



IOWA FAMILY PHYSICIAN

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On The Cover: *AAFP President Wanda Filer, M.D. installing Noreen O’Shea, D.O. as IAFP President. IAFP Board Chair Brent Hoehns, M.D. with Family Physician of the Year Mark Haganman, D.O.*

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PRESIDENT'S UPDATE - ADVOCACY 101

By Noreen O'Shea, D.O.

Advocacy, from ad (to, toward) and vocare (to speak, infinitive form) (Latin): to plead for, support, recommend, espouse.

I really like that last definition. To me, it means we are “wedded” to our profession. Taking that metaphor a bit further, it means we look after the members of our profession as we would our own family: spouse, father and mother, brother and sister, daughter and son. The youngest members of our profession will need the greatest attention.

The other group we need to plead for is our patients. We need to make sure that legislative action or agency policy looks to the welfare of the patients and their communities, and not just special interest groups. Our advocacy for patient safety should be at the top of our priorities.

Your professional organization, the Iowa Academy of Family Physicians, exists at least in part to support the role of family physicians in the delivery of healthcare in our state. We partner with like-minded organizations, such as the Iowa Osteopathic Medical Association and the Iowa Medical Society on several issues, but see our role as the champion for physician-delivered primary care in our state.

Our top priorities for the 2016 legislative session center around a few broad topics:

Future of Family Medicine/Workforce legislation: continued funding for the Iowa Rural Physician Loan Repayment Program. This has been well funded in the past few years but has a long way to go before it is self-sustaining.

Patient Access: in addition to the support for young physicians moving to rural areas, we support other solutions that give our patients access to telehealth services,

as directed and recommended by their family physicians. Telehealth is especially important in the provision of psychiatric services, to augment the mental health care so many of us provide in our offices.

Sustainable practices: we know that we can't keep the lights on and our staff paid without adequate payment for the valuable services we provide. We are

“Your professional organization, the Iowa Academy of Family Physicians, exists at least in part to support the role of family physicians in the delivery of healthcare in our state.”

closely monitoring and weighing in on the move to Medicaid Managed Care and the impact that will have on our practices and the hospitals and nursing homes where we care for our sickest patients.

Patient safety: I am reminded almost weekly of the value of a fully trained family physician, when I see missed or inaccurate diagnoses by physician extenders. We need to continue to lobby for the role of the family physician as the captain of the primary health care team. Additionally, others such as lay midwives or naturopaths, who lack medical



training, seem to place their own interests first, rather than the safety of the patient. We owe it to our patients that they receive safe and effective care from a well-trained health care team.

Health of the community: Several health care groups, including physicians, pharmacists and substance abuse counselors, met on December 11, 2015, to discuss a “Community Approach to Opioid Abuse.” This meeting was facilitated by the Iowa Medical Society. Look for legislation to come out of this strategy session to help deal with the epidemic of prescription drug abuse in our state.

Our lobbyist, David Adelman, monitors the governmental actions all year long. He consults with the IAFP legislative committee and board to measure our top priorities. He needs the passion, the stories and the local connections each of you has in your community. We want your support, your commitment and your actions on behalf of your fellow family physicians and the medical students who will continue our proud tradition of patient centered care. Here's is your charge:

First, put Wednesday, February 17, 2016 on your calendar. Come to the annual IAFP Legislative Breakfast. Your legislator wants to meet you. He

or she wants to hear your stories of both struggles and success in the care of your patients.

Second, let our staff know if you can come. We will want you to know the status of our legislative priorities to help you discuss them with your legislator.

Third, reach out to your state representative and state senator, whether or not you can make it on February 17. Advocacy is best done at the local level. This is a task for the individual physician: you. The mechanism to perform this task is the story that illustrates who, what, when, by whom. How do you accomplish that?

Pick a patient in your practice to talk about. Get a deep understanding what the proposed legislation or rule will mean

to him/her, not to you. (Remember, this is about your patient who is also your legislator's constituent.) Master the story, how he/she will need care you may not be able to provide in your office. Or that he/she can't get access to the hospital or specialist or home health agency or nursing home that offers this care due to inadequate funding or unnecessary obstacles such as prior authorizations. Study the details! You can't afford to bluff your way here! You are on the legislator's territory.

Then propose a solution, guided by the overarching principles and legislative priorities I have highlighted above. Your solution doesn't have to be perfect, but you will show you are willing to work with your legislator on the issue. Close

with an invitation to visit you in your place of work. Ask if your legislator will meet with their constituents in your office. Many will be more than happy to do so. Don't know who your legislator is? Check this out: <https://gis.legis.iowa.gov/FYL/index.html>.

This will take you to a map; type in your address; town is enough. Locate your legislator, click on their name. This will give a list of their responsibilities (committees) and their phone number and email address.

Contact them today; they do want to hear from you.

Thanks for your work on behalf of the patients in our state.



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WELCOME TO 2016: A YEAR OF MANY CHANGES

By Jason Wilbur, M.D.

As I look out my window over the snow-dusted Iowa hills from the warmth of my chair, I am wishing family physicians across the state a happy and productive new year. Change is in the air for 2016. For now, the black dendritic branches of dormant trees reach toward a clear blue sky, and a bald eagle soars overhead to punctuate the scene. But as sure as the snow will melt and green will return to the trees, the healthcare landscape will change as well.

Several years ago during an interview, Rahm Emanuel (current Mayor of Chicago and former Chief of Staff for President Obama) said something for which he was widely vilified. He said, "You never want to let a good crisis go to waste." What appeared to be a tactless comment on the part of Emanuel may have simply been a break in the façade covering the political process, for Emanuel was not the first person to make this observation – just the most recent. A similar statement is attributed to Winston Churchill, the conservative war-time British Prime Minister known for his excellent turns of phrase, who certainly had plenty of experience thriving in crises.

While the statement seems callus, I can think of examples of how we physicians use crises to push our agenda. As I suspect was the case with Churchill and Emanuel, our intentions are good; in fact, we are often thinking of our patient's long-term benefit. For example, the crisis of a myocardial infarction is an opportunity to get a patient to quit smoking. A new diagnosis of diabetes may be the impetus needed for a patient to start a weight loss program. In these instances, we are not being insensitive when we see the crisis as an opportunity, but rather we are using that crisis to advance a good cause.

One definition of crisis is "a time when

a difficult or important decision must be made." By this definition, it would seem clear that 2016 offers ample crises on the state and national political and legislative stages. Just as we might use a health crisis to push an important agenda with our patient, we should use these opportunities to push the agenda of family medicine, the first and most important of which is the health of our patients and communities.

“What crises – or challenges or decision points – are on the horizon? The one that looms the largest right now is the race for the next President.

Iowa continues to play an important role in the selection of our nation's top executive, and we should embrace our responsibility as physicians to advance the cause of primary care on this national stage.”

What crises – or challenges or decision points – are on the horizon? The one that looms the largest right now is the race for the next President. Iowa continues to



play an important role in the selection of our nation's top executive, and we should embrace our responsibility as physicians to advance the cause of primary care on this national stage. In this last year of Barack Obama's presidency, Speaker of the House Paul Ryan has promised to craft healthcare legislation to show the nation what Republicans could offer as an alternative to the Affordable Care Act (ACA). There's no question that continuation of the ACA – and perhaps further development and refinement of it – will be contingent upon which party controls the government. Regardless of your political persuasion, the ACA has had wide-ranging effect, and drastically changing it or eliminating it fits the definition of "crisis."

On the state level, Medicaid Modernization will affect patients, communities, physicians, hospitals and pharmacies (did I leave anyone out?). Although much uncertainty remains, the voice of family medicine will certainly provide critical feedback to state leadership as we progress into this new system. Additionally, our state legislature is back in action, and there are several topics of importance to family physicians.

Closer to home, many Iowa communities are in crisis in terms of healthcare access. There are 82 critical access hospitals in Iowa and 118 health professional

shortage areas (HPSAs). In order to keep these hospitals open and provide for these HPSAs, Iowa needs more family physicians. We should be advocating at the state and local level for our profession to fill the need in our communities. I would be remiss not to point out that the family physician pipeline required to provide these doctors needs our attention as well. We should take the opportunity to talk about the profession we love to bright high school kids, college students, and medical students. We should ask what our medical schools are doing to produce more family physicians. If Iowa medical schools do not send enough students to family medicine residencies, we should ask why this is not happening.

In this issue, you will read about advocacy (Noreen O'Shea) and learn about the legislative movements afoot in Iowa this year (David Adelman). These articles will provide you with a primer on the family medicine agenda and how to advocate for our specialty. As I have done frequently in the past, I extoll you to learn about

the issues, get to know your legislators, and get into the conversation. Would you want your hospital run without physician input? Probably not. Do you want your state's laws regarding healthcare written without physician input? I certainly hope not. If you cannot personally get involved, then support the your Academy and your political action committee, IAFP PrimCarePAC.

Perhaps you are like I once was: not exactly indifferent to the political process but somewhat annoyed by it. I had an attitude that came straight from Homer Simpson: "Can't somebody else do it?" Really, I think my attitude was more, "I just want to take care of patients and practice medicine." As Otto von Bismarck would say, maybe I just didn't have the stomach to see how the sausage was made. I have since learned a lesson that has been a recurring theme my adult life: there are many jobs that are important and rewarding but that do not fit into my list of preferred activities (e.g, lawn mowing, folding clothes, etc.). Could advocacy

for your profession be one of these? It was for me. To stick with the sausage metaphor, packing the sausage is less fun than cooking it but equally important. Likewise, tending to our profession by advocating for family medicine is of vital importance to continue to be able to provide our patients with the best possible care.

I will end with a reminder that the IAFP will sponsor a legislative breakfast on the morning of February 17, 2016, at the Capitol Building. Mark your calendar! Please come, meet with lawmakers, and help us show the face of family medicine.

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.



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FOCUSING ON WHAT MATTERS AMID THE BLUR OF MEDICAL SCHOOL

By *Emily Boevers*

Talk about a whirlwind! As I write I am in the midst of Thanksgiving break, reflecting on the 15 months of medical education completed and the month remaining that separates me from the start of clinical rotations. I realize during breaks like this one how lucky I am to have the opportunity to study medicine – and how much is left to learn.

I'll be honest: the burnout has been real. It comes in waves, and at times I've found myself bobbing along, waiting for a tide to propel me ahead. Looking back to orientation week, we were told how important it was to maintain our interests, take care of ourselves and make time for family and friends. But there is something else that I have had to work hard at since medical school began: maintaining my values and ideals about medicine, keeping my focus on the populations I am learning to serve, and remembering the responsibility that comes with this tremendous opportunity.

A little about me: I am a native Iowan, and I worked for three years before coming to medical school. I had two or three standout experiences that have steered my journey into and through medicine. However, each of my classmates had a passion, something they wrote about in a personal statement, or somewhere they volunteered, or someone who impacted their decision to enter medicine. The challenge, then, is everything else that gets in the way.

How long the days are! Overall, the time has flown, and I have learned a lot about medicine. The curriculum is necessarily heavy with lectures and small groups that have sometimes emphasized the small details but have also tied together big concepts. I've spent some time with simulated patients and real patients, but

primarily with classmates and professors. I've been able to visit clinics and conduct research, and I've discovered new interests along the way! To stay engaged, I've volunteered to causes I care about: aging well, managing chronic disease, and empowering patient decision-making.

“I'll be honest: the burnout has been real. It comes in waves, and at times I've found myself bobbing along, waiting for a tide to propel me ahead. Looking back to orientation week, we were told how important it was to maintain our interests, take care of ourselves and make time for family and friends.”

How do we help people to choose healthy lifestyles and prevent future disease? How do we reform the infrastructure that determines health care cost and delivery? An equal challenge, how do we providers stay motivated to keep improving medicine and not succumb to burnout?

One thing I've learned is that there will never be a surplus of time (or energy). I know that I will always have to balance

many responsibilities, many interests, and, hopefully, many patients – not to mention a personal life. Time off, particularly over the Thanksgiving holiday, has a way of bringing me back to center and highlighting what is important going ahead.

As my class moves into our clinical years, we should bear in mind that many of the service interests that brought us into medicine will be more evident than ever. I hope that being out of the classroom and interacting with real patients will bring into focus the challenges and barriers in our health care system, and hopefully provide insight on what we can do to improve it. Observing physicians navigate the laws, regulations, and payment schedules that intersect in medicine will hopefully inspire us to take a critical look at how healthcare providers are reimbursed and whether this reflects patient interests. Watching individuals struggle to manage chronic diseases should give us reason to foster physical education and health promotion in early childhood. Seeing the toll that mental illness takes on families and children should prompt frank discussions about how to support treatment and remove stigma. In short, this is all about to get very real!

I know I'll have to work hard to integrate my service and advocacy interests into the clinical years. I feel the desire, even the responsibility, to create change and advocate for healthier communities. It is one more reminder of the privilege it is to be in this profession.

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EXERCISE IS MEDICINE

By Brittany Maxwell, M.D., R3 / Iowa Lutheran Family Medicine Residency Program, Des Moines, Iowa

So much in medicine and in life we cannot control. We cannot control insurance companies; we cannot control if our patient takes their medications as prescribed; and we cannot control if our patient develops cancer. Sometimes it feels as though we are fighting a battle and the odds are stacked against us; so, we ask the question: What can we control? When I was in medical school at the University of Iowa, this became a question that I asked myself. I decided that what I can control is my attitude and I needed to find a way to have a positive one at all times by making healthy lifestyle choices. This decision ultimately led me to running.

Life & Running

When I started running, it was a struggle. I could not even make it more than half a mile without feeling like my lungs were going to explode. But I pushed through it because afterward I felt accomplished. I felt proud. I could see my mood changing day-to-day as I struggled to get through days of long classes and studying. I had so much more energy. That half a mile became easier and I ran further. I started running marathons because it gave me a goal to work toward so that I held myself accountable during busy times. I ran my second marathon at the end of my first year of medical school. Since then, I have completed 19 marathons in 19 different states. I have experienced a lot of major life events since I first started running 6 years ago, but I feel as though I can power through so much more because of the confidence, energy, and control that running has given me.

Applying What I Learned to My Practice

So I ask myself, how can I use running in a positive way to help my patients? I know

all of the positive ways that exercise has helped me, but what can I do differently in my practice of medicine to inspire others and share knowledge of all the ways exercise can help a person's health?

I started by attending the annual *Exercise is Medicine* meeting sponsored by the American College of Sports Medicine (ACSM) and came away inspired by all of the research that supports exercise as a form of medicine. Often we physicians jump to a prescription medication to mask a problem without necessarily completely fixing or understanding the cause. What is a common denominator between diabetes, hypertension, chronic pain, depression, coronary artery disease? OBESITY! Unhealthy lifestyle. Yes, there is, without a doubt, some genetic components to fight, but you can always make the most of what you have been given by adopting a healthy lifestyle. So, I say, let's start here. Let's try to motivate and inspire people to address a root cause of the disease. Let's give them the tools they need to be successful.

Measuring Success

What would this look like in practice? At the *Exercise is Medicine* conference, we discussed using exercise as a vital sign. Just like blood pressure is a number, so is the number of minutes in a day that we engage in physical activity. Ideally, when we take a person's blood pressure, we would also ask them how many days and how many minutes they participate in physical activity in a week. That number would then be a total number of minutes for the week. Next, when the physician goes to check the vital signs for the visit, they can see how many minutes a patient has exercised and provide either praise for hard work or a prescription for additional exercise. Seems pretty simple, right?

Those of you who have started an exercise program know that it is hardest to stay motivated when you first start and it is easy to give up. For some patients, it may be hard to find the necessary resources in order to start or maintain such a program. To overcome this obstacle, I started working with care coordination and a community project manager to start an initiative for "Healthy Lifestyle Prescriptions." Currently, we are trialing a process to provide exercise prescriptions to patients. Patients take their prescription to a care coordinator who plugs them in with local resources based on the individual patient. We continue to follow up with patients and provide motivation, monitoring of their progress, and education.

In talking with clinic staff about this new process, there has been so much excitement. I was approached by one staff member who requested to be a "guinea pig." She told me that she was on 5 blood pressure medications and she just did not want to live like that. We started slowly working up her exercise. We checked in while passing in the hall and she was making improvements. She is now off one of the medications after 2 months and still doing well. Such results are living proof that exercise and healthy lifestyle can be a powerful medication.

The possibilities and opportunities to provide "Exercise is Medicine" seem endless. I am very excited for what is to come. I hope that as time goes on I have the opportunity to engage and educate other family medicine and primary care physicians as to all of the ways in which exercise can be incorporated into their practice and used as medicine.

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GOOD BYE AND HELLO

By Pam Williams, Executive Vice President

It's always a little bit difficult for me to say goodbye to one year while saying hello to the next one. However, I welcome 2016 with great anticipation. We have so many exciting opportunities for our members this year and we hope you will take full advantage of the old and new IAFP programs.

In February we are taking a group of physicians to the Dominican Republic for a week of CME at an all-inclusive resort. The program includes topics on Infectious Disease, Thyroid Disorders, End of Life Care and the Importance of Family Medicine to an ACO to name a few.

In March through July, we will expand our relationship with the Midwest Division of the American Cancer Society by offering a series of webinars delivered as noon conferences on cancer prevention screening guidelines on colorectal, breast, cervical, lung and prostate cancers. Also, throughout the spring, we will be presenting the colorectal screening guidelines to five family medicine residency programs throughout the state.

It's baaaaack! We are so very excited to bring back the summer CME Weekend Getaway at Lake Okoboji. During my 5½ years at the IAFP, many of you have shared wonderful memories of previous IAFP Okoboji conferences. Many of you even have memories of coming as children

with your physician parents, and now you will have the opportunity to share the experience with your own children. Please plan now to join us June 9-12 at Bridges Bay Resort in Lake Okoboji. While there will be a half-day of CME each day, there will be plenty of time left to explore Okoboji with your family or for a romantic weekend getaway.

At the AAFP Congress of Delegates last fall we proudly announced the candidacy of Iowa's native son, Robert Lee, M.D., for President-Elect of the American Academy of Family Physicians. The 2016 Congress of Delegates will meet September 18-21 in Orlando, Florida. Iowa members who are able to attend are invited to help with the campaign, particularly by serving as a host during the hospitality event on Monday, September 19. All members/spouses who are able to help out will be given a highly coveted turquoise sport shirt and invited to an appreciation dinner on Tuesday evening.

The Annual Meeting Subcommittee, chaired by Jenny Butler, is hard at work finalizing topics and speakers for the Annual Clinical Education Conference that will be held November 3-5, 2016 at the Downtown Marriott.

We are in final negotiations for the Winter CME Getaway that will be held between mid-January to mid-February 2017. Look for more information about that in an



upcoming issue of the monthly newsletter. I would like to acknowledge your IAFP Board of Directors, Executive Committee and all committee members for their commitment to continuing to seek and develop programs and opportunities that will add value to your membership in our Academy. We hope you will take advantage of these opportunities by fully participating in those of interest to you.

Registration information for the summer and fall meetings and the webinars are available in this issue of the magazine and on-line at www.iaafp.org.

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2016 LEGISLATIVE OUTLOOK

By David Adelman, IAFP Lobbyist

What surprises are we in for during the 2016 Legislative Session? There will be no shortage of activity during the 2016 session but not many surprises. The first 3 weeks of the Legislation will be consumed by presidential politics as the Iowa Caucus is February 1st. Once the presidential campaigns leave the state and the dust settles, the Iowa Legislature will be focused on two issues: education funding and Medicaid.

January 2015 the Governor began the transition to privatize Medicaid. The Legislature came to an agreement that this transition would save the state \$51 million in the first 6 months of implementation (Jan 2016-July 2016). The Governor claims, and all legislators agree, Medicaid is the largest expense of the budget and the costs are rising at an exponential rate. With revenue for the state growing at only 4%/year, elected officials would have to start cutting existing programs to fund the increase in Medicaid.

Where the Governor and democratic legislators disagree is privatization or not to privatize. The Governor felt, as have 36 other states, moving Medicaid to private insurance would free up the State's financial burden. In the Governor's suggested budget to the Legislature he estimated savings of \$51 million dollars to be saved in the first 6 months of implementation. The Senate and House worked to put \$51 million of savings into the budget they passed in which the Governor signed.

During the legislative session the IAFP, along with other advocates, helped draft and pass a "Health Oversight Committee" bill. This piece of legislation, which was signed by the Governor, provides oversight of the 4 managed care companies and provides some accountability. Because of concerns raised by providers relating to the 90% reimbursement penalty if the provider had not signed with an MCO by January 1st, the Governor extended the

penalty to April 1st. This allows providers more time to explore which MCO is best for their practice and patients.

Two major developments relating to Medicaid modernization took place in December. First, CMS delayed implementation of the modernization from January 1, 2016 to March 1, 2016. This will cost the state \$14 million

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but gives providers and patients time to fully integrate into the new system. On December 18th, the Director of the Department of Administrative Services threw out the Wellcare contract leaving three MCOs to “play” in the state. Wellcare is likely to appeal.

The move to Medicaid Modernization is causing a lot of concern, heartache and anxiety; however, it is moving forward

and the IAFP has to be in a position to best advocate for its members and their patients. We have been successful and will continue to be with the help of our members providing feedback as to what is happening in their areas.

In addition to the Medicaid conversation, we will see a multitude of topics we've seen in the past. The IAFP can expect naturopaths and direct entry midwives groups trying to expand licensure for alternative forms of practice. Although they have proven ineffective in the past, they keep trying to move legislation. The IAFP will continue to advocate for funding to the Rural Primary Care Loan Repayment Program. This program gives incentive for providers to practice in remote areas since this loan program will aid them in eliminating the debt that they have amassed while financing their education. Medical cannabis may be brought up for conversation but is unlikely to be enrolled in state law.

The 2016 Legislative Session is supposed to be short and sweet due to it being an election year. Legislative leadership will look for compromise and a path to adjournment in an effort to release their members back to their districts to raise money and knock doors. Whether that compromise happens and regardless when they adjourn, the 2016 election will come in November. The IAFP will be tracking the election, watching races and educating new legislators on the importance of primary care physicians. Getting involved in the elections is crucial; champions on the inside of the Capitol are just as important as champions for our interests on the outside.

2016 LEGISLATIVE PRIORITIES

1) **Workforce Legislation** - \$2 million appropriation request for the Rural Physician Loan Repayment Program

2) **Scope of Practice Protection**

3) **Medicaid Reimbursement** - IAFP will work with the Department of Human Services to prohibit any further cuts in reimbursement rates and will provide guidance as they look for other cost containment measures.

4) **Telemedicine** - The IAFP supports the following statement as it relates to telemedicine in Iowa. The delivery of healthcare services via telemedicine should be consistent with the principles of ethical medical practice. Regulation should not unduly restrict accessibility of telemedicine services, but appropriate licensure should be assured to protect the patient and the referring physician. The IAFP opposes the creation of unreasonable barriers to the practice of telemedicine across borders by state licensing boards; however, full legal accountability for the ordering and interpreting of telemedicine services must be maintained. Family physicians should have full discretion in selecting the most appropriate consultants for their patients.

5) **Managed Care (Monitor)** - It is critical children's services covered in the past through Medicaid and the Hawk-I program will still be covered by all 4 MCOs.

6) **Mental Health (SUPPORT)**

a) IAFP believes the Iowa mental health system should be comprehensive and encompass early identification and prevention measures while having the ability to provide all services in state.

b) Access to mental health services: Improve the identification of mental illnesses through increased screening, addressing

inadequate insurance coverage and high out-of-pocket costs that create barriers to access, strengthening the overall quality of mental health access, and expanding the Medicaid reimbursement policy to include mental health and developmental services.

7) **Patient Advocacy/Scope of Practice**

a) Direct Entry Midwives-IAFP believes a pregnant woman's safety must be maintained during delivery and encourages the use of a nurse midwife or obstetrician during labor.


b) Naturopathic Practitioners- IAFP believes naturopaths are not a substitute for primary care provider nor should they be

licensed under the Board of Medicine.

c) Pharmacist Immunization IAFP believes a comprehensive medical record including the up to date accounting of all immunizations is necessary for an effective medical home. If pharmacists are able to provide immunizations they must be required to enter the immunization given into the IRIS system.

8) **Rural Physician Loan Repayment Act Funding (SUPPORT)** -


IA AAP supports the State realizing the immediate need for physicians in rural Iowa and appropriating \$2 million in state funds with private foundation matching grants.



2016 IAFP Legislative Coffee

Date: February 17, 2016
 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.



RURAL LOAN REPAYMENT PROGRAM RECEIVES GRANT FROM TELLIGEN

“The Rural Physician Loan Repayment Program was passed by the Legislature in 2012 with public funding being requested by the Governor and appropriated by the Legislature in 2013 with the understanding there would be private participation.”

The Iowa Academy of Family Physicians would like to thank Telligen for awarding a \$50,000 grant to the Rural Loan Repayment Program.

This project was funded in part by the Telligen Community Initiative to initiate and support, through research and programs, innovative and farsighted health-related projects aimed at improving the health, social well-being and educational attainment of society, where such needs are expressed.

This grant will be instrumental in providing a long-term solution to Iowa’s need for more primary care physicians. The solution targets the specialties of family medicine, general surgery, internal medicine, pediatrics, and psychiatry. These specialties are necessities for every rural community across Iowa.

The Rural Physician Loan Repayment Program was passed by the Legislature in 2012 with public funding being requested

by the Governor and appropriated by the Legislature in 2013 with the understanding there would be private participation.

This program selects 20 students (10 from University of Iowa and 10 from Des Moines University) who choose to go into a selected field, attend an Iowa-based residency program and practice in rural Iowa for at least 5 years. Supported by research, if all of those requirements are met, there is an 88% retention rate of these physicians staying in rural Iowa. The students agree to serve full-time in a community of less than 26,000 and it must be more than 20 miles from a city with a population of 50,000 or more.



Wolfe Eye Clinic's multi-subspecialty group includes specialists in Glaucoma, Medical & Surgical Retina, Cataract & Refractive Surgery, Oculoplastics, Corneal Disease and Pediatric Ophthalmology & Adult Strabismus

- OPHTHALMOLOGY**
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| Eric Bligard, MD | Jared Nielsen, MD |
| Louis Scallon, MD | Peter Rhee, MD |
| David Saggau, MD | Stephen Fox, MD |
| Steven Johnson, MD | Kyle Alliman, MD |
| Todd Gothard, MD | Matthew Rauen, MD |
| Charles Barnes, MD | Gregory Throgaard, MD |
| John Tribble, MD | Ryan Vincent, MD |
| LeAnn Larson, MD | Alex Kartvelishvili, MD |
| Douglas Casady, MD | |

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Cancer Screening Webinar Series

The Iowa Academy of Family Physicians is pleased to bring you this series in partnership with the American Cancer Society and supported in part by the Iowa Cancer Consortium and the Iowa Department of Public Health. All webinars are free to attend and will take place over the Noon hour. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. To view more details or to register, visit www.iaafp.org/education.

Colorectal Cancer Screening

Date: March 24, 2016

Presenter: Durado Brooks, MD, MPH, American Cancer Society

Breast Cancer Screening

Date: April 19, 2016

Presenter: Robert Smith, PhD, American Cancer Society

Cervical Cancer Screening

Date: May 17, 2016

Presenter: Debbie Saslow, PhD, American Cancer Society

Lung Cancer Screening

Date: June 21, 2016

Presenter: Rolando Sanchez, MD, University of Iowa

Prostate Cancer Screening

Date: July 12, 2016

Presenter: Durado Brooks, MD, MPH, American Cancer Society



IOWA ACADEMY OF
FAMILY PHYSICIANS



Iowa Cancer
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MARK HAGANMAN, D.O. RECEIVES IOWA FAMILY PHYSICIAN OF THE YEAR AWARD

Mark Haganman, D.O., an Osage family physician, has been named the 2015-2016 Iowa Family Physician of the Year by the Iowa Academy of Family Physicians.

The Iowa Family Physician of the Year award is presented annually to one outstanding family physician in the state who best exemplifies the tradition of family medicine.

One of Dr. Haganman’s patients had this to say about him “In addition to providing excellence in medical care, I have witnessed firsthand the numerous extras he does for his patients, his staff, and his community. He has been known to sleep at the hospital when he has a very ill patient admitted, and on and on. Many doctors may say “I am a doctor!” but Dr. Haganman does not need to do this. He lives his profession and follows his oath to its final degree.”

As the Iowa Family Physician of the Year Dr. Haganman will become Iowa’s nominee to the American Academy of Family Physicians for the 2017 National Family Physician of the Year.



From left to right- Katie Haganman, Matt Haganman, Mark Haganman, D.O., and Kyle Haganman.

PAUL VOLKER, M.D. RECEIVES WELL-DESERVED RECOGNITION BY COLLEAGUES

Paul Volker, M.D. of Des Moines was the recipient of the 2015 Lifetime Achievement Award.

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. Volker for his significant contributions to his community and patients, and to recognize his service to family medicine in his roles as a mentor, a role model and a teacher.



Dr. Volker accepting his Lifetime Achievement Award.

ANN SOENEN, D.O. NAMED IAFP MEDICAL EDUCATOR OF THE YEAR

Ann Soenen, D.O. of Marion was named the 2015 Iowa Medical Educator of the Year. The Medical Educator of the Year Award is presented annually to recognize a physician who is providing outstanding quality in family medicine education. Nominees are submitted by students, practicing physicians, and educators.

A resident had this to say about Dr. Soenen “Dr. Soenen embodies what a family practice faculty and physician should be. She fights for what is best for her patients and students. She has been a role model for me throughout my intern year, and I have learned a great deal from her, not just medical knowledge, but true compassion, kindness, and caring for patients. The majority of her patients are a real challenge. They often have multiple complex diseases that are often compounded by very complex social situations. Through my experiences with Dr. Soenen I have learned how to care for those who struggle to care for themselves. I have a tremendous amount of respect for her and am extremely fortunate to have been her student.”

Congratulations to Dr. Soenen on this honor!



*IAFP Board Chair Brent Hoehns, M.D.
presenting the Educator of the Year Award
to Ann Soenen, D.O.*

DR. ELEANOR LISA LAVADIE-GOMEZ RECEIVES NEW PHYSICIAN RECOGNITION AWARD

The IAFP was pleased to present Eleanor Lisa Lavadie-Gomez, M.D. with the first New Physician Recognition award. Dr. Lavadie Gomez practices in West Liberty where her primary patient population is Spanish-speaking. In 2013 she established her clinic as a partner in the Reach Out and Read Program. She has been an active member in the IAFP and this past year represented Iowa as the minority delegate at the National Conference of Constituency Leaders in Kansas City.

Congratulations to Dr. Lavadie-Gomez on her many accomplishments!



*IAFP Board Chair Brent Hoehns, M.D. presents
Dr. Lavadie- Gomez with the New Physician
Recognition Award.*

1ST POSTER PRESENTATION IS A BIG SUCCESS

The first poster presentation contest was well received by both presenters and attendees. 13 posters were presented. Want to participate in 2016? Contact Kelly at kscallon@iaafp.org for more information.

RESIDENT JEOPARDY THROWDOWN

On October 30, 2015, 9 Iowa Residency programs participated in the 5th Annual Resident Medical Jeopardy Throw-Down. The teams each consisted of 3 resident participants and was hosted by our very own Dr. Doug Martin! Fun was had by all as they enjoyed drinks and appetizers while they cheered on their favorite residency program. Thanks to all of the teams that participated!



THE 2015 CHAMPIONS:

Winners: Elliot Galey, MD; Eric Johnson, DO; David Janssen, MD

- Broadlawns Medical Center Family Medicine Residency - Narrow Yards
- Cedar Rapids Family Medical Education Foundation - Pharmaco Coven
- Genesis Quad Cities Family Medicine Residency Program - Quad City Bandits
- Iowa Lutheran Family Medicine Residency Program - East Siders
- Mercy Des Moines Family Medicine Residency Program - Great mOmentum
- Northeast Iowa Family Medicine Residency Program - Waterloo Wizards
- University of Iowa Family Medicine Residency Program - Team Herky
- Mercy Family Medicine Residency - North Iowa - Med Squad
- Siouxland Medical Education Foundation - Team SUX

In the end, the Quad City Bandits pulled away with the victory, taking home the coveted Medical Jeopardy trophy. The trophy is a traveling trophy and will be awarded to the winning team again next year!



THANK YOU TO OUR EXHIBITORS AND SPONSORS FOR HELPING US MAKE OUR MEETING A SUCCESS!

2015 Exhibitors

- Acute Care
- Army Healthcare Team
- Astellas Pharma
- Certintell, Inc
- COPIC
- Docs Emergency Medicine, Inc
- Emergency Practice Associates
- Free Clinics of Iowa
- Heartland Rural Physician Alliance
- IDx, LLC
- Iowa Army National Guard
- Iowa Department of Public Health

- Iowa Radiology
- Iowa Total Care
- Marley Drug
- Mayo Clinic Health System
- McFarland Clinic
- Midwest Dairy Council
- Pfizer Inc
- Sanford Health
- Sanofi Diabetes
- Sanofi Pharmaceuticals
- Teva
- UnityPoint Health-Des Moines

2015 IAFP Supporters

- American Cancer Society, Midwest Division
- Iowa Cancer Consortium
- McFarland Clinic
- Resident Jeopardy Supporter
- Midwest Dairy Council
- Dairy Break Supporter
- The Iowa Clinic
- Wellmark
- Wolfe Eye Clinic

2015 CLINICAL EDUCATION HIGHLIGHTS



A Big Thanks to our Wine & Beer Grab Contributors

We had a great selection of both wine and beer to choose from. The Wine & Beer Grab raised \$500, providing more funding for student and resident programs!

- | | |
|-----------------------|------------------------|
| Candyce Ackland, MD | Noreen, O'Shea, DO |
| Larry Beaty, MD | Kelly Scallon |
| James Bell, MD | Dawn Schissel, MD |
| Sherrri Broadbent, DO | Don Skinner, MD |
| Jenny Butler, MD | Lisa Soldat, MD |
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| Steven Harder, DO | Jason Wilbur, MD |
| Cynthia Hoque, DO | Pam Williams |
| Rob Lee, MD | The Iowa Clinic |
| Lonny Miller, MD | HoQ Restaurant |



NEW OFFICERS



Noreen O'Shea, D.O. of Urbandale was installed as President of the IAFP at the Installation and Awards banquet held October 30, 2015 at the Prairie Meadows Event Center in Altoona.

Dr. O'Shea attended Creighton University graduating with a Bachelor of Science degree. She attended medical school at the University of Osteopathic Medicine and Health Sciences - College of Osteopathic Medicine and Surgery (now Des Moines University). Dr. O'Shea did a rotating Osteopathic Internship at Pontiac Osteopathic Hospital in Pontiac, MI and completed her Family Medicine residency at Creighton University.

Dr. O'Shea currently serves as an Assistant Professor of Family Medicine at Des Moines University. She is responsible for the Family Medicine clerkship, is Director of the Preventive Medicine and Nutrition course and assists with Clinical Medicine and Clinical Reasoning courses.

The following IAFP members were also installed as officers at the Banquet:

- President-elect – Jenny Butler, MD, Anamosa
- Vice President – Scott Bohner, DO of Ames
- Secretary-Treasurer – Corrine Ganske, M.D. of Des Moines
- Board Chair – Dawn Schissel, M.D., West Des Moines
- District 1 Director – Dale Nystrom, M.D. of Hawarden
- District 1 Alt. Director – Melissa Austriem, M.D. of Sioux City
- District 3 Director – Lonny Miller, M.D. of Creston
- District 3 Alt. Director – Laura Bowshier, M.D. of Waukee
- Delegate to the AAFP – Larry Beaty, M.D. of West Des Moines
- Alt. Delegate to the AAFP – Brian Mehlhaus, M.D. of Boone

Thank you to Dr. O'Shea and her colleagues for serving and representing the IAFP.



Family Medicine Opportunities

Unparalleled Medicine in the Heartland



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The McFarland Clinic is seeking BE/BC Family Medicine physicians. Come practice big medicine in a charming community nestled in the heart of Iowa. Enjoy a family friendly lifestyle where your patients are your friends and neighbors.

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You asked for it and we are excited to announce the IAFP Summer CME Weekend Getaway in Lake Okoboji is BACK!

Join us June 9-12, 2016 at Bridges Bay Resort in Okoboji for the 2016 Summer Meeting

THE SUMMER CME WEEKEND GETAWAY has been a long standing tradition at the IAFP. After more than a decade away we are thrilled to be bringing the beloved Okoboji meeting back to our members. This meeting is truly a family event where there will be plenty of time for you to relax, explore and enjoy all the area has to offer. We will offer three, half-day CME sessions during this weekend beginning at 12:30 on Thursday and from 8:00 to 1:00 on Friday and Saturday. We are excited to host the 2016 meeting at Bridges Bay Resort!

ABOUT THE RESORT: Located in Arnolds Park and situated right on the lake, Bridges Bay is the perfect location to host our meeting. The Resort features an amazing indoor water park as well as a beautiful and spacious outdoor pool. The resort has a lake front restaurant where you can watch the sun set while enjoy a delicious dinner. The resort is conveniently located near many of Okoboji's top attractions making this an ideal location. By summer of 2016 they will have completed the addition of a conference center where our CME meetings will take place. We look forward to seeing you there!

RATES: Double Queen Room \$189.00 a night / King Suite \$289.00 per night, plus state and local taxes. Room rates include 2 water park passes. Additional passes can be purchased for \$10.00 each and are good for the duration of your stay.

Hotel Reservations can be made directly with the hotel by calling (712) 332-2202. Please be sure to tell them that you are with the Iowa Academy of Family Physicians to receive our special room rate.

CME Registration - You can register for the CME Portion of the meeting by going to this link: <https://iaafp.wufoo.com/forms/2016-iafp-summer-meeting/>

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

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

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

Title of Proposed Topic(s):

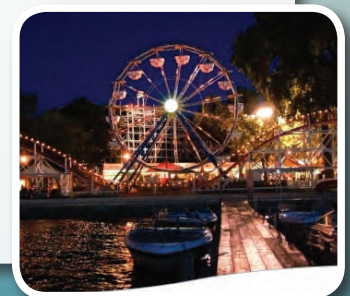
You can count on me for a topic to be determined.

Name _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone# _____

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



NEW MEMBERS

Active

Veronica Butler, MD, Fairfield
 Jasmin Cabrera, MD, Moline
 Janet Clark, MD, Iowa City
 Esgar Guarin-Nieto, MD, Newton
 Steven Harder, DO, Des Moines
 Jessica Konarske, DO, Marion
 Pomilla Kumar, MD, Bettendorf
 Donna Lawler, MD, Elgin
 Sara Loetscher, MD, Dubuque
 Suneel Parvathareddy, MBBS, Muscatine
 Jessica Price, DO, Marion
 Raime Robinson, MD, Des Moines
 John Thurman, DO, West Burlington
 Megan Traxinger, DO, Des Moines
 Philip Van De Griend, MD, Orange City
 Thaddeaus Vernon, MD, Manchester
 Dustin Ziebarth, DO, Sioux City

Resident

Lucy Gansebom, DO, Des Moines
 Mary Haas, DO, Iowa City
 James Jackson, MD, Coralville
 Betsy McGee, MD, Davenport
 Logan Miller, DO, Des Moines
 Kristen Moriarty, MD, Des Moines
 Erik Mortens, DO, Des Moines
 Steffanie Mortens, DO, Des Moines
 Jeffrey Richards, DO, Bettendorf
 Blaine Westemeyer, MD, Des Moines
 Raymond Yu, MD, Iowa City

Student

Samantha Aust, University of Iowa
 Matthew Becker, University of Iowa
 Morgan Bertsch, University of Iowa
 Mark Bevill, University of Iowa
 Shawn Bishop, University of Iowa
 Morgan Bobb, University of Iowa
 Michael Bottke, University of Iowa
 Victoria Byrne, Des Moines University
 Andrew Chang, Des Moines University
 Yenna Chin, University of Iowa
 Kristina Damisch, University of Iowa
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 Geraldine Delos Santos,
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 Michael Simons, Des Moines University
 Nathan Spencer, Des Moines University
 Chance Sullivan, University of Iowa
 Chelsea Thibodeau, Des Moines University
 Andrew Van Bruggen,
 Des Moines University
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 Jessica Waters, University of Iowa
 Nicole Westergaurd, University of Iowa
 Eric Westergren, Des Moines University
 Rob Wonzek, University of Iowa
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In Memoriam

Enfred E. Linder, MD, FAAFP
 Mervin L. McClenahan, MD, FAAFP

2015 DONORS

A BIG THANK YOU goes out to all of our members that contributed to the IAFF Foundation and PrimCare PAC in 2015. We had an extremely successful year! The IAFF Foundation raised \$15,388, providing funding for student and resident programs and the Rural Loan Repayment Program. The IAFF PrimCare PAC raised \$8,114, providing us with the necessary funds to aid our future legislative efforts.

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 Steve Richards, DO
 Bret Ripley, DO
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 Donald Skinner, MD
 Lisa Soldat, MD
 Gerard Stanley, Sr., MD
 Chereen Stroup, MD
 Jason Wilbur, MD

**Congratulations to Don Klitgaard,
 M.D. on being appointed to the AAFP
 Commission on Quality and Practice.**

**Congratulations to Steve Richards,
 D.O on being appointed to the AAFP
 Delegation to the AMA.**

2015 MILESTONE MEMBERSHIPS

20 Years

Jennifer Aanestad, MD
Hilary Barr, MD
Valerie Bonnett, MD
Dana Danley, MD
Shawn Dawson, MD
Timothy Evert, DO
Jane Glawe, MD
Matthew Gritters, MD
Sheryl Hansel, MD
Takashi Kawamitsu, MD
Charles Keller, MD
Kiran Khanolkar, MD
John Klein, MD
Lonnie Lanferman, DO
Matthew Lanternier, MD
Laura Lasack, MD
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Chadwick Nachtman, MD
Tracy Niemeyer, MD
Greg Perkins, MD
Shawn Richmond, MD
Kurt Swanson, DO
Pamela Sufka-Boyd, DO
Melissa Thompson, MD
Shannon Thronson, MD

30 Years

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David Bedell, MD
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Jody Helmick, MD
Steven Hill, MD
Linda Iler, MD
Duane Jasper, MD
Robert Johannesen, MD
James Kalar, MD
Jeffrey Kellogg, DO
Alan Laird, MD
Mary Laughlin, MD
Jeffrey Lenz, MD
Elizabeth Loeb, MD
Maria Mitchell, MD
John Musgrave, MD

Joan Nilles, MD
Thomas Novack, MD
William Paltzer, MD
David Schweizer, MD
Steven Shook, MD
Elizabeth Siitari, MD
Douglas Stangl, MD
Jeffrey Sutton, MD
Jon Thomas, MD
David Wettach, MD
David Wolff, MD

40 Years

Lon Brewer, DO
Jo Hoth, MD
Jerald King, MD
John Roberts, MD
Charles Semler, MD

50 Years

Donald Bomkamp, MD
Gene Egli, MD
George Utley, MD

60 Years

James Baumann, MD
Claire Lindholm, MD
Mary Lorenz, MD
John Tyrrell, MD

Please save the date for the 68th IAFP Clinical Education Conference on November 3-5, 2016 at the Downtown Marriott, Des Moines, Iowa

Topics Preview:

- End of Life Care: Care of the Patient with Terminal COPD or CHF
- End of Life Care: Care of the Dwindling Dementia Patient
- End of Life Care: Ethical Issues
- JNC7: Highlights of Cholesterol and Hypertension Guidelines
- Mystery of the Adrenal Gland
- Hepatitis C
- Female Reproductive Issues/PAP Smear
- Hip Impingement Syndromes
- Resident Case Presentations
- Journal Club Live
- Evidenced Based Guidelines for Return to Work
- Radon: Links to Lung Cancer
- Use of Anti-Psychotics
- Care of the Returning Soldier
- Update on ABFM Process/Procedures
- ABFM Self-Assessment Module (Extra fee applies)

The Giving Tree



IOWA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

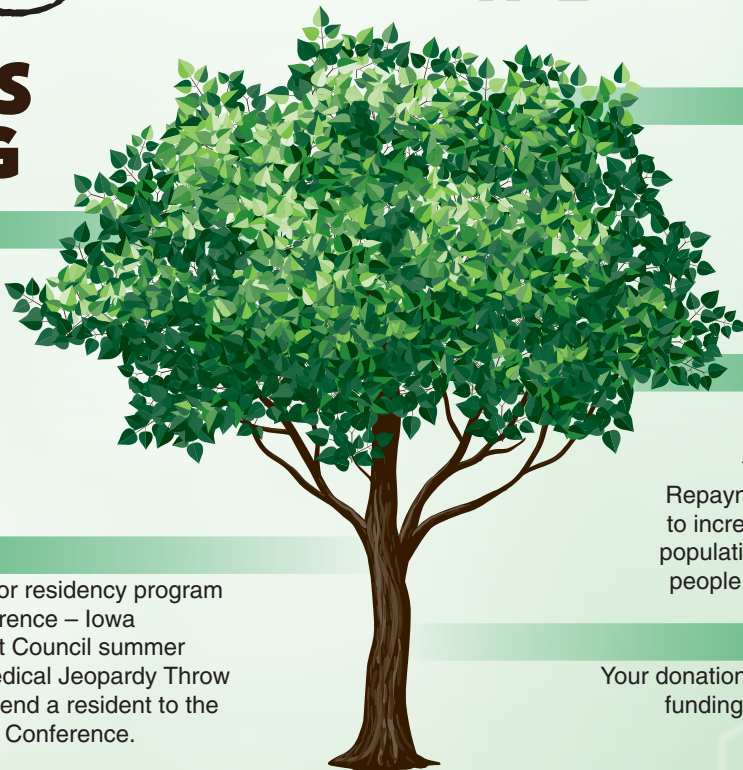
BRANCHES OF GIVING

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 charitable 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 _____

FARM BUREAU AWARDS RURAL PHYSICIANS SCHOLARSHIPS

Four Farm Bureau Rural Family Medicine Scholarships were awarded during our Annual Meeting. Doug Martin, MD., President of the IAFP Foundation, made the four \$2,500 award presentations. The 2015 Farm Bureau Scholars are:

STUDENTS:

Benson Hargens, MD – Benson grew up in the small rural town of Hudson, Iowa. Upon graduation from high school, he attended Iowa State where he earned his Bachelor of Science degree in Biology in 2010. From there, he continued his education at the University of Iowa, earning a Masters in Public Health and Doctor of Medicine degree. He has chosen to complete his residency at Mercy Family Medicine Residency in Mason City because it will give him ample opportunities to experience medicine in rural Iowa. Following in the footsteps of his father, Benson is looking forward to calling rural Iowa home following his training.



(from Left to Right) *Benson Hargens, MD; David Janssen, MD; Doug Martin, MD; Andrew Mueting, DO; Joshua Strehle, DO*

David Janssen, MD – David grew up in the rural community of Hospers, Iowa. After studying molecular biology at Grove City College, he attended medical school at the University of Iowa, where his work as a Spanish interpreter volunteer for the Free Mobile Clinic reminded him of why he wanted to practice medicine. Upon his graduation in 2015, he chose Genesis in Davenport, Iowa for his residency program. David’s ideal rural practice would allow him to treat patients from diverse backgrounds in the clinic, hospital, and procedure room and have meaningful, lifelong patient relationships.

RESIDENTS:

Andrew Mueting, DO – Dr. Mueting grew up in Sheldon, attended the University of South Dakota and graduated with a Bachelor of Science Chemistry degree. Upon graduation he entered Des Moines University College of Osteopathic Medicine graduating in 2012. Dr. Mueting completed his residency at Siouxland Medical Education Foundation Residency Program in Sioux City in 2015. He has since joined a practice in Spirit Lake where he has the opportunity to provide full-spectrum care.

Joshua Strehle, DO – Dr. Strehle attended Nebraska Wesleyan University for his undergraduate, graduating in 2007 with a B.S. in Biology. Upon graduation he entered Des Moines University, graduating in 2012. Dr. Strehle completed his residency at Iowa Lutheran in Des Moines. Since moving to Iowa for medical school seven years ago, he has fallen in love with the state and is excited to call it home. Dr. Strehle found the perfect community for his family and career and is now practicing in Panorama, Iowa.

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 2016
- 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 2016
- 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, 2016.

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

Tar Wars®

A tobacco-free education program for kids from the American Academy of Family Physicians

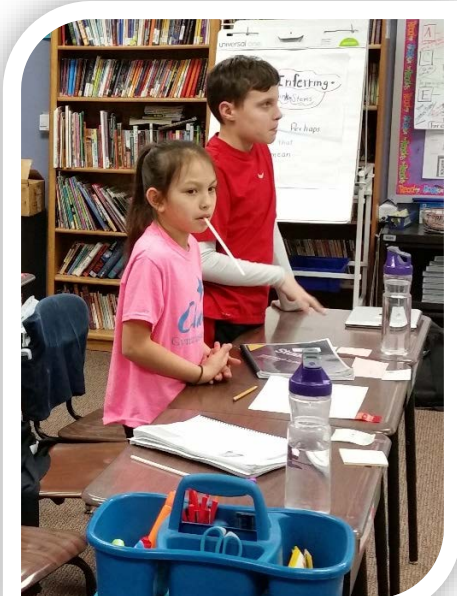
Tar Wars: The Force Is Still Awake Written by Jason Kessler, MD

As you are reading this, somewhere a child is smoking their first cigarette or “vaping” for the first time, beginning what may be a lifelong habit with an extremely high morbidity and even mortality. Right now, people are dying of disease caused by the use of tobacco. These deaths are preventable. What if people never started this dangerous habit? What if you could reach them at a key point in their lives? What if doing that was fun?

As I junior med student, a flyer was mailed to me about the Tar Wars tobacco education program of the American Academy of Family Physicians. The program brings volunteer health care professionals into fourth and fifth grade classes and delivers a powerful, interactive and fun lesson educating kids at a crucial time in their lives: before they have likely had to make a decision about using tobacco, but when they will be facing these decisions soon.

Recently, I was fortunate enough to be able to present Tar Wars to fifth grade students in the Norwalk School District. One of the teachers recalled her own experience as a student hearing the Tar Wars presentation and the impact it made. The presentation has changed some over the years, but it remains exciting for kids to have a doctor come to their class, and rewarding to make an impact on their future healthy choices.

I am not a family physician, but I have been presenting this program for 20 years, in three states, and countless classrooms. It is easy to do, fun to present, and rewarding to see how the kids participate and get enthusiastic about making smart choices for their health. I would encourage any health care professionals, especially physicians, to consider participating in this program. The program is well-developed and easy to present, but flexible enough to adapt to your own style. It only takes a few minutes of preparation and about an hour to present. The Iowa Academy of Family Physicians can provide you with everything you need!



Dr. Kessler presented to **230** 5th grade students in the Norwalk School District in January.

ADOPT A STUDENT FOR NATIONAL CONFERENCE

Your help is needed to assist in sending students to the 2016 National Conference for Residents and Students. We are asking members to provide scholarships to students to attend the 2016 National Conference for Residents and Students in Kansas City. Cost to attend for a student is \$300.

Many of the great leaders of the state and national academies are students who were products of the AAFP National Student conference. Your help is needed to continue this wonderful tradition! With the focus on primary care it is all the more important to expose more students to family medicine.

Here is feedback from one of the students who attended in 2015!



I found the AAFP National conference to be an immensely rewarding experience. The expo hall alone is worth the cost of attendance, to meet with the variety of family medicine programs in attendance. Not only does the conference give students a rare opportunity to explore many different residency programs in a low-pressure setting, it also allows us to discover more about what we are looking for in a residency. Additionally, it was a great decision to bring my wife along. She was able to talk with residents, and in some cases their spouses, to get a feel for what life in the towns the residencies in would be like. I think it is not only a great idea, but also an important step in preparing for residency interviews for medical student to attend the national conference.

Benjamin Dilger, M4

TO MAKE A DONATION, visit the Students & Residents tab on our website to make a secure credit card payment online or please mail in your payment (payable to the IAFP Foundation) to: 100 East Grand Avenue, Suite 170 | Des Moines, IA 50309. Contributions are tax deductible.

2016 National Conference for Residents and Students

Name: _____ Address: _____ Gift Amount: _____

____ University of Iowa Student ____ Des Moines University Student ____ Unrestricted

____ Pay By Check ____ Pay By credit card Visa ____ MC ____ Other _____

CC# _____ CVC code: _____ Expiration Date: _____



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