coverage in your area, drug monitoring, and vaccination programs, to name a few. Find a cause or issue that excites you and impacts your patients. Then, find the best avenue to make yourself heard and make an impact."

For example, after my experiences with previous jobs, I knew that I liked to work with adolescents. One of the biggest problems facing adolescents today is teen pregnancy and unprotected sex. I developed an interest in helping teens become more informed so they can make realistic and educated choices about contraception and protecting themselves from STIs. Through research I discovered I could make the biggest impact by involving myself in an organization that had already laid the groundwork. I became a volunteer educator through a local organization which allows me to speak to schools and also promote safe sex at community events.

Now, as a physician, I treasure my adolescent well-child visits because I can talk to teens on an individual basis and make a connection. Such opportunities are limited in number, however, because this age group is at risk for skipping wellness visits unless vaccinations are required; they often only return for pre-college physicals. Because of this mentality, there is a large chunk of this population that we are missing in our practices. Where then are these young people getting their information? From friends? From TV? The Internet? This realization reinforces the need to try to influence local school districts or clubs that sex education is an important issue and should be addressed.

The question remains, will you use your influence to be an advocate for issues you feel passionate about? If you chose to do so, at times it may feel like you are tilting at windmills. If that happens, remember the reason you started advocating and remember the impact you are trying to make.

My work isn't done. And I hope, neither is yours.

Medical Resident Jeopardy Throwdown

On November 3, 2017, 8 Iowa Residency programs participated in the 7th Annual Medical Resident Jeopardy Throw-Down. The teams each consisted of 3 resident participants and was hosted by Dr. Brent Hoehns! Fun was had by all as they enjoyed drinks and appetizers while they cheered on their favorite residency program. In the end, Narrow Yards pulled off their first victory. A very special thank you to Douglas Martin, MD for developing the questions and Brent Hoehns, MD for running the contest.
Thanks to all the teams that participated!

TEAM 1 - BROADLAWNS MEDICAL CENTER FAMILY MEDICINE RESIDENCY - Narrow Yards

TEAM 2 - CEDAR RAPIDS FAMILY MEDICAL EDUCATION FOUNDATION - Reider's Roughriders

TEAM 3 - GENESIS QUAD CITIES FAMILY MEDICINE RESIDENCY PROGRAM - Quad City Bandits

TEAM 4 - IOWA LUTHERAN FAMILY MEDICINE RESIDENCY PROGRAM - East Siders

TEAM 5 - MERCY DES MOINES FAMILY MEDICINE RESIDENCY PROGRAM - The Mercy Pickles

TEAM 6 - NORTHEAST IOWA FAMILY MEDICINE RESIDENCY PROGRAM - Waterloo Wizards

TEAM 7 - UNIVERISITY OF IOWA FAMILY MEDICINE RESIDENCY PROGRAM - Hawk Docs

TEAM 8 - MERCY FAMILY MEDICINE RESIDENCY – NORTH IOWA - Family Quizicians

THE 2017 CHAMPIONS: Jeremy Cordes, MD; Elizabeth Dupic, MD; Nathan Thomas, MD


1


2


EXIT
3
GENESIS
Quad City


4


5


6
NORTHEAST IOWA
Waterloo


7
UNIVERSITY OF IOWA


8
MERCY NORTH IOWA
Family
Quizicians

Looking Ahead

By Pam Williams, Executive Vice President

As we welcome the New Year it is also time to look back at some of the accomplishments of the previous year. 2017 got off to a good start with a group that sailed the Caribbean while accumulating 14 CME credits on a variety of topics that included Emergency Medicine in Iowa, an update on Infectious Diseases, several wellness topics, interesting cases, medications for weight loss and a session on 40 years of clinical pearls.

At the same time the legislative session kicked off with a Republican controlled House, Senate and Governor's office. For the first time since the legislation passed in 2012, the Rural Iowa Primary Care Loan Repayment Program took a hit and funding was reduced by $84,514. There were many changes across our state's political landscape that included turnover at the Department of Human Services, Lieutenant Governor Kim Reynolds becoming the new Governor, state revenues falling short of projections and changes across the health insurance marketplace. As IAFP lobbyist David Adelman said, "All of these changes will shape the direction the state moves as the legislature convenes in January 2018." It should be another interesting year and I hope many of you will engage in our state advocacy efforts. Please take the time to read the weekly legislative updates and try to join us for the Legislative Coffee on February 28.

Continuing Medical Education

The Okoboji Summer Meeting was held again in 2017 for the second year in a row! Responding to member requests to bring back this family focused event, we had 33 physicians attend the event and had six exhibitors. A welcome reception on the deck of the beautiful Bridges Bay Resort turned into a full evening of camaraderie. The conference will be held again in 2019 and 2020. In lieu of the Okoboji Meeting in 2018, the IAFP is sponsoring a CME Cruise to Alaska.

The on-demand webinar for the NRCME training has continued to generate non-dues revenue for the organization and is very well-received by those who participated. While we had hoped to be able to offer the live course again to those needing a refresher course beginning in 2018, we were very disappointed to learn that the FMCSA is planning on providing that training on their own for free to those who are on the registry. We will continue to offer the initial training course on-line.

(from left to right) Kelly Scallon, IAFP Membership and Advocacy Coordinator, Pam Williams, IAFP Executive Vice President, and Katie Cox, IAFP Director of Communications

We were pleased to build on our relationship with the Iowa Department of Public Health, the American Cancer Society and the Iowa Cancer Consortium by continuing our successful series of cancer webinars. We sponsored an additional six topics in 2017 attended by over 600 people.

In 2018 we will have two opportunities for destination CME events. At the end of January we will have a small group attending the conference in Playa Del Carmen and have an exciting program including topics on Choosing Wisely, Osteoporosis, Sleep Disorders, Diabetes, Depression, Holiday Poisonings, Motivational Interviewing and Diarrhea Drug Overdose and Side Effects.

In July we are partnering with the Missouri and Nebraska chapters on a CME activity that will be onboard the Celebrity Solstice at it sails from Seattle to Alaska. That program is still under development.

Student/Resident Activities

For the third time IAFP took a resident and student to the Family Medicine

Advocacy Summit in Washington, DC. Their participation was extremely valuable, and those with whom we met were very interested in hearing from them along with our veteran attendees. We will continue this in 2018.

Also in 2017 the IAFP hosted a speed dating event for the University of Iowa Family Medicine Interest Group and hosted their spring dinner. We have been working with the FMIG leadership to develop a mentor relationship between practicing family physicians and medical students. This will expand the Adopt a Student program by matching students with a mentor who will follow and support them throughout medical school. This will include helping fund students to the AAFP National Conference, provide exam snack packages, develop on-going opportunities for communication and encourage spending time together in the physician's practice. We hope you will consider becoming a mentor to these fine Iowa medical students.

Meetings/Representation

In 2017 IAFP sent delegations to the Multi-State meeting in Dallas, Texas; the Annual Family Medicine Advocacy Summit in Washington, DC; the Annual Conference for Chapter Leaders/National Conference of Constituency Leaders in Kansas City; the National Conference of Family Medicine Residents and Medical Students in Kansas City; and the AAFP Congress of Delegates meeting in San Antonio, Texas.

In addition the IAFP was able to appoint representatives to serve on various committees through the Governor's Office, Iowa Department of Human Services, Iowa Department of Public Health, and the Iowa Medical Society.

Office News

In the middle of the year we found it necessary to relocate our offices from the first floor to the second floor since the Iowa Hospital Association needed to take over our space to expand their Education Center. This did result in a slight increase in rent but it also nearly doubled our office space. Our address is the same but our suite number has changed: 100 East Grand Avenue, Suite 240.

Thank You

2017 was a great year for the IAFP and I would like to express my appreciation to the Executive Committee, the Board of Directors and all committee members for their hard work on behalf of the membership. Dr. Jenny Butler has been a strong and thoughtful leader and an enthusiastic spokesperson during her year as President and a responsive and valuable resource to the staff. We appreciate her accessibility and willingness to address issues and resolve problems. Dr. Noreen O'Shea has been a dedicated leader of the Board of Directors. Her knowledge and experience were invaluable in guiding the Board through their deliberations in 2017. I thank her for her professionalism and dedication over the past years and look forward to continued participation in IAFP activities. Congratulations to our new President, Dr. Scott Bohner. He was an active and involved President-Elect and we know we will be in good hands under his leadership. I wish to extend my heartfelt appreciation to our excellent staffers, Katie Cox and Kelly Scallon, for their hard work, excellent customer service and dedication to the IAFP. I would also like to thank Iowa family physicians for your continued membership and involvement in your Academy. Our success is dependent upon each of you. It remains an honor and a privilege to serve as your Executive Vice President and I look forward to seeing you at many of the events in 2018.

2018 IAFP Legislative Priorities

IAFP Lobbyist David Adelman speaking in support of the Rural Iowa Primary Care Loan Repayment Program during the Governor's budget hearings.

"As providers, we see every day the need for more behavioral health providers and more points of access for inpatient and outpatient behavioral health care."

The following is a list of the legislative priorities identified by IAFP for the 2018 Legislative Session.

1. Workforce. Protect existing funding for the Primary Care Loan Repayment Program.

2. Scope of practice protection. IAFP is opposed to legislation that would erode physician's ability to practice within their full scope.

   a. Pharmacy Statewide protocols. IAFP will monitor the legislation put forth to ensure patients care and the physician-patient relationship is not compromised.

   b. Direct entry midwives. The IAFP opposes direct entry midwives due to their lack of educational and medical training, and the impact this gap in education has on caring for their patients.

IAFP

2018 IAFP Legislative Coffee

Date: February 28, 2018

Time: 7:30-9:00 a.m.

Location: Room 116, Iowa Capitol Building

RSVP: (515)283-9370 or kscallon@iaafp.org

The Iowa Academy of Family Physicians represents 1,800 family physicians, residents and students. Academy members from all over the state will be there to discuss issues relating to the health care provided to all Iowans. We hope you will be able to attend.

c. Naturopathic physicians. The IAFP opposes the licensure and recognition of naturopathic physicians because of the manner in which this group practices (i.e. do not follow evidence based practices).

3. Prior Authorization. The Iowa Medical Society has proposed legislation to reform the current prior authorization process across the three managed care companies administering Iowa's Medicaid program. Their proposal includes reform for a consistent timeline for prior authorizations, prohibition against retrospectively reviewing MCO-approved prior authorizations, as well as paying physicians for administrative time required to complete a prior authorization. The IAFP supports this prior authorization reformation.

4. Medical Cannabis. The IAFP will work in collaboration with the Iowa Legislature to make corrections to the cannabis program in Iowa passed in 2017.

5. Behavioral Health. IAFP is aware and recognizes the mental health crisis that exists in Iowa. As providers, we see every day the need for more behavioral health providers and more points of access for inpatient and outpatient behavioral health care. IAFP supports any piece of legislation that helps increase the number of behavioral health providers, as well as increases access for behavioral health services across the state.

6. Medicaid Managed Care. IAFP members continue to believe that value over volume is the answer to truly keeping patients well and bettering their health. With this in mind, IAFP supports Medicaid payment reform that pays physicians based on value rather than traditional fee-for-service payment methodology.

PC AC

IAFP PrimCare PAC

Supporting Quality Primary Health Care in Iowa

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** _____

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

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DES MOINES, IA 50309 • FAX (515) 283-9372

Inside the Las Vegas Shooting: A Physician's Story

Unfortunately, at least two Iowa family physicians were present in Las Vegas in early October when Stephen Paddock shot hundreds of people at the Route 91 Harvest Country Music Festival. Thankfully, they both lived to tell their stories. IAFP member Dr. Katherine McKenna has written an article about her experience that appears in this issue. In December, Katie Cox was able to catch up with IAFP member Dr. Michael Luft and ask him about his experience. Excerpts from the interview are included below.

KATIE: Tell us a little bit about what brought you to Las Vegas.

DR. LUFT: My wife is a lover of country music and for her birthday I bought her tickets to see the Country Music Festival in Las Vegas. It is a 3-day festival where they start the day with newer country acts and then have the headliner as their last act of the night.

KATIE: So, you attended all three days of the concert?

DR. LUFT: I wanted to make it special for my wife, so I bought VIP seating so that we weren't standing all day long. We were off to the side of the stage, kind of like box seating, and up above our seats they had bars and restaurants . Unfortunately that entrance was the only one I knew of and was the one that faced Mandalay Bay.

KATIE: What was the night like?

DR. LUFT: It was unseasonably nice – not hot for Las Vegas for that time of year. It was a beautiful evening. We were commenting about what a great weekend we had. We were to fly out the next morning, so we didn't go all day Sunday. We were pretty tired and I had work I had to get caught up on, so we slept in, had a late breakfast and then I did some work for a few hours in the hotel room. We went out to dinner and then showed up for the last two shows of the evening. The two headliners that night were Jake Owen and Jason Aldean. I had really wanted to see Jason Aldean.

KATIE: When did you realize something was wrong?

DR. LUFT: Well everyone saw on the video when he started shooting, but he was actually shooting the song before, he was shooting single shots and that concerned me because I could hear it coming from behind me and I thought it was maybe something a block or two away. I knew they were gunshots. I was in the military out of high school so I know what automatic weapons sounds like. For the first few shots I was a little unsure what was happening, and then one of the shots hit someone right in front of us and my mind wouldn't let me comprehend what I saw. This lady just dropped, like she crumpled. What signified to me that something was wrong were the horrific screams of the people around her. I still didn't fully comprehend. I just knew something was not right. The song ended and then he went into the next song and then it went into full automatic and I knew what that was. I looked behind me, but I still stood there. It was hard to comprehend that he was shooting right behind us, right over top of us. I had a front row view of him hitting people right in the crowd. It was something I will never forget.

KATIE: What did you do once you realized what was happening?

DR. LUFT: I grabbed my wife and dropped to the ground. We had seats so I put her under the seats and lay on top of her. I was whispering to play dead. I really thought the people were behind us in the food area shooting down. It was so loud when he went to the full automatic. I thought someone was going to start coming through the crowd. It sounded to me like there were multiple shooters. I didn't know what was going on. I was scared. People were running but I just knew that that was not the thing to do. I thought being still and not running for the opening was better. In my mind it was a terrorist attack and it was about body count, it was about killing people.

KATIE: Did you stay like that until the shooting stopped?

DR. LUFT: No. Because he was near us for 3 days of concerts, we got to know a gentleman who was in the army and had served tours in Afghanistan. He was giving directions to everyone in the crowd. When people were running he was telling them not to run and to get down because he could tell the gunfire was from above us. We stayed down. So the gunfire slowed down a little bit, and then there was a pause in the shooting. Someone said it was clear and we needed to run. So, we followed their lead and took off running. When we got up into the VIP bar area, the shooting started again. We hit the ground and just crawled the length of the area. But when we got to the end where exit was, there were bodies lying there and police with their guns drawn like they were looking outside of the venue and waving at people telling them the shooters were outside. So, some security people directed us towards the back of the venue. That's when we actually got stomped and run over by a bunch of people that were running for that entrance. I lost my wife there for a few minutes and that was the last time I remember gunfire. When I look back at the timeframe from the time he started shooting until the time we got out of the area it was about 10 minutes, but to me it seemed like an eternity.

My wife is a nurse practitioner and I'm a physician and I do a lot of emergency

room work. She is an amazing person. She kept stopping to help people, and I grabbed her and said, "Honey, we are not staying here." There were people that were just fatally shot, and there was no helping them. I've seen all that stuff in the emergency room and I've been a coroner too.

We were still in the back of the venue under some bleachers when the shooting stopped, and my wife and I went in to physician/provider mode. We helped people control bleeding. I don't know how long we were under there. I helped one guy who got shot in the back and my wife was helping a young gal who was profusely bleeding from an arm wound. Basically all you could do was apply a lot of pressure and make a tourniquet with t-shirts. Lots of people with fractured ankles and collarbones from falling and that kind of stuff. We were there for maybe an hour, but I don't have any real concept of time, so I'm not sure.
Then somebody ripped a hole open in the fence with a pickup truck. I thought they were coming in to shoot us, but they were trying to get us out. There were police out there and it was safe. We kept it orderly and let all the wounded go first and helped them out and then everyone else filed out. I'll never forget once we got out it was a long path of blood and clothes. We walked to the back of the Tropicana and went in the employee entrance.

KATIE: Then did you head back to your hotel?

DR. LUFT: Our next step was to try to get back to our room. Things were still uncertain when we were in the Tropicana. We were all in a big storeroom and people came in and said that there are multiple shooters all over Las Vegas, that turned out to be false, but at the time, we had no idea.

My wife and I have 10 children. We have older kids, some in college and some out of college. A couple of our sons got on their phones and downloaded an app for police scanners and they were telling us to stay out of certain hotels. We were probably a block away from our hotel room but it took us a long time to get there. Every hotel you went into was locked down and security and police were running everywhere. People were yelling about a shooter in a casino. It was very chaotic and surreal. It made me feel like the whole city was under siege. It turned out to be people panicking, but we didn't know that at the time.

KATIE: Your cell phone was working?

DR. LUFT: Yeah, we had service throughout. My wife had sent out a text when we were underneath the seats telling all our children that we love them and that we are in some trouble and to pray. It would have been about 11:30 pm or midnight back home and of course the kids were pretty worried and they were texting us back-and-forth and we were telling them we made it out of there and kept them updated. They were telling us what they were hearing. We were following their advice, too.

KATIE: Do you think there's anything that could've been done to avert or minimize this tragedy?

DR. LUFT: You know, for an outdoor venue, I had no idea where the exits were. That was so frustrating when we were running. You could not find where to get out. I saw people hurting themselves on fences. There were a lot of gates and levels; it was almost like herding cattle. It seemed like they had pretty good security, they searched you when you would go in and wave you with the metal detector.

It still baffles me how the guy got 11 suitcases into the hotel with all those weapons and ammunition and used a freight elevator in a hotel without anybody thinking it a little odd for a 3-4 days stay.

KATIE: What advice would you give to other people who might find themselves in a similar situation?

DR. LUFT: I've often thought about that. I don't know if there is a "right" thing to do. I think when you go to these venues, you should always know where your exits are, not just where you came in, but play it over in your mind: if anything happens where can I go? Know the 3 or 4 exits that you can get to.

Unfortunately, I think something like this is going to happen again, and I fear that it is going to be at someplace crowded and high-profile, like a football game. I have a new appreciation for my patient that come back from Iraq and Afghanistan that deals with PTSD. I just didn't realize how much it would affect me.

KATIE: Will this experience prevent you from going to concerts, sporting events, places that have large crowds?

DR. LUFT: Eventually, no. Right now it has. I want to be an example to my children and show them that things like this happen and you shouldn't let it ruin your life. But the reality is it affected me and I'm working through that right now.

When Vacation Isn't Vacation

By Katherine McKenna, M.D. / Cedar Rapids

We have all had times where things don't go according to plan, and for a lot of us physicians with "type A" personalities, that can be pretty frustrating.

In our busy lives, it is a lot of work to take time out of our clinics to relax. We often have to work right up until the time our flight leaves to get things ready for our absence and come back to a mountain of work. So, when the fun trip doesn't go according to plan…well, that can make a person down right mad.

This was a recent experience for me when I attended the Route 91 Harvest Festival in Las Vegas this past fall. But mad, cheated and defeated were minor feelings compared to the overwhelming feelings of fear and sadness that accompanied the experience.

The planning began in June. My husband is a fan of Eric Church, and I was searching for concert tickets as a surprise birthday present for him. What luck! A three day music festival in Las Vegas! I invited his brother and brother's wife to join us. It was going to be a blast. We all have young children, so arranging some mommy and daddy time away took some doing but was going to be well worth it. And it was indeed a blast. We arrived in Vegas prior to the start of the festival and it was a great time! Relaxing by the pool during the day, great music and libations in the evening. It was the most fun we'd had in quite some time. And then all of a sudden it wasn't. In an instant peoples' worlds were turned upside down. Lives ended.

We had been by the left side of the stage near the front so we could get a nice direct view of Jason Aldean as he began what was shaping up to be a great concert. We heard the "pop-pops" that people originally thought were fireworks being part of the show. Within seconds, panic spread across the crowd as we realized what was happening. We immediately dropped to the ground, trying to keep our heads and determine what to do. We knew we had to get to cover and safety but where that would be was unsure. Making our way with the massive flow of the crowd was all we could do.

I didn't see most of the terrible things that some endured that night. My most vivid memory was blood smeared on a police SUV with a woman in tears saying, "My husband has been shot." As a doctor, I felt drawn to do something. But what? As my husband pulled me along to try to find safety, I shouted, "Hold pressure," as someone jumped into a vehicle and started to drive the wounded man away. I was one of the lucky ones – making my way out of the venue to an employee parking lot to hide under a car with my husband and complete strangers until we heard the cessation of the gun fire in the distance.

Later we witnessed the cliché of what it's like when someone yells fire in a crowded room. As we made our way to try to find safety in MGM Grand, there was mass confusion. People would randomly run in yelling, "Shooter!" At the time, we had no idea how many shooters there were. Was this a safe place to be? Would there be bombs? What seemed impossible had already happened, so what else could be in store? Finally, we got back to our hotel room at 4 AM, over 5 hours after this nightmare had begun.

People have asked us about the memories that we had of that night. It was very much a blur. I have heard a lot of stories about people being fearless in their quests to help others. I don't have a heroic story to share from that night other than that of my husband who went in to protector mode to get me to safety. That evening we had been standing next to an off duty police officer from the Las Vegas area, along with his wife and teenage son. We had been chatting with them between acts. When the firing had started, my husband and I had helped to cover the boy with our bodies. The officer had been the one to give us the guidance on when to move. I still picture that family in my head and the brace-faced smile of that teenager and the traumatic memories that he should have never had to endure...that none of us should have had to endure. I think many may have similar stories.

I was back at work the day after we returned to Iowa. It was a challenging day and I was in a bit of a fog. I think my experience of medical training helped me to push through. As physicians, we are more familiar than the average person with traumatic situations. We often become adept at pushing our own feelings aside to take care of others. I did see a counselor to talk through the survivor guilt…Why not me? What if we had been on the other side of the stage? I spent time trying to fill in the gaps of the experience with news and YouTube videos, but there are still a lot of holes, which overall, is probably a good thing for me.

Every time I hear a song of one of the artists that performed at the festival on the radio, my mind goes to Las Vegas. I wonder if this will continue forever. Already, it seems that so many people have moved past this event. I fully admit I probably would have too by now if I hadn't been there. But I was and I think about it. And I try to figure out what I can do. Then I get bogged down with all of the day-to-day of being a wife, a mom and a physician, and I just get through one day at a time like anyone else.

I have never been much of an advocate on political issues. Sure, I have things that frustrate me just like anyone else, but I usually stay pretty quiet in public on heated issues. When I think about this situation – a potentially mentally ill man getting his hands on countless weapons and equipment to make them semiautomatic – I feel absolutely defeated. I don't think our forefathers had this in mind when they wrote the second amendment. I don't have the answer but I pray that our country can move forward to do better for the years ahead. I have wondered if I would be able to identify if someone I know or care for as a patient could be at risk for doing something like this. I wonder if the Las Vegas shooter ever sought any type of medical or psychiatric treatment. What if he had and couldn't get to it? The family doctor in me has the unsettling feeling of worry about access to care.

Part of me just wants to curl up and hold on to my boys at home, never leave our house. I want to forget about work and protect my family from the terrible things in the world. But in trying to protect them from evil in the world, I would be sheltering them from all of the good things in the world, also. In never leaving the house, I would be giving up the good things I do each day to try to keep people on track with their health. In the medical world we work in, it is easy as a family physician to minimalize the work we do each day, to get bogged down with the paperwork and frustrations that are a part of our job. But as with every challenge in life, new perspective can be gained. I could focus on the guilt of surviving and think about how frustrating life can be, or I can say, since I was spared, I now get to continue with the mission I have chosen in the world. Fifty-eight people were not so lucky.

We have tickets for an upcoming show at the US Cellular Center in Cedar Rapids in March. My sister asked me if I was going to be okay going. My answer was, "I'm not sure, but we're going." After all, everyone needs some time away, another try at a little bit of a vacation.

CENTRAL STATES SUMMER CME GETAWAY: ALASKA CRUISE

SPONSORED BY THE IOWA, MISSOURI AND NEBRASKA AAFP CHAPTERS

ABOARD THE CELEBRITY SOLSTICE

JULY 13-20, 2018

SHIP DEPARTS FROM SEATTLE, WASHINGTON

2018

THE ALASKAN CME CRUISE We are pleased to announce that the Iowa, Missouri & Nebraska AAFP Chapters have joined together to offer you a breathtaking, unique, and memorable vacation cruise to Alaska! Join us as we depart from Seattle and explore various ports in Alaska and Canada aboard the beautiful Celebrity Solstice for a week full of relaxation, fun, and CME.

Ship Departs from Seattle, Washington with stops at ports in:

1 **KETCHIKAN** 2 **TRACY ARM FJORD** 3 **JUNEAU**
4 **INSIDE PASSAGE/ SKAGWAY** 5 **VICTORIA, BRITISH COLUMBIA**

CME: You will have the opportunity to participate in 12 to 15 credits of CME delivered by your colleagues. CME will be scheduled for the mornings we are at sea. Details and programming will be updated on the website as we finalize topics/speakers

CRUISE REGISTRATION: ***(all fees are per person)***
There are limited cabins available in the categories below.

Rates are CRUISE ONLY 1st & 2nd guest. 3rd & 4th guest current rate at time of booking per Celebrity TBD. Airfare is NOT INCLUDED.

- ☐ A1-Aqua Class $2711.30
- ☐ C2-Concierge Class $2561.30
- ☐ 1C- Deluxe Oceanview w/Verandah $2361.30
- ☐ 2A- Deluxe Oceanview w/Verandah $2341.30
- ☐ 2B- Deluxe Oceanview w/Verandah $2301.30
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Each cabin oceanview category and above will have the choice of 1 complimentary perk for 1st and 2nd guest only:

- ☐ $150 per person onboard credit
- ☐ Prepaid gratuities
- ☐ Classic beverage package (includes alcoholic beverages up to $9, and soda package)
- ☐ Unlimited internet

Please note: 3rd & 4th guests will automatically receive the classic soda package and 40 internet minutes

ADDITIONAL INFORMATION:

- Gratuities are $94.50 per person for all categories except suites which are $98 per person.
- Travel Protection is available through Celebrity for $159 per person payable with final payment.

CRUISE DEPOSIT/ PAYMENT SCHEDULE:

- Deposit is $500 per cabin and $1000 per suite due upon registration.
- Final Payment is due by April 13, 2018

CRUISE CANCELLATION/ATTRITION:

- From 89-57 days prior to sailing the cancellation penalty is $250.00 per person.
- From 56-29 days prior to sailing the cancellation penalty is 50% per person.
- From 28-15 days prior to sailing the cancellation penalty is 75% per person.
- From 14-0 days prior to sailing there is no refund.

TO RESERVE A CABIN: **Please visit our website at www.iaafp.org/alaska**

You must register for the CME portion of the cruise separately this can be done by going to www.iaafp.org/alaska under the education tab.





Two-Dose HPV Vaccination Series Now Recommended for Adolescents, 11-14 Years

The Centers for Disease Control and Prevention (CDC) recently revised its recommendation for the HPV (human papillomavirus) vaccination series. For children ages 9 through 14, only two doses instead of three is now recommended; the two shots should be administered at least six months apart. The CDC continues to recommend that most children get the vaccine at age 11 or 12 to protect against cancer-causing HPV infections. Debbie Saslow, PhD, Senior Director of HPV Related and Women's Cancers at the American Cancer Society, said the new recommendation will make it easier for people to get protection from HPV. "It's a burden on parents to get teenagers to the provider's office. The new recommendations not only cut down on repeated trips, but also spread out the recommended interval. This adds the flexibility that allows the second injection to be given at a time when the child may already be at the provider's office for something else – an annual checkup, a sports physical, or even an acute visit like a strep test," she said.

The new recommendations come from the Advisory Committee on Immunization Practices, a group of medical and public health experts that develop recommendations on use of vaccines in the general population of the US. Teens and young adults who start getting the vaccination at ages 15 through 26 years will continue to need 3 doses of HPV vaccine. Children and teens ages 9 through 14 who have already received 2 doses of HPV vaccine less than 6 months apart, will require a third dose. Three doses are also recommended for people with weakened immune systems ages 9 through 26 years.

The recommendation for targeting the 11-12 year old population is because the vaccine causes a better immune response in children than during the later teenage years. Children are also likely still seeing their doctor regularly and getting other vaccinations at this age. Over 200 million doses of vaccine have been distributed worldwide – more than 67 million doses in the US along with 8 years of safety monitoring in the US. No serious safety concerns have been identified.

Why vaccinate?

Most cervical cancers are caused by HPV, and the virus has been linked to cancers of the vulva, vagina, penis, anus, and throat. HPV is also a major cause of genital warts. Vaccines are among the few medical interventions capable of achieving almost complete eradication of a disease. It is not often that we have an opportunity to prevent cancer, or in this case multiple cancers, with a single tool. HPV vaccination offers opportunities for FQHCs to focus on cancer prevention with their adolescents and families.

Despite the overwhelming evidence for its safety and effectiveness, HPV vaccination is underutilized. While vaccination rates continue to improve for other adolescent vaccines such as Tdap and meningococcal, HPV vaccination rates have not. Only 1 in 3 girls and 1 in 5 boys in the US are fully vaccinated – far less than the Healthy People 2020 goal of 80%.

The annual direct medical cost of prevention and treatment of HPV-related disease is at least $8 billion for females alone. Of this, $6.6 billion is for cervical cancer screening and follow-up and $1 billion is for treatment of cancer, including $400 million for invasive cervical cancer and $300 million for oropharyngeal cancer. Several studies have shown that HPV vaccination of adolescent girls and boys is highly cost-effective.

Physician recommendation is the strongest predictor of receipt of vaccination. Data shows that providers are not recommending HPV vaccine with the same strength and consistency as for other vaccines. There is also a need for education of parents about the vaccine – why it's needed, the importance of vaccinating prior to the onset of sexual activity, and its excellent safety record. Health systems barriers include inadequate reimbursement for vaccine administration and lack of provider and patient reminder systems.

The Comprehensive Cancer Control National Partners named HPV vaccination as one of three nationwide priorities for all Comprehensive Cancer Control programs. CDC awarded one-year grants to a total of 18 states and 4 cities to improve vaccination rates in 2013 and 2014. The National Cancer Institute awarded 18 NCI comprehensive cancer centers a one-year grant to develop targeted approaches to increase HPV vaccine uptake in 2014-2015. CDC awarded 5-year grants to four organizations, including the American Cancer Society to increase HPV vaccination rates. Additionally, the President's Cancer Panel released a report in February, 2014 calling for urgent action to increase uptake of HPV vaccination in the US and globally.

The American Cancer Society has two specific programs to help raise vaccination rates:

1) The National HPV Vaccination Roundtable, established by the Society and CDC in 2014, is a national coalition of public, private, or voluntary organizations, and invited individuals dedicated to reducing the incidence of and mortality from HPV-associated cancer in the US, through coordinated leadership and strategic planning.

2) Vaccinate Adolescents against Cancers Project (HPV VACs) allows American Cancer Society staff to work with FQHCs across the nation while expanding current cancer prevention and early detection activities to increase HPV vaccination through improved provider awareness, education, and enhanced system-wide processes.

Even with low vaccination rates, HPV infections targeted by the vaccines have dropped by more than half in the US since the introduction of the vaccine. In Australia where vaccination rates are high, the number of high-grade abnormal Pap test results ("pre-cancers") has already declined in young women, and cases of genital warts have been almost eliminated.

Further Information

Christy Manternach, Health Systems Manager, American Cancer Society
christy.manternach@cancer.org
319-866-7108

FOUNDATION SPOTLIGHT

Rural Loan Repayment Program

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. Let's catch up with one of the recipients: Benson Hargens, MD.

Where did you grow up?

Hudson, Iowa

What made rural Iowa appealing to you?

The fact that I grew up in a small town. Great people, committed communities, no traffic, a chance for my children to grow up the way I did.

Why family medicine?

The ability to care for people and families from birth to death. The ability to know my patient's on a personal level and care for them over decades.

What are you most looking forward to in your rural practice?

I will be practicing in Osage, Iowa when I am done with residency. I am most looking forward to working with the great medical team already in place there; performing procedures and managing complex medical conditions that I might not be able to in a more urban setting. I am also excited to care for patients in the ER, my clinic, and perhaps even their homes if needed. Finally, I look forward to seeing my patients outside of work and becoming a part of the community.

What makes a rural practice unique compared to an urban setting?

Rural medicine is unique in that you interact with your patients much more outside of work than you would in an urban setting. I feel this increases your commitment to them and their families. I also believe rural medicine can push you more as a physician because your access to specialty care can sometimes be more limited.

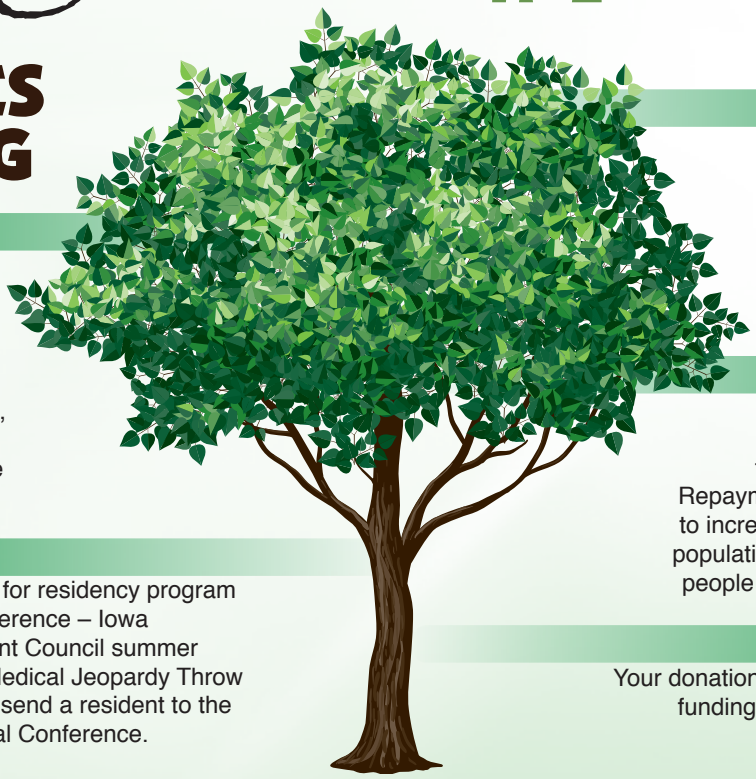
How does it feel to be a recipient of this program?

I am very honored to be a recipient of this program. It is humbling to have such generous financial support to ease the financial burden incurred during medical school. This program made my decision to return to rural Iowa and practice even easier.

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

New Members

Active

Sarah Arnone, DO
Yuya Hagiwara, MD
Matthew Olson, MD
Aileen Prabhakaran, MD
Christian Sanchez, MD
John Schantzen, DO
Rienera Sivesind, MD

Resident

Evan Davis, MD
Roshan Razavi, DO
Alana Ryan, DO

Student

Soham Ali, University of Iowa
April Allen, University of Iowa
Erik Anderson, University of Iowa
Mitchell Arends, University of Iowa
Erik Arneson, University of Iowa
Jeff Carley, University of Iowa
Claire Castaneda, University of Iowa
Melissa Chan, University of Iowa
Samantha Cheng, University of Iowa
Jian Chu, University of Iowa
Michael Clapp, University of Iowa
Holly Conger, University of Iowa
Andres Dajles, University of Iowa
Tucker Dangremond, University of Iowa
Luke De Jong, University of Iowa
Sarah Eikenberry, University of Iowa
Haylee Elvendahl, Des Moines University
Adam Erwood, University of Iowa
Megan Ferguson, University of Iowa
Caleb Fredrickson, University of Iowa
Brendan George, University of Iowa
Logon Goetzinger, University of Iowa
Kerri Golinghorst, University of Iowa
Destinee Gwee, University of Iowa
Cassandra Hardy, University of Iowa
Michael Hefferman, University of Iowa
Emma Henze, University of Iowa
Chloe Hias, University of Iowa
Zoetta Hildreth, University of Iowa
Nathanial Hitt, Des Moines University
Zhaohui Hu, University of Iowa
Destinee Irish, University of Iowa
Tianyu Jiang, Des Moines University
Alyssa Johnson, University of Iowa
Travis Larson, University of Iowa
Steven Leary, University of Iowa
Kyle Leubka, University of Iowa
Irisa Mahaparn, University of Iowa
Katherine Merritt, University of Iowa
Mary Catherine Mohr, Des Moines University
Vaelan Molian, University of Iowa
Laurie Moy, Des Moines University
Marcus Munoz, University of Iowa
Whitney Nelson, Des Moines University
Anne Nora, University of Iowa
Kelly Oestreich, University of Iowa
Michael Orness, University of Iowa
Arham Pasha, University of Iowa
Jared Peterson, University of Iowa
Joseph Pham, University of Iowa
Angela Phillips, Des Moines University
Hannah Pope, University of Iowa
Deepika Raghavan, University of Iowa
Jacob Ricke, Des Moines University
Jessica Ruffin, Des Moines University
Jeremy Sanchez, University of Iowa
Eric Schnieders, University of Iowa
Kiran Sharma, University of Iowa
Joanna Silverman, University of Iowa
Amrinder Singh, University of Iowa
Alaina Studt, University of Iowa
Allison Thilges, University of Iowa
Rob Thinnes, University of Iowa
Krista Thompson, University of Iowa
Jordan Tysdal, University of Iowa
Richard Uhlenhopp, University of Iowa
Brandon Vander Stoep, University of Iowa
Mackenzie Walhof, University of Iowa
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Benjamin Wilkinson, University of Iowa
Beth Wole, University of Iowa
Tong Yu, University of Iowa

Thank you to our 2017 Foundation Donors!!!

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Thanks to your generous donations, the IAFP Foundation raised $12,202 in 2017.

Thank you to our current 2017 PrimCare PAC Contributors!!!

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Thanks to your generous contributions, the PrimCare PAC raised $6,367 in 2017.

Fellows of the American Academy of Family Physicians

The Degree of Fellow was established in 1971 by the Congress of Delegates as a way to recognize AAFP members who have distinguished themselves among their colleagues, and in their communities, by their service to family medicine, the advancement of health care to the American people and professional development through medical education and research. Fellows of the AAFP are recognized as Champions of Family Medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession. The IAFP confers Fellows every other year at the Awards and Installation Banquet.

Congratulations to the following IAFP members who were conferred as Fellows of the American Academy of Family Physicians at our Annual Conference:

Babar Ahmend, MD
Courtney Bochmann, DO
Jenny Butler, MD
Joseph Freund, MD
Esgar Guarin, MD
Adam Roise, MD
Kate Thoma, MD

(From left to right) Jenny Butler, MD, Kate Thoma, MD, Adam Roise, MD, Joseph Freund, MD, and Esgar Guarin, MD

Chad McCambridge, M.D. Named IAFP Medical Educator of the Year

Chad McCambridge, M.D. of Mason City was named the 2017 Iowa Medical Educator of the Year. The presentation was made during the 2017 Iowa Academy of Family Physicians (IAFP) Annual Awards and Installation Banquet on Friday, November 3 in Des Moines at the Downtown Marriott. The Medical Educator of the Year Award is presented annually to recognize a physician who is providing outstanding quality in family medicine education. Nominees are submitted by students, practicing physicians and educators.

Dr. Chad McCambridge accepting the Educator of the Year Award

A former resident had this to say about Dr. McCambridge. "Dr. McCambridge is a brilliant teacher and a great example of a full scope Family Medicine physician. His knowledge base is remarkable. He is up to date on all the latest practice guidelines and is able to incorporate them in a practical manner in his resident's clinical practice. He never misses an opportunity to use a clinical situation as a teaching moment. And when you ask a question he is able to artfully combine the particular situation with clinical pearls and potential board questions. He is well versed in every aspect of practice and is able to guide residents in the clinic and on the labor deck. His obstetric knowledge is truly impressive and truly inspirational. My time as both a medical student and as a resident under the supervision of Dr. McCambridge influenced much of my current clinical practice. He always encouraged me to be better and to learn more. His example played a big part in my selection of a career in Family Medicine and making Mercy North Iowa Family Medicine Program my first choice in the match."

Congratulations Dr. McCambridge!

Three Iowa Family Physicians Receive Well-Deserved Recognition by Colleagues

The IAFP has awarded the 2017 Lifetime Achievement Award to three family physicians.

The recipients of the award were:
James Bell, M.D. of West Des Moines
Gerald Jogerst, M.D. of Coralville
Dale Nystrom, M.D. of Hawarden

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

- Have been a member of the Academy in good standing for at least 10 years
- Is a resident of Iowa
- Has been involved in significant community service and civic activities
- Is a role model for other family physicians, residents and/or medical students.

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

The IAFP would like to thank Dr. Bell, Dr. Jogerst, and Dr. Nystrom for their significant contributions to their communities and patients. Their service to family medicine in their roles as a mentors, role models and teachers is tremendous and much appreciated.

Dr. Bell saying a few words after accepting his Lifetime Achievement Award

IAFP Board Chair, Dr. Noreen O'Shea, presenting Dr. Jogerst with his Lifetime Achievement Award

The 2017 Lifetime Achievement Recipients (from left to right) Gerald Jogerst, M.D. of Coralville, Dale Nystrom, M.D., of Hawarden, and James Bell, M.D. of West Des Moines

Lifetime Award recipient, Dr. Nystrom, making a few remarks after receiving his award

Scott Bohner, D.O. Named President of IAFP

Past AAFP President Dr. Robert Wergin installing Dr. Scott Bohner as IAFP President.

Scott Bohner, D.O. of Decorah was installed as President of the Iowa Academy of Family Physicians at the installation and awards banquet held November 3, 2017 at the Downtown Des Moines Marriott.

Dr. Bohner attended Central College, graduating with a Bachelor of Arts in Exercise Science. He attended medical school at Des Moines University. Dr. Bohner completed his Family Medicine residency at Broadlawns Medical Center in Des Moines.

Dr. Bohner currently practices at Winneshiek Medical Center Decorah Clinic.

Esgar Guarin, M.D. Receives Iowa Family Physician of the Year Award

Esgar Guarin, M.D., a Newton family physician, has been named the 2017 -2018 Iowa Family Physician of the Year by the Iowa Academy of Family Physicians.

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

Dr. Guarin making a few remarks after receiving the 2017 IAFP Family Physician of the Year Award.

A letter received said this about Dr. Guarin. “Although Dr. Guarin is a very busy doctor, he takes special time and action to benefit his patients and make each feel self-worth. When he delivers a baby, he provides that child with a tailor-made “onesie” that serves to announce to the world that he has delivered a new little one. He has a perfect bedside manner – warm and caring, but always straight shooting. He tackles sensitive issues with his patients in a very direct way. Over one and one-half years ago, Dr. Guarin walked through the doors of the Pregnancy Center of Central Iowa. He volunteered his services in any way that we felt he could help. Because he speaks fluent Spanish, he has helped us with translation with the Latino portion of our client list. Because Dr. Guarin cares deeply for our moms, their babies and their children, he and his wife come to PCCI once every month so that he can conduct a Lunch & Learn, which is open to ALL of our clients and their family members. He provides excellent material on every topic from pregnancy, to child safety and care, to the dangers of substance use and on and on. Because this information is coming directly from a Medical Doctor, our clients really pay rapt attention to his words. His teachings have influenced many in our community and the surrounding areas we serve to make better, more educated choices for themselves and their family members.”

As the Iowa Family Physician of the Year, Dr. Guarin will become Iowa’s nominee to the American Academy of Family Physicians for the 2018 National Family Physician of the Year.
Congratulations to Dr. Guarin!

2017 IAFP Annual C

ONFERENCE HIGHLIGHTS

Farm Bureau Awards Rural Physicians Scholarships

Four Farm Bureau Rural Family Medicine Scholarships were awarded during our Annual Meeting. Craig Hill, President of the Iowa Farm Bureau, made the four $2,500 award presentations. The 2017 Farm Bureau Scholars are:

(from Left to Right) Craig Hill, Iowa Farm Bureau President; Tyler Olson, MD; Amber Meyer, MD; Cynthia Hoque, DO; Michael Jorgensen, MD and Don Klitgaard, MD, IAFP Foundation President

STUDENTS:

Michael Jorgensen, MD – Michael grew up in Clinton, Iowa. Upon graduation from high school, he attended Wartburg College where he earned his Bachelors degree in Biochemistry and Biology in 2012. From there, he continued his education at the University of Iowa, earning his Doctor of Medicine degree. Both he and his wife are completing their residencies at the University of Iowa and plan to practice in a rural community. Michael is excited to be part of a profession that allows him to impact patient lives and a rural community in such a meaningful way.

Tyler Olson, MD – Tyler was raised in a rural agricultural community in Iowa. This community shaped his life and from a young age, very important traits such as character, community and excellence were ingrained in him. After studying biology at Iowa State University, he attended medical school at the University of Iowa, where he received numerous recognitions for his poster, publication and research projects. Upon his graduation, he chose Iowa Lutheran in Des Moines for his residency program. Throughout his experience with family medicine and patients, he has been able to cultivate the traits that have been so important to him since childhood.

RESIDENTS:

Cynthia Hoque, DO – Cynthia's journey to medicine has been a little more scenic than some. She grew up in Southern Minnesota and attended Minnesota State University. She knew she loved science but wasn't sure she was ready to commit her life to medicine. She spent time in Amish country in Lancaster as a chemist and realized she wanted to apply her science skills to helping others. After completing a Rural Medicine pathway at Des Moines University, she completed her training at the Iowa Lutheran Family Medicine Residency program in Des Moines. Cynthia has now settled down Knoxville, Iowa where she is able to practice full spectrum care.

Amber Meyer, MD – Amber attended the University of Iowa and graduated with a degree in Biomedical Engineering in 2010. Upon graduation she entered The University of Iowa Carver College of Medicine, graduating in May of 2014 with a distinction in Global Health. She enjoyed her opportunities throughout medical school where she practiced in under-served areas whether that was in Iowa or globally. Amber recently completed her residency at Genesis Quad Cities Family Medicine Program in Davenport. After completing her preceptorship in Eldridge, she knew Eldridge is where she should be. She loves the clinic atmosphere and patient population and is excited to continue providing quality care to her patients.

The purpose of the Farm Bureau Rural Family Medicine Scholarships is two-fold:

- To encourage residents, upon graduating from an Iowa family practice residency program, to pursue a medical career in Iowa communities with populations under 10,000.
- To encourage medical students to enter an Iowa family residency and to practice in a rural Iowa community.

Barb Lykins, Iowa Farm Bureau Director Community Resources says "The Iowa Farm Bureau is committed to Iowa's rural character; after all, the citizens in our rural communities founded this great state and continue to be the backbone of our Iowa character. We're proud to sponsor this scholarship as a means to not only 'give back' to our rural citizens, but to encourage our highly-valued graduates to stay in Iowa and serve the rural community."

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 $2,500 Farm Bureau Scholarships that are given to two students and two residents annually. Eligibility requirements are:

Resident (R3)

- Completing an Iowa residency program in 2018
- Locating in a practice in a rural Iowa setting under 10,000 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 2018
- 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 10,000 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, 2018.

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

5-2-1-0 Healthy Choices Count Campaign

5-2-1-0! These are numbers you will be seeing more of in the near future. In October, Governor Kim Reynolds announced the 5-2-1-0 Healthy Choices Count campaign. This is an educational campaign to promote healthy eating and active living for children and families in our state. The campaign promotes the daily recommendations of 5- servings of fruits and vegetables, 2- hours or less of recreational screen time, 1- hour of physical activity, and 0-sugary drinks and more water. The campaign is supported by the Iowa Department of Public Health and the Healthiest State Initiative. It is well known that children with healthy habits learn better, feel better, and have a decreased risk for chronic medical conditions (such as obesity, diabetes, liver disease, and cardiovascular disease). The 5-2-1-0 campaign is evidence-based, and has been utilized successfully in many other places across United States. It is endorsed by the American Academy of Pediatrics and National Head Start Association.

This nationally-recognized campaign makes healthy eating and active living fun and easy to remember. We all know education is just one piece of the puzzle. The key is to make healthy choices easier through changes in environment and public policies. The campaign also provides technical support to help communities make the environmental and policy changes. IDPH has funded 4 communities as pilot sites to offer targeted technical support for this multi-setting community approach. These sites include Malvern, Dubuque, West Union, and Mt. Pleasant. The councils of governments in these regions are facilitating this work.

Bringing the 5-2-1-0 Message to Life in Iowa

Great work is being done in the early childcare and school communities by programs such as the Iowa Department of Education's Action for Healthy Kids, Pick-a-Better-Snack, NAPSACC, and CATCH. These efforts are making healthier choices easier for Iowa's youth. Wellmark's Healthy HomeTown Program is providing technical support for communities and workplaces who desire to make changes in their environments and policies. Rallying around the common 5-2-1-0 message only amplifies the impact of these great programs. The 5-2-1-0 Healthy Choices Count campaign serves to connect multiple community efforts facilitating strengthened programs through collaboration. To find out more about the 5-2-1-0 Health Choices Count go to www.iowahealthieststate.com/resources/individuals/5210.

5-2-1-0 Health Care

As health care providers, we have an important role to play both inside and beyond our clinic walls. We have strong relationships with our patients and their families and so are uniquely positioned to partner with them to encourage and support healthy behavior changes. Furthermore, as experts in our community on the long-term benefits of healthy choices we can be impactful community advocates.

5-2-1-0 Health Care is a program to provide tools healthcare providers and their clinic staff in contributing to state-wide 5-2-1-0 Healthy Choices Count efforts. The United Way of Central Iowa program began as pilot in the last year with support from Wellmark and Hy-Vee. IMS is supporting a statewide pilot of the program in 2018. These programs are offered at no cost to clinics. For the United Way supported pilot, eleven clinics across five health systems in central Iowa have become registered 5-2-1-0 Health Care sites by committing to working toward three goals: 1) connecting with the community by displaying posters in their waiting rooms and exam rooms; 2) accurately weighing and measuring and recording BMIs on patients; and 3) having respectful conversations about health behaviors utilizing the Healthy Habits questionnaire at all well child checks for children ages 2 to 18. To be a registered site, clinics commit to working toward some or all of these goals. If successful in accomplishing all three goals, the clinics are recognized as a 5-2-1-0 Health Care Sites of Distinction. The posters and stickers to endorse the message are provided to clinics and an annual survey is required.

Individualized technical support and additional optional trainings on a variety of topics are available through the program. These optional trainings include topics such as "Best Practices for Accurately Weighing and Measuring Pediatric Patients." We all know behavior change is not easy and addressing topics like BMI and its connection to chronic health conditions can be sensitive and difficult to discuss with patients. To help additional trainings were developed "Addressing Weight Stigma to Reduce its Impact on Patient Care" as well as "Motivational Interviewing and Brief Action Planning to Efficiently and Effectively Engage Patients in Behavior Change." Furthermore, note templates and dot phrases to facilitate documentation in the electronic medical records, tools to effectively connect families to community resources, and individualized support to providers who wish to advocate in their communities are provided if desired.

5-2-1-0 Health Care fills needs identified by Iowa Providers

A health care provider survey on barriers to caring for pediatric patients with obesity was developed and administered by Iowa State University researchers, Maren Wolffe and Dr. Lanningham-Foster, and the Iowa Chapter of the American Academy of Pediatrics. The results of the survey revealed that providers identified lack of time, training, and effective tools as the top three barriers to treatment. 5-2-1-0 Health Care offers support to overcome all of three of the identified barriers to caring for patients with obesity.

Looking for Volunteers

We are looking for volunteers to be involved in pediatric programs in corporation with the Iowa Chapter of the American Academy of Pediatrics. Contact Katie at kcox@iaafp.org

Find Your Kind in an AAFP Member Interest Group

The AAFP is committed to giving all members a voice within our increasingly diverse organization. Member interest groups (MIGs) have been created as a way to define, recognize, and support AAFP members with shared professional interests. MIGs support members interested in professional and leadership development and provide connections to existing AAFP resources, opportunities to suggest AAFP policy, and networking events with like-minded peers.

Current AAFP MIGs include:

- Direct Primary Care
- Emergency Medicine/Urgent Care
- Global Health
- Hospital Medicine
- Independent Solo/Small Group Practice
- Oral Health
- Reproductive Health Care
- Rural Health
- Single Payer Health Care
- Telehealth

Visit aafp.org/mig to learn more, join a MIG, or start your own.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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