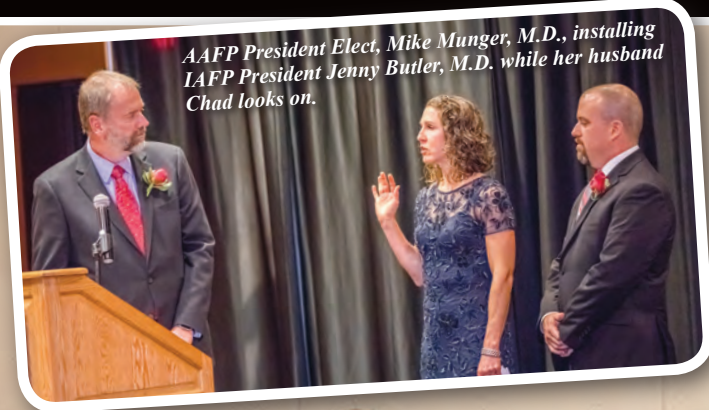




IOWA FAMILY PHYSICIAN

Vol. XLIV No. 2 / WINTER 2016-2017



AAFP President Elect, Mike Munger, M.D., installing IAFP President Jenny Butler, M.D. while her husband Chad looks on.

ADVOCACY ISSUE: *How to Get Involved, Important Issues, and the Future of Healthcare*



IAFP Family Physician of the Year, Chris VandeLune, D.O., and the staff from Cherokee Regional Medical Center.

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MEET YOUR NEW PRESIDENT

By Jenny Butler, M.D.

It is a true honor to become the president of an organization that I highly respect and see as a pillar of the Iowa medical community. There is no other organization that fights so hard to do what is right for patients and families. There is no other organization that works so hard to help bring physicians to rural areas of Iowa through programs such as the rural Iowa Loan Repayment Program. I am proud to be a member of this organization, and I am honored to become its president.

While I might not be as controversial as the candidates for our national presidential election in November, I want you to know a few things about me in the spirit of full disclosure.

First of all, I am not good with traditions. I put the kibosh on the tradition of the president's reception after the banquet this year. The reception transpired, but I did not attend. Our fellow academy members who enjoy late evening receptions should appreciate that I could not convince Pam and the academy staff do a Saturday morning run for everyone instead of the reception.

The other thing that makes me controversial, especially in the age of the medical marijuana controversy, is my addiction to a green leaf. Yes, your academy president is addicted to spinach. I truly love the taste of it and cannot get through a meal anymore without it. I carry it in my backpack. I carry it in my purse. You should see the TSA agents at the airport look extremely perplexed when they pull it out of my carry-on.

Now in all seriousness, the actually relevant thing to know is that I do not practice traditional family medicine. I am still actively involved in patient care, but I have not practiced in an office

setting since 2008. Since graduating from residency in 2007 I have only had 2 employers, but my practice has involved a variety of practice types. I have been a residency program faculty member doing full scope family medicine, worked nights and weekends in a rural critical access emergency department, joined the administrative world of medicine, started

“There is no other organization that fights so hard to do what is right for patients and families. There is no other organization that works so hard to help bring physicians to rural areas of Iowa through programs such as the rural Iowa Loan Repayment Program. I am proud to be a member of this organization, and I am honored to become its president.”

an occupational medicine clinic, served as inpatient medical director supervising nurse practitioners, and started an urgent care clinic.



I am now the Chief Medical Officer at Clarke County Hospital in Osceola with administrative and clinical responsibilities. My clinic focus centers on occupational medicine. I also help out doing same-day access and inpatient care with the UnityPoint Clarke County Family Medicine Clinic.

Thus, I stay involved with patients, but nobody can call me their PCP making me different from the vast majority of IAFP members. However I am still a family physician.

Being a family physician is not just a job, it is who I am. Many of you have watched me grow up in this academy. I have been highly involved since medical school at the University of Iowa and then through my residency at Iowa Lutheran. I learned from many amazing mentors along my journey to becoming a family physician. During my 3rd year of medical school I did a community based rotation in Davenport. During that rotation I worked one-on-one with Dr. Gena Benoit. At the annual banquet this year, our academy honored Dr. Benoit as Educator of the Year. Another outstanding female physician to have a large impact on my journey was Dr. Corrine Ganske. Dr. Ganske served as director of my residency where she still teaches today. Any woman who has worked with Dr. Ganske hopes to

attain even a small measure of her poise, compassion, and knowledge. At this stage of my career, I cherish the mentorship of Dr. Doug Martin. Dr. Martin graciously shares his vast knowledge of occupational medicine with me and guides me in the right clinical direction.

Personally, the two people with the most impact on me are not physicians. However, they taught me the importance of both family closeness and service to the community. I gained a strong work ethic growing up on their farm. My parents always supported me but also challenged me when I needed to rethink my actions. I am blessed to be the daughter of Albert and Cindy Butler.

I have known my husband, Chad Septer, since he moved to my hometown of Lacona in 8th grade. We grew close in high school but went our own ways

to college and beyond. We each made some bad decisions, but this summer we attended our 20th year high school class reunion together as husband and wife. This long overdue marriage made for an exciting summer!

The second most exciting part of my summer was training for and completing a 58 mile 3 day race in the Rocky Mountains. On the second day we ran over the continental divide at 12,500 feet. I trained hard all summer. I even ran 18 miles the morning of the wedding shower Chad's family hosted for me.

Part of the shower involved me answering questions to see how well I knew Chad. One of the questions required me to guess how Chad completed this sentence: "Jenny is a natural born _____." Since just that morning I ran 18 miles, his cousins and nieces all offered "Runner!" It

seemed like the obvious choice, however it was incorrect. Instead Chad completed the sentence, "Jenny is a natural born Learner."

His answer amazed me and perfectly describes me. I want to keep learning. I want to be a better wife, daughter, physician, and leader. I want to learn from you my fellow family physicians. I will be an effective president of this academy with your help. I want to learn from your experiences and guidance. Let us improve the lives of our family medicine colleagues and patients as a team.

Please reach out to me with thoughts, ideas, criticisms, feedback, and considerations on getting involved in your academy. Email me at jenny.butler@unitypoint.org.



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STAND UP AND BE COUNTED!

By Jason Wilbur, M.D.

"The only thing that is constant is change."
- Heraclitus

We have all heard this quote of Heraclitus, and it has served as an apt description of medicine to anyone who has practiced more than a few years. Is there anyone reading these words today who doubts that we will see changes in the healthcare landscape in the next year? We may see unprecedented changes equivalent to or greater than those rendered by the financial crisis of 2008 or the Affordable Care Act of 2010.

As I sit here today, knowing that almost 30 million Americans have healthcare coverage because of Obamacare, I am

uncertain what will become of this imperfect law. No one I know claims that Obamacare is the ideal system for healthcare in the U.S. But whether you love it or hate it, you must acknowledge that it has changed the healthcare conversation. After deriding Obamacare during the campaign, President-elect Trump now talks about preserving the "good" parts of Obamacare, such as protections for patients with pre-existing conditions and expanded coverage for children under their parents' insurance until age 26. Last week while watching a 24 hour news station (was it Fox or CNN or MSNBC? I won't tell!), I heard a Republican Senator talking about healthcare as a "right" not a "privilege" and how the nearly 30



million Americans with coverage through Obamacare were not going to lose their care. These statements from leaders who have decried the horrors of Obamacare provide a little ray of hope that there may



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be room for a conversation, a compromise and a step forward rather than backward.

“Hope begins in the dark, the stubborn hope that if you just show up and try to do the right thing, the dawn will come. You wait and watch and work: you don’t give up.”

- Anne Lamont

So, here in 2017 is where our work begins. This issue of *Iowa Family Physician Magazine* is dedicated to advocacy. While we consider it important to the health of our communities to advocate for family medicine – and I firmly believe that good family doctors are the cure to many of our healthcare ills – I want to focus my words on advocating on behalf our patients.

Everyday in my practice I see patients in the midst of an existential crisis that I have never had to endure: they don’t know what will become of their healthcare coverage. They will ask me for an unnecessary lab test “just in case” or additional refills “if I can’t see you again” or where to go in the event they lose coverage (I recommend the Iowa City Free Medical Clinic). Most are anxious, some are depressed and others are angry. These are all natural reactions to stress and uncertainty. When patients voice these concerns, I recommend that they advocate for themselves. But as their physician, don’t I have a duty to help them? Isn’t it my responsibility to advocate for them? Does my responsibility to my patient end when they walk out the office door? If I look at my job as just that – a job – with one patient equaling one widget and cranking through one after the other until I finish my day, then I can sleep well knowing I’ve done my job. However, family medicine is not just a job, and each patient encounter is not just a “one-off.” If I don’t consider the patient’s needs outside the clinic setting, then I’ve only attended to a maximum of three of the four ethical principles of healthcare, and I’ve abandoned justice.

“No man steps in the same river twice.”
- Heraclitus

Although no one seems to know with certainty, it appears that the currents of healthcare reform will be strong and

“Most are anxious, some are depressed and others are angry. These are all natural reactions to stress and uncertainty. When patients voice these concerns, I recommend that they advocate for themselves. But as their physician, don’t I have a duty to help them? Isn’t it my responsibility to advocate for them? Does my responsibility to my patient end when they walk out the office door?”

swift, moving through the whole country over the coming months and years. This river of reform will shape us, and we will have an opportunity to plot its new course.

Now is the time to get involved. Now is the time to advocate for our patients.

“That’s great, Wilbur. So, what have you done?” First, I have spent some time on the AAFP website, educating myself. I suggest you do the same, paying special attention to the section titled, “Principles for the Reform of the U.S. Health Care System.” I have contacted my representative and our senators several times, and I’ve donated to our political action committees.

If you find yourself in agreement with the principles of reform (and I suspect most of you will), send a letter or email to our two senators and your representative. Ask them to support the principles of reform. Next, urge your representative to become a member of the Congressional Caucus on Primary Care. As far as I can tell, there are currently no Iowa representatives in that caucus. Finally, put your money where your mouth is: give to FamMedPAC (the national family medicine political action committee) and PrimCarePAC (the IAFP’s political action committee). Like many of you, I am bothered by money in politics. But if we don’t pay to have people on the ground in Des Moines and Washington, D.C., our message will not be heard.

Be strong. Do the right thing. Fight the good fight. Stand up and be counted as a family physician!

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.

FAMILY MEDICINE INFLUENCES

By Madeline Godar, M4, University of Iowa

As an M4 student with only one semester of medical school remaining, or “seven-eighths a doctor,” as I joke at times, it is surreal to be reaching the finish line of another chapter in my life. When I decided I wanted to be a doctor in high school, medical school was a giant obstacle looming ahead in my future. It was a hurdle that I needed to first gain admittance to and subsequently succeed at in order to become a doctor. While applying to medical school, I was filled with anxiety about whether I would be accepted and how to handle the challenges ahead of me. Now that I am in the process of applying to residency, I am excited about what the future holds. I know that residency will be challenging, but I have been well prepared for it and can't wait to take the next step. From the very first day of medical school, when I attended a Family Medicine Interest Group (FMIG) meeting, I have known that I want to go into family medicine. Looking back on these last four years, there were many other fundamental experiences that reinforced my desire to become a family physician.

One such experience was the IAFP sponsored “Speed Dating” event that I attended as an M1. Even though I knew from day one that I wanted to be a family physician, I did not always know about the breadth of the specialty. At the event, I was able to talk to family physicians with different practice styles and learn about how I might shape my future practice. Sharing the vast opportunities available in family medicine with medical students is one of the best ways that we can advocate for family medicine as a specialty. The “Speed Dating” event gave me new knowledge about the specialty I had chosen.

My core family medicine rotation in my M3 year was another experience that

reinforced my desire to practice family medicine. I packed up my bags on a sunny June day and set off on a beautiful drive to Waukon, a small town in Northeast Iowa with a population under 3,000. My preceptor in Waukon was a stunning example of a physician who practices full spectrum family medicine. In the morning

“While applying to medical school, I was filled with anxiety about whether I would be accepted and how to handle the challenges ahead of me. Now that I am in the process of applying to residency, I am excited about what the future holds. I know that residency will be challenging, but I have been well prepared for it and can't wait to take the next step.”

we would round on our inpatients at Veterans Memorial Hospital, a small critical access hospital. After seeing our inpatients, we would go down to the clinic. On the schedule was typically a mix of acute problems, chronic follow-

ups, and minor procedures including IUD placements and joint injections. After finishing up in clinic for the day, we would pack up my preceptor's bag with medical supplies, climb into her truck, and go on house calls. She did house calls for elderly patients in town and Amish patients out in the country. We would see the Amish patients mainly for acute visits and routine prenatal care. It was often difficult for the Amish to make it into town for appointments, so my preceptor was providing a much needed service by seeing them in the comfort and privacy of their own homes. We were also on call for the OB patients in her practice and would sometimes be called in to the hospital in the middle of the night to deliver babies. I remember one particular night when we were in the middle of a delivery and a nurse passed us a note stating that one of our patients on the inpatient floor below us had died. We finished the delivery and went downstairs to sit with the man's family. It's experiences like these in a small town in rural Iowa that emphasized the value and importance of family medicine to the patients we serve.

I feel lucky to have discovered my passion for practicing family medicine early on and for having mentors along the way who served as examples of the type of physician that I would like to be. Many medical students do not discover their passion as early as I did or may change their focus multiple times. Having a strong Family Medicine Interest Group (FMIG) with a partnership with the IAFP to hold events like “Speed Dating” allows us to share our message with a broad audience of medical students and advocate for the specialty as a whole.

2017 IAFFP Summer CME Weekend Getaway in Lake Okoboji

Join us June 15 - 17, 2017 at Bridges Bay Resort in Okoboji for the 2017 Summer Meeting

THE SUMMER CME WEEKEND GETAWAY was a long standing tradition at the IAFFP and after more than a decade away we were thrilled to be bring the beloved Okoboji meeting back in 2016 to the excitement of our members. After the success of last year's meeting, we thought why not do it again? So we will be back in Okoboji in 2017 with all the fun, sun, education, and socialization this meeting is known for!

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 return to Bridges Bay Resort for the 2017 meeting!

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 several lake front restaurants 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. In the summer of 2016 they 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 the IAFFP website.

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

CME PRESENTATION: The IAFFP 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:

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

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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.



ADVOCACY IN ACTION—A DAY IN THE INTERN LIFE

By Audra Poterucha, D.O., R1 / Broadlawns Family Medicine Residency Program / Des Moines, Iowa

"I have to call who?"

This was my response when our diagnostic clinic paged me at 8:30 a.m. and said that a stress test I ordered was being denied by my patient's insurance company. I was told I needed to do a "peer-to-peer" review of the case. My patient had been admitted for chest pain with various risk factors for cardiac disease for which she needed additional evaluation. I was on my first inpatient medicine rotation (easily one of the hardest in our program) and to me, taking 10 minutes out of my day to make this phone call was frustrating. I called the insurance company, spoke to a very pleasant physician who, after discussing the case, deemed the stress test an appropriate intervention and approved the procedure. I scolded myself for getting so annoyed. My patient deserved to have me put forth the effort to call the insurance company. After all, it was my job to advocate for her.

When tasked with writing about patient advocacy, I will admit that I struggled with where to focus my thoughts. I then remembered the example of this stress test and realized that patient advocacy is ingrained in my everyday duties as a physician. I am constantly surrounded by an interdisciplinary team of intelligent, dedicated individuals who also advocate for a patient's safety, education, social needs, and daily concerns. When I reflect on a typical day on my inpatient internal medicine rotation, I can't help but encounter numerous examples of patient advocacy. Let's take a brief glimpse into a day in my intern life and the various ways I see advocacy in action.

It's 6:00 a.m. and I've just arrived to our resident check-out room to get "report" from the night team. I'm carrying five patients today – manageable, but busy. I know today will be extra hectic because I have my personal continuity clinic in the afternoon, so efficiency will be key. After reviewing vitals and overnight events,

I start rounding on my patients. One of the floor nurses stops me in the hallway with concerns about low back pain in my cirrhotic patient awaiting paracentesis that day. He had a tendency to be a little cranky with staff.

She states, "I know he can be a handful, but I think his attitude would improve with some relief, maybe some lidocaine cream."

I know that the nurse has been with the patient all night, has a good understanding of his needs, and is suggesting what she feels is best for him. Our nurses and techs advocate for patients constantly by updating physicians on mental status, vital changes, behavior issues, and safety concerns.

I then get a call from respiratory therapy suggesting a change to a different nebulizer solution for my gentleman with a COPD exacerbation, as it historically works better long-term. She is using her experience and insight to recommend an intervention so that the patient may have a better outcome. I note their suggestions so I can put in those orders.

Pharmacy pages me about my altered mental status patient empirically treated for sepsis and asks, "Are you sure you wanted that dose of Zosyn? Her GFR is decreased."

I say a silent prayer of thanks to the pharmacy gods and renally dose the Zosyn, grateful that our pharmacists are keeping a watchful eye on medication orders to ensure patient safety.

I continue down to our ICU to go see my pleasant 84-year-old Hispanic female who is recovering nicely from septic shock caused by urosepsis. She doesn't speak English so a Spanish interpreter is requested.

The interpreter helps with our interaction, telling me, "She is the matriarch of the family and is greatly loved so I'm sure you will see lots of family here today. They usually stay in her room during hospitalizations but couldn't in the ICU,

so she was very restless overnight."

This extremely useful information allows me to understand why she didn't sleep well and adds cultural and social context to her health care. Interpreters are vital in advocating for patients especially when language is a barrier to providing health care. They often stay with our patients after clinic visits to ensure they've scheduled their next appointment and educate them on medications and other orders given.

Finally, I go see my last patient, a 65-year-old female with Lewy body dementia admitted for failure to thrive and hypokalemia. Unfortunately, her dementia is severe, and she hasn't eaten for the past two weeks. Her husband has been a loving and wonderful caretaker but has seen a significant progression of her disease over the past few months. He understands that her prognosis is poor. Their daughter is present, and I initiate a conversation with them both regarding goals for her end-of-life care. After much discussion, they not only agree to outpatient hospice care but to change her from a full code to DNR/DNI status. I leave her room feeling satisfied that we collectively came to a decision that is in her best interest.

I staff with my attending who agrees with my assessments and plans for my patients, making sure I don't forget any additional labs or further workup that needs to be done. I then go to our discharge planning rounds, a multidisciplinary meeting where physical therapy, respiratory therapy, dietary, and case management teams help residents with various inpatient and outpatient needs. Our case managers agree to help initiate home hospice care for my patient with dementia and start working on the proper referrals. They also remind me that my patient with altered mental status doesn't have insurance, but they are working on obtaining presumptive Medicaid coverage. Our case managers

are easily the hardest workers in the hospital. They advocate for patients on a daily basis with a myriad of concerns including outpatient home health, proper orders for durable medical equipment, home oxygen needs, skilled placement issues—you name it, they get it done.

The dietitian also agrees to meet with my patient with cirrhosis and educate him on proper diet and sodium restriction. After a busy morning, I finally sit down and finish all my progress notes, ensuring proper and timely documentation. I want to make sure that when my patients are discharged, their outpatient providers will know what happened during their hospitalization.

In the afternoon, I head over to our family health center and see my first patient who is here for smoking cessation. Prior to his appointment, I obtained prior authorization for nicotine patches with his insurance. An excellent nurse in our clinic had helped me through the process

and after a few denials and tweaking of prescriptions, everything was finally approved. I sent him on his way with high hopes for his success in quitting smoking. The nurses in our clinic are well-versed in the intricacies (and challenges) of prior authorizations with insurance companies and will always support our efforts in advocating for needed diagnostic tests or medications.

I finish the rest of my afternoon with a med refill for diabetes and a routine OB check. A little weary, I finally return back to our resident room at 5:00 p.m. to check out my patients to the night team. Even with all my little mistakes throughout the day, I tried my best to be a good doctor.


As you can tell, my day was full of examples of patient advocacy. Many health care institutions, including Broadlawns Medical Center, employ official “patient advocates” to address the concerns and grievances of patients, families, and visitors. However, we all can

be unofficial patient advocates. As Uncle Ben said to his nephew Peter Parker (a.k.a Spider-Man), “With great power comes great responsibility.” We are given a great honor in being able to care for people in some of their most vulnerable and trying times. In doing so, we need to remember to show appreciation and respect for our fellow health team members, because everyone has a vital role to play in patient advocacy.


I am grateful to be surrounded by strong colleagues and fellow residents, and I know I couldn’t function as a physician without them. It is our collective duty to be good stewards and advocates for our patients. So, the next time I need to talk to an insurance company for approval for some sort of intervention, I will do less grumbling and realize that it’s all part of this wonderfully stressful, chaotic, but ultimately, rewarding profession to which we all belong.

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www.iacancerscreening.org



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Contact Patty L. Berning
1-800-458-5003 or
pberning@epamidwest.com



YOUNGER PATIENTS CAN GET JUST 2 DOSES OF HPV VACCINE

Brought to you by the American Cancer Society

The Centers for Disease Control and Prevention (CDC) has revised its recommendation for the HPV vaccination for ages 9 through 14. Children in that age group can now get just 2 shots instead of 3. The shots can be given at least 6 months apart. The CDC continues to recommend that most children get the vaccine at age 11 or 12.

Debbie Saslow, PhD, senior director, 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 shot to be given at a time when the child will already be at the provider’s office for something else – an annual checkup, a sports physical, or even something like a strep test.”

The new recommendations come from the Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts that develop recommendations on use of vaccines in the general population of the United States.

- The first HPV vaccine dose is routinely recommended at 11-12 years old. The second dose of the vaccine should be given 6 to 12 months after the first dose.
- Teens and young adults who start getting the vaccination at ages 15 through 26 years will continue to need 3 doses of HPV vaccine to protect against cancer-causing HPV infections.
- 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 recommended for people with weakened immune systems aged 9-26 years.

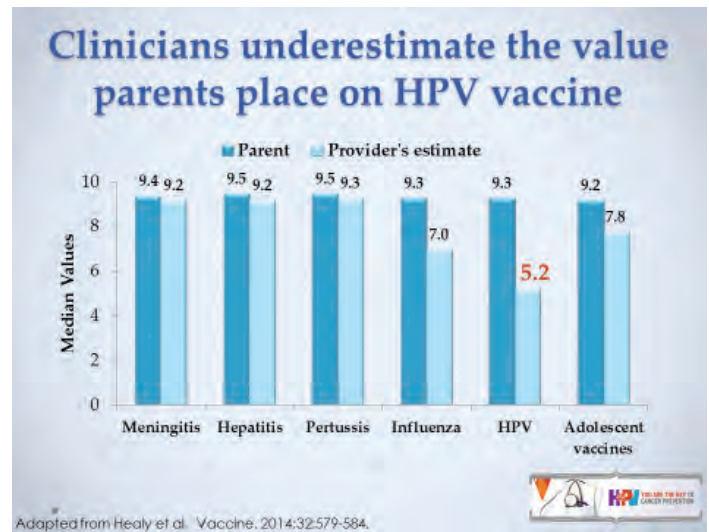
Saslow said that the American Cancer Society will now start the process of reviewing and updating its own guidelines about HPV vaccine use.

Why get the HPV vaccine?

The HPV vaccine protects against human papilloma virus (HPV). Most cervical cancers are caused by HPV. The virus has also been linked to cancers of the vulva, vagina, penis, anus, and throat. HPV is also a major cause of genital warts.

Girls and boys should ideally begin getting the vaccine series at age 11 or 12. The vaccine causes a better immune response at this age than during the teenage years. Children are also likely still seeing their doctor regularly and getting other vaccinations at this age.

Reviewed by: Members of the American Cancer Society Medical Content Staff



- Annually in Iowa, 105 women will develop invasive cervical cancer and 36 women will die from this disease
- Annually, an estimated 262 Iowans are diagnosed with an HPV-associated cancer
- Eighty-one percent of HPV associated cancers can be prevented by receiving HPV vaccine
- HPV Vaccine is SAFE
 - Benefits of HPV vaccination far outweigh any potential risks
 - Safety studies findings for HPV vaccination similar to safety reviews of MCV4 and Tdap vaccination
 - Most frequently cited possible side effects are headache, nausea, vomiting, fever and syncope
- HPV Vaccine WORKS
 - Population impact against early and mid outcomes have been reported in multiple countries
- HPV Vaccine LASTS
 - Studies suggest that vaccine protection is long-lasting
 - Available evidence indicates protection for at least 10 years
 - No evidence of waning protection

REAP THE BENEFITS OF GOOD CONCUSSION MANAGEMENT

By Maggie Ferguson MS, CRC, CBIS / Iowa Department of Public Health / Des Moines, Iowa

Bell ringers... seeing stars... concussion. Concussions are brain injuries that happen every day in Iowa.

To respond to the need for consistent and reliable information about concussion management, the Iowa Department of Public Health, the Iowa Department of Education, and the Brain Injury Alliance of Iowa have come together to reach a consensus supporting a community-based concussion management program called REAP. The REAP program was developed in Colorado, and is based on the four core elements needed to ensure effective and safe concussion management:

R – Remove / Reduce physical and cognitive demand.

E – Educate the student-athlete, family, educators, coaches, and healthcare professionals about the possible concussion symptoms.

A – Adjust / Accommodate for the student academically and physically.

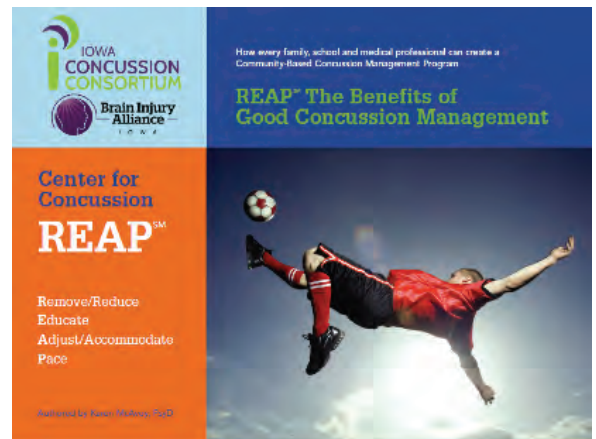
P – Pace the student back to learning and activities.

These management strategies are implemented by four teams working together: (1) Family and student team; (2) School team for physical recovery; (3) School team for academic recovery; and (4) Medical team. These teams help students track improvements in concussion symptoms and promote a gradual increase in activities as long as symptoms continue to improve.

The good news is, more than 80 percent of youth will have their concussion symptoms resolve within three to four weeks. Even so, healthcare professionals should refrain from telling a youth and their family that a concussion will resolve in “X” number of days, because every concussion is different. Using the REAP model, healthcare professionals provide education on tracking symptoms, which then can be used by the concussion management team to gain consensus on the adjustments the student might need in

the classroom, as well as when assessing when the student is recovered. At that point, the medical team can begin to approve steps to accomplish graduated return to play.

An Iowa manual describing the components of REAP is available at www.iowaconcussion.org. More resources, including fact sheets and informational videos, will be added to this website in the coming year.



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

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Priority Patient Scheduling: 1-800-335-8066 www.wolfeeyeclinic.com

WINTER UPDATE

By Pam Williams, Executive Vice President

With the New Year comes a new legislative session. This issue of the magazine highlights IAFP Advocacy efforts and important issues we will be following this session. Your active involvement is critical to having a voice for Family Medicine in Iowa.

A 101 on Effectively Advocating For Your Patients and Profession

Physicians hold a unique place in the life of the community and a unique perspective on the needs of all those for whom they provide care. With that perspective comes an obligation to work to improve society. Active engagement with government is part of the way that obligation may be met.

Ways to Deliver Your Message:

There are several ways you can support issues that are important to you including:

Visits: Nothing beats a personal meeting with an elected official. Face time with an elected leader means you know that your messages get to the member and it gives you a chance to gauge how well the message was received. Another good way to deliver a message is to meet with a staff member.

Written Messages: Communicating with your elected official in writing is an excellent way to contact them. Try to be concise and summarize the key points. Use your own personal experience to explain why a particular issue is important to you. An email is a quick way to send a message to your elected leaders. You can use preformatted messages that discuss issues that are currently before Congress by clicking on the AAFP website and going to the advocacy Speak Out Section. All you have to do is click the e-mail button and you can e-mail your official on a subject of your choice. It's that simple.

Telephone: You may reach members of Congress by calling the state Capitol

or the US Capital Switchboard at (202) 224-3121. Ask to speak with your elected leaders, and inform them that you are a constituent who would like to discuss a particular issue. If you are not connected leave a message, do not let this be a deterrent. Persistence is a key factor in advocacy!

Follow Up:

Contacting your Member of Congress to encourage them to vote your way on an issue is a good first step, but it is only half the process. If your member of Congress voted in support of your issue, send them a thank you note and mention that you will share the news how they voted with your colleagues. If they voted against your issue, send them a note, politely expressing your disappointment in their vote and asking them to explain why they voted against your issue. Be sure to let the Member of Congress know that you will let your colleagues know that their member of Congress voted against their interests.

How can I stay connected?

You can stay connected by becoming an active participant by attending the IAFP Legislative Breakfast on Tuesday, February 21 from 7:30 to 9:00; participating in the AAFP Speak Out Program; becoming a part of the IAFP Member Advocacy Committee; and other advocacy opportunities. Each week during the state legislative session you will receive a legislative update via e-mail to provide you the very latest information on legislative and regulatory issues. You will also be sent Action Alerts to notify you that there is a current issue that needs your immediate attention.

Contribute to the PAC

Another important way to have an impact at the state and national level is to contribute to PrimCare PAC and FamMed



PAC. PrimCare PAC provides Iowa family physicians a strong voice in the Iowa state legislature and helps the Academy in its efforts to impact both health policy and the overall practice environment. IAFP PrimCare PAC contributions go directly to support legislators who are informed and committed to family medicine's business and practice management issues. Family medicine interests are much more likely to receive greater attention among the ma



Dr. Peter Hansen, M.D. from Kenai, Alaska stopped into visit the office in December. Dr. Hansen served on the AAFP Board of Directors from 1980-1983 and as AAFP Vice President from 1983-1984. Dr. Hansen is President of the Hubbell Family Historical Society and was in Des Moines for their Annual Meeting.

The Giving Tree



IOWA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

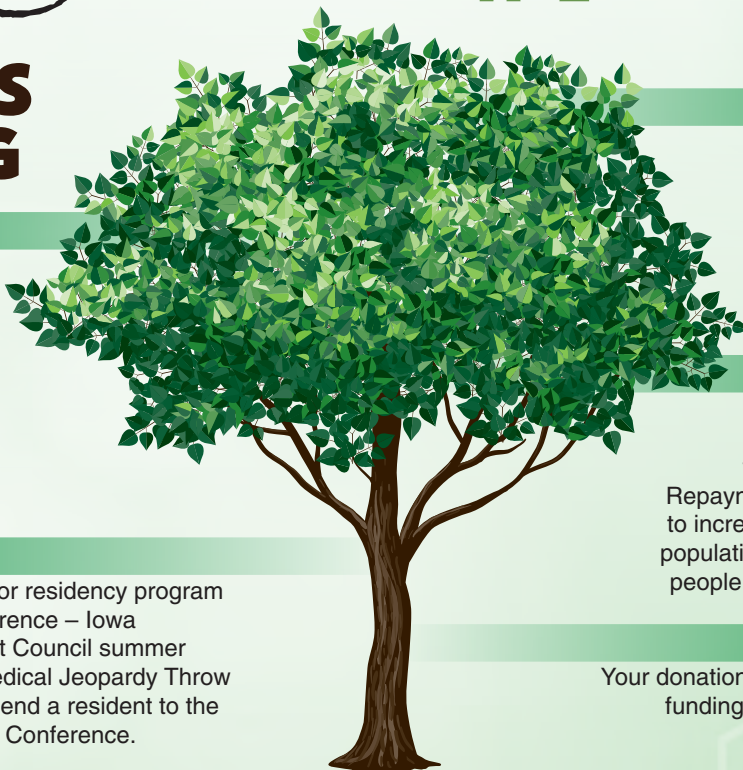
BRANCHES OF GIVING

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

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Signature _____ Exp. Date _____

2017 LEGISLATIVE OUTLOOK

By Sara Allen & David Adelman, IAFP Lobbyists

The first session of the 87th General Assembly will gavel into session January 9th. It is important IAFP advocates understand the political makeup and priorities that will make headway in 2017. The IAFP will position family physicians in the most favorable light amongst lawmakers.

The elections in November drastically changed the makeup of the Iowa General Assembly for the 2017 session. With the Senate flipping red, Republicans now control both the House and Senate, as well as the governor's office. This is the first time since 1998 that Republicans have had this trifecta of power.

Additionally, President-Elect Trump has selected current Governor Terry Branstad to serve as the Ambassador to China and the governor has accepted. The Governor's confirmation hearing is likely to take effect in the early spring months. Once confirmed he will resign his "post" which will make the Lieutenant Governor Kim Reynolds Iowa's first female Governor.

Because of the changes to the composition in the Legislature, Republicans will now be able to move many of their priorities that they haven't been able to in the past several sessions due to a Democratically controlled Senate. The issues to watch for during the 2017 session will be:

- Tax reform for corporations and individuals
- Tort and other insurance reforms
- Water quality
- Pro-life changes to existing Iowa law
- Reform to state of Iowa's pensions
- FY 2017 de-appropriation bill (\$100 million must be cut from the existing budget based on the Revenue Estimating Committee projections)
- Decreasing existing regulations
- Movement on firearm bills, fireworks bills, automatic traffic cameras, etc.

IAFP serve Iowa families across the state comprised of more than 86% of Iowa's doctors who specialize in the practice of family medicine. The total IAFP membership includes 1800 family doctors, medical residents and students. IAFP physicians are patient advocates, practicing medicine in a fashion to treat and advocate for the families they serve. IAFP physicians support evidence based practices, meaning IAFP supports science-based best practices for physicians to follow as they serve their patients.

The following is a list of the legislative priorities identified by IAFP for the 2017 Legislative Session.

1. Workforce Initiatives. IDPH is currently working on the rural loan repayment program. IAFP supports continuing this repayment program for family practice physicians.

2. Scope of Practice Protection. IAFP is opposed to legislation that would erode physician's ability to practice within their full scope. To this end, IAFP is aware of the following legislative initiatives that will be discussed during the 2017 session:

- 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.
- c. Naturopathic physicians. The IAFP opposes the licensure and recognition of naturopathic physicians because of the manner

Would you like to make a donation to the PrimCare PAC?

Simply visit our web site at www.iaafp.org and click on the advocacy tab.

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 draft a workable cannabis program in Iowa.

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. Tort Reform. Many states across the United States have reformed their tort laws; IAFP supports tort reform that would create caps on damages, as well as changing who can be a party to a suit based on their percentage of liability. IAFP believes that tort reform in our state would allow physicians to practice in a less

defensive manner, as well as making Iowa more attractive for physicians to practice medicine and serve Iowa's patient population.

7. 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.



IAFP



2017 IAFP Legislative Coffee

Date: February 21, 2017

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.





Iowa Academy of Family Physicians 2017 Committee Volunteer Form

Committees meet once a year in a face-to-face meeting. Other meetings are conducted via conference call. **In 2017 the committees will meet on November 2, 2017 at the Downtown Des Moines Marriott prior to the Clinical Education Conference.**

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

MEMBER ADVOCACY COMMITTEE: Duties include serving as an advocate for family physicians and their patients in matters relating to the delivery of health care, and promotes the image of family physicians in the state of Iowa. In addition, the committee seeks members to serve on committees and boards for government and other health care related organizations, and assists in the legislative activities of the Academy including grassroots lobbying (Key Contacts). The committee is also responsible for the annual legislative coffee at the Capitol on February 21, 2017.

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

Committee Reimbursement

The IAFP will reimburse expenses for committee member's travel and lodging if necessary to attend meetings for the above committees.

OTHER VOLUNTEER OPPORTUNITIES

**** Please note that the IAFP is unable to provide reimbursement for member expenses for the volunteer opportunities listed in this section with the exception of the AAFP Special Constituencies Delegates.**

LEGISLATIVE KEY CONTACT: Willingness to respond quickly to key contact alerts regarding state and federal legislation by contacting a member of the Iowa Congressional delegation or a state legislator through the AAFP Speak Out web site.

TAR WARS PRESENTER: Able to deliver one or more 45-60 minute presentations to 4th and 5th grade students in your community on the positive effects of not using tobacco products, and the negative aspects of tobacco advertising. Curriculum provided. Be willing to assist with judging in the local poster contest if needed.

AAFP SPECIAL CONSTITUENCIES DELEGATE: The IAFP seeks individuals to represent the IAFP at the AAFP National Conference of Constituency Leaders. Categories to serve are Women Physicians, New Physicians, International Medical Graduates, Minority Physicians and GLBT. The IAFP reimburses participants for the registration fee and hotel expenses. Please indicate below if you would be interested in representing the IAFP at this conference April 27-29, 2017.

UI FAMILY MEDICINE PRECEPTOR: The key to the success of the UI Family Medicine Preceptorship is based upon the unique value of having students work one-on-one with an Iowa private-practice community family physician that loves to teach and allows the student to participate **ACTIVELY** in the care of patients. To teach in the Family Medicine Preceptorship of the UI Department of Family Medicine we ask that you:

- Attend a workshop prior to teaching the first student.
- Be engaged full-time (minimum of 80% time) in an Iowa community private practice office setting.
- Are currently board-certified in family medicine.
- Have completed residency training in Family Medicine.
- Be willing to teach at least 1 third-year medical student each year.

For more information, contact Jill Endres at 319-353-7175 or jill-endres@uiowa.edu

IOWA DEPARTMENT OF PUBLIC HEALTH

COMMITTEES: Periodically the IAFP provides names of family physicians to serve on state committees such as Rural Health Advisory Committee, Medicaid Advisory Committee, EMS Advisory Council, Trauma Services Advisory Council, Child and Adolescent Obesity Task Force, Diabetes Control Program, Cancer Control, Developmental Disabilities, State-wide Perinatal Committee, etc.

SERVICE ON IAFP COMMITTEES: Committee recruitment occurs through calls for volunteers published in the Iowa Family Physician magazine and through volunteers identified during meetings/communication throughout the year.

Committee members may be appointed any time during the year and terms will follow the process below.

All volunteers will complete a Conflict of Interest/Disclosure form for review and approval by the Board or Executive Committee. Volunteers completing this process will be considered candidates for the committee they have selected. Each year, the Board of Directors or the Executive Committee will review and approve committee appointments prior to the Annual Meeting. The candidates will be evaluated based of the following criteria

1. The candidate is a member in good standing with the IAFP
2. The candidate complies with the AMA Code of Ethics per AAFP membership criteria
3. The candidate has no conflicts of interest or the conflicts can be resolved to the committee's satisfaction.

IAFP Committee appointments will be effective after board approval. Terms are currently one year in duration with the option to renew the appointment each year. Candidates will be notified of their acceptance upon completion of this process.

COMMITTEE VOLUNTEER RESPONSE FORM***Instructions:***

Please select all of the committees and opportunities for which you wish to apply. You may place "#1" by the committee you most wish to be appointed to if you wish.

I wish to serve on an IAFP Committee/Board of Directors

- Education Committee
 Member Advocacy
 Member Services
 I would be interested in serving as an alternate director of my district when a vacancy occurs

I wish to serve in these other areas

- Legislative Key Contact
 Tar Wars Presenter
 IDPH/DHS Committees
 Areas of interest for IDPH/DHS Committees

- I wish to serve as an IAFP Representative to the AAFP at the National Conference of Constituency Leaders on April 27-29, 2017.**

Please select the constituency in which you wish to serve:

- New Physician Women Minority
 International Med Grad GLBT

** Greatest Need for Minority and International Med Grad*

Name _____

Practice Name _____

Address _____

City _____ Zip _____

Phone _____

Fax _____

Email _____

Fax to 515-283-9372 or email to kscallon@iaafp.org
 or fill out form online at:
<https://www.surveymonkey.com/s/IAFPvolunteerform>

BENOIT NAMED IAFP MEDICAL EDUCATOR OF THE YEAR

Gena Benoit, M.D. of Davenport was named the 2016 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 practice education. Nominees are submitted by students, practicing physicians and educators.

A colleague had this to say about Dr. Benoit “What I admire most about Dr. Benoit is her exceptional communication skills. Her approach is organized, thorough, practical, compassionate, and respectful. She can articulate critical feedback into positive constructive feedback. She possesses the gift of being able to make complex subjects into simple concepts that anyone can understand. She has a kind and nonjudgmental approach to teaching and caring for patients. Her warm and personable demeanor and gift of humor make work fun. I respect her because of her nonjudgmental approach to teaching and the way she models how to provide compassionate quality patient care. She is a wonderful mentor for new physicians. The award could not go to a more deserving physician than Dr. Benoit. She is articulate, bright, responsible, respectful, delightful, and passionately cares about teaching and providing quality care. I trust Dr. Benoit’s skills and judgment and am proud to work alongside her.”

Congratulations Dr. Benoit!



Dr. Gena Benoit accepting the Educator of the Year Award.

JENNY BUTLER, M.D. NAMED PRESIDENT OF IAFP



IAFP President Dr. Noreen O'Shea passes on the Presidential Medallion to Dr. Jenny Butler.

Jenny Butler, M.D. of Osceola was installed as President of the Iowa Academy of Family Physicians at the installation and awards banquet held November 4, 2016 at the Downtown Des Moines Marriott.

Dr. Butler attended Iowa State University graduating with a Bachelor of Science. She attended medical school at the University of Iowa. Dr. Butler completed her Family Medicine residency at Iowa Lutheran Hospital.

Dr. Butler currently practices as a Family Medicine Physician in Osceola.

VANDELUNE RECEIVES IOWA FAMILY PHYSICIAN OF THE YEAR AWARD

Chris VandeLune, D.O., a Cherokee family physician, has been named the 2016 -2017 Iowa Family Physician of the Year by the IAFP.

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.

One of Dr. VandeLune's patients had this to say about him "Dr. VandeLune truly enjoys what he does and you can tell that as soon as he walks in the door. He greets you with a big smile and sincere "HELLO! How are you today?" It doesn't matter if you are his first patient of the day or his last; if he is on time, or running an hour behind schedule. He makes sure that your questions are addressed; you understand signs or symptoms to watch for and when to let him know about those changes, but most importantly that you are comfortable with everything before he leaves the room. His care with adults is wonderful, the way he is able to interact with kids is truly inspiring. He connects with them on their level, speaks directly to them, asks them questions about themselves and then will confirm with me as the parent. He makes them feel special and this leaves an impression on them. He truly is a great doctor, and a wonderful person who loves what he does and who he serves."



Dr. VandeLune accepting the Family Physician of the Year Award.

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

Congratulations to Dr. VandeLune!

NEW BOARD OF DIRECTOR MEMBERS NAMED

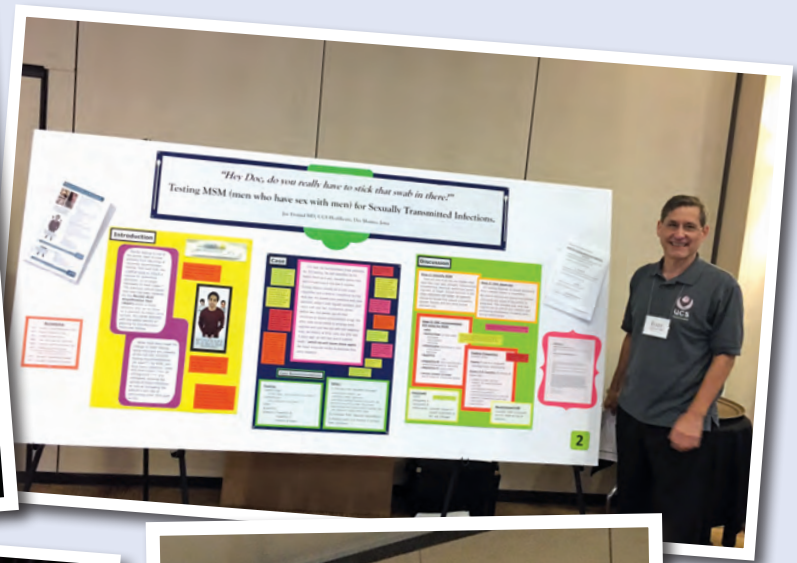
Congratulations to our newly elected Board Members! Thank you for serving IAFP.

Newly elected board members are:

President- Jenny Butler, M.D.
 President-Elect -Scott Bohner, D.O.
 Vice President- James Bell, M.D.
 Secretary-Treasurer-Corrine Ganske, M.D.
 Board Chair- Noreen O'Shea, D.O.
 District 2 Director-Chereen Stroup, M.D.
 District 2 Alternate Director -Michael Lindstrom, D.O.
 District 5 Director- Joshua Tessier, D.O.
 District 5 Alternate Director- Laura Abels, D.O.
 Delegate to the AAFP - Brian Mehlhaus, M.D.
 Alternate Delegate to the AAFP- Don Klitgaard, M.D.

2016 CLINICAL EDUCATION HIGHLIGHTS





KSA Module (formerly SAM) Mental Health Module to Be Held

The IAFP is offering a KSA Module on Mental Health in association with the U of I Spring Refresher Course in Iowa City on April 21st from 12:00 -5:00 pm

The KSA Study Group provides the opportunity for you to participate in the ABFM's MC-FP Part II requirement in a group setting. Our experienced faculty will review the 60 core competency questions and guide the group through the selection of the most appropriate responses and through the clinical simulation process (optional). A group score will be submitted to the ABFM once a passing score is obtained by the group.

(Sponsored by the Iowa Academy of Family Physicians – \$200 Additional fee required, \$150 Residents; ABFM fee not included). Location: Coralville Public Library, 1401 5th St/ Coralville, IA

Register for the course at www.iaafp.org and look for the course under the Education Tab.

Please **SAVE THE DATE** for the
69th IAFP Clinical Education Conference on November 2-4, 2017
at the Downtown Marriott, Des Moines, Iowa

Topics Preview:

- Cardiovascular Care
- Female Reproductive Issues
- Hematology
- Nephrology
- Musculoskeletal Care
- Respiratory Issues
- Psych Conditions
- Special Sensory Conditions
- Child & Dependent Adult Abuse
- Journal Club Live
- Resident Case Presentation
- AAFP Update
- KSA- Knowledge Self Assessment
(Extra Fee Applies)

BE BOLD WITH LEAN BEEF

Contrary to conventional wisdom, a growing body of evidence shows that eating lean beef, even daily as part of a heart-healthy diet and lifestyle, can reduce risk factors for heart disease, including elevated cholesterol and blood pressure.

Naturally Nutrient-Rich

Packed with high-quality protein, lean beef provides a satisfying, nutrient-rich experience in fewer calories than many other foods. A 3-ounce serving of lean beef contains about 150 calories and is an excellent source of protein, zinc, selenium, niacin, vitamin B₆, and B₁₂ and a good source of phosphorus, iron, riboflavin and choline.

Part Of A Heart-Healthy Plan Patients Will Love

Help your patients eat their way to better health by including lean beef among other heart-healthy foods on their shopping lists. Many of the most popular cuts of beef-like Top Sirloin, Tenderloin, and 95% lean Ground Beef-meet the government guidelines for lean.



Learn more about the many nutritional & heart health benefits of lean beef at BeefNutrition.org



Iowa
BEEF INDUSTRY COUNCIL

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MEDICAL RESIDENT JEOPARDY THROWDOWN

On November 4, 2016, 9 Iowa Residency programs participated in the 6th Annual Medical Resident 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 the audience as they enjoyed drinks and appetizers while they cheered on their favorite residency program. In the end, the Quad City Bandits pulled off their second victory in a row. Thanks to all the teams that participated!

- **BROADLAWNS MEDICAL CENTER FAMILY MEDICINE RESIDENCY** - Narrow Yards
- **CEDAR RAPIDS FAMILY MEDICAL EDUCATION FOUNDATION** - Cedar Rapids Thunder
- **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** - Whiff n' Nae Nae
- **NORTHEAST IOWA FAMILY MEDICINE RESIDENCY PROGRAM** - Waterloo Wizards
- **UNIVERSITY OF IOWA FAMILY MEDICINE RESIDENCY PROGRAM** - Team Herky
- **MERCY FAMILY MEDICINE RESIDENCY – NORTH IOWA** - MedSisters
- **SIOUXLAND MEDICAL EDUCATION FOUNDATION** - Residency SUX



THE 2016 CHAMPIONS

Winners: Nicole Brokloff, MD; David Janssen, MD; Eric Johnson, DO

Additional photos from the event on pages 24-25.

MEDICAL RESIDENT JEOPARDY THROWDOWN HIGHLIGHTS





NEW MEMBERS

Active

Emad Abou-Arab, MD, Iowa City
 Raminder Ahluwalia, MD, Davenport
 Edna Becht, DO, Atlantic
 Robert Bendorf, DO, Harlan
 Misty Bowen, DO, Montrose
 Robin Brown, MD, Davenport
 Enrique Cardenas Ramos, MD, Ottumwa
 Patrick Courtney, MD, Carroll
 Scott Hanson, DO, Winterset
 Heather Harms, MD, New Hampton
 Maricris Lapinid, MD, West Burlington
 Courtney Messerly, MD, Manchester
 Satya Thippareddi, MD, Shenandoah

Resident

Katie Dunbar, DO, North Sioux City
 Sarah Jones Ketter, DO, Des Moines
 Samantha Keady, DO, Ankeny
 Laramie Lunday, MD, Sioux City
 Eryn McClutchey, DO, Waukee
 Kavita Powaria, MBBS, Des Moines
 Habeeba Sirajuddin, MD, Davenport
 Meredith Swenson, DO, Johnston
 Ashley Tiaht, MD, Sioux City

Student

Kelsey Adler, University of Iowa
 Mary Ahlers, Des Moines University
 Marc Allen, DO, Des Moines University
 Nicholas Andresen, University of Iowa
 Kaitlynn Barbaritz, Des Moines University
 Nikhil Batra, University of Iowa
 Jayme Beedle, Des Moines University
 Patrick Bohn, University of Iowa
 Luke Botting, Des Moines University
 Derek Bradley, University of Iowa
 Patrick Brau, University of Iowa
 Keely Burke, University of Iowa
 Angela Chuda, Des Moines University
 Julia Collison, University of Iowa

Jeff Daniels, University of Iowa
 Conor Dass, University of Iowa
 Chandni Desai, University of Iowa
 Aron Evans, University of Iowa
 Jeremiah Fairbanks, Des Moines University
 Nouran Felo, University of Iowa
 Kelsey Finn, Des Moines University
 Jane Fischer, University of Iowa
 Peter Fischer, Des Moines University
 Abby Frederickson, Des Moines University
 Kendra Frey, University of Iowa
 Julia Froud, University of Iowa
 Eleanor Germano, University of Iowa
 Antony Gout, University of Iowa
 Mohammed Hassan, Des Moines University
 Joseph Hindman, University of Iowa
 Jonathan Kallevang, Des Moines University
 Keegan Kavanaugh, University of Iowa
 Kyle Kieymann, University of Iowa
 Collin Kramer, University of Iowa
 Emily Larson, University of Iowa
 Megan Lehmkuhl, Des Moines University
 Scott Liegel, University of Iowa
 Elizabeth Mann, University of Iowa
 Natalie Martin, University of Iowa
 Devin McKissic, University of Iowa
 Amanda McLearn-Montz, University of Iowa
 Jacob Melendrez, University of Iowa
 Erin Meyers, University of Iowa
 Hannah Mikkalson, University of Iowa
 Carly Nielsen, University of Iowa
 Nicole Nitschke, University of Iowa
 Alex Novak, University of Iowa
 Erica Noyes, University of Iowa
 Hillary O'Brien, University of Iowa

Erin Pazaski, University of Iowa
 Kyle Peters, University of Iowa
 Aubrey Reese, University of Iowa
 Erin Renze, Des Moines University
 Olivia Rice, University of Iowa
 Laura Riesberg, University of Iowa
 David Rudolph, University of Iowa
 Mohamed Salih, University of Iowa
 Julianne Sauer, University of Iowa
 Jenna Schade, University of Iowa
 Emma Schumacher, University of Iowa
 Erin Steek, University of Iowa
 Eleanor Sullivan, University of Iowa
 Ben Swart, University of Iowa
 Derek Tessman, Des Moines University
 Collin Thetcher, University of Iowa
 Whitney Vuong, Des Moines University
 Kristin Weeks, University of Iowa
 Jesse White, University of Iowa
 Tung-Lin Yuan, Des Moines University



In Memoriam

Jeffrey Knobloch, DO
 of Grinnell

2016 DONORS

A BIG THANK YOU goes out to all of our members that contributed to the IAFP Foundation and PrimCare PAC in 2016. We had an extremely successful year! The IAFP Foundation raised \$16,087, providing funding for student and resident programs and the Rural Loan Repayment Program. The IAFP PrimCare PAC raised \$7,065, providing us with the necessary funds to aid our future legislative efforts.

Thanks to Our 2016 Foundation Donors:

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Jim Bell, MD	<i>(In Memory of Dr. Fred Marsh)</i>	Kevin Locke, MD	Larry Severidt, MD
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Scott Bohner, DO	Mara Groom, DO	Lonny Miller, MD	Chereen Stroup., MD
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Adrian Cordovi, MD	Stephen Holmes, MD	Noreen O'Shea, DO	Jason Wilbur, MD
Josephine Dunn Junius, MD	Amr Kamhawy, MD	Steve Perkins, DO	Les Weber Memorial
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Visit our web site to make a donation or turn to page 13.*

Thank You to Our 2016 PrimCare PAC Donors:

Jim Bell, MD	Corinne Ganske, MD	Lisa Lavadie-Gomez, MD	Steve Richards, DO
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NEW MEMBER BIO - PATRICK COURTNEY



Patrick Courtney, M.D.

Dr. Courtney grew up in Lansing, Kansas. Dr. Courtney is currently practicing at St. Anthony Regional Hospital in Carroll. When not practicing medicine he enjoys running and swimming. Dr. Courtney and his wife, Rachel, are expecting their first child.



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FAREWELL TO PAUL JAMES, MD



Colleagues,

I have had the privilege of leading the Department of Family Medicine at the University of Iowa for over 10 years and in that time, it has accomplished much. It is thus with pride and a sense of accomplishment that I tell you that my job is almost complete here, and it is time to pursue other challenges.

I have accepted the Chair position for the Department of Family Medicine at the University of Washington in Seattle, WA and will also be part of the leadership team for UW Medicine, spearheading their efforts to deliver transformative primary care in the Seattle area. This new position will challenge me in many unforeseen ways but I'm excited about the opportunity to use my skills in a different environment.

I have personally benefitted from your friendship: the program directors of our regional family medicine residency programs, the family doctors across the state and the Iowa Academy of Family Physicians have all been important allies to enhance the health care delivered to Iowans.

I thank you all for your support over the last 15 Hawkeye years and look forward to watching the continued success of family medicine in the state of Iowa.

Sincerely, Dr. James

The IAFP wishes Dr. James much happiness and success as he moves to Seattle, Washington. The University of Washington Department of Family Medicine is so fortunate to have recruited him. Their gain is certainly our loss. We value and appreciate all Dr. James has done for Family Medicine in Iowa. We will miss you and wish you all the best!

DR. MARTIN IS A CANDIDATE FOR AAFP VICE-SPEAKER



The Iowa Academy of Family Physicians is pleased to announce the candidacy of Dr. Douglas Martin for AAFP Vice-Speaker at the 2017 Congress of Delegates in San Antonio.

Dr. Martin is currently serving as IAFP Alternate Delegate and he is a member of the IAFP Board of Directors. He holds the position of Vice Speaker for the American College of Occupational and Environmental Medicine. He has also served the IAFP as President and Board Chair. Look for more information about Dr. Martin in the spring issue of the magazine. The AAFP Congress of Delegates will be held September 11-13, 2017 in San Antonio, we hope to see many of you there supporting Dr. Martin.

ROBERT A. LEE THANKS YOU FOR YOUR SUPPORT!



I would like to take the time to thank everybody who supported my campaign to run for AAFP- President Elect. Although the outcome is not what I was hoping for, I'm grateful for the experience and thankful to all who have stood behind me during this adventure. Thank you to the countless people who reached out to me with words of encouragement, advice, and support. Thank you to all the people who took time out of their practice to fly out to Orlando to support and cheer me on. Thank you to my colleagues who covered for me while I was out of the office. And most of all thank you to my family. I vow to help support, encourage and mentor the next generation in the same amazing way you have all done for me. Thank you.

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 2016 Farm Bureau Scholars are:

STUDENTS:

Jeremy Cordes, DO – After pursuing a career in pharmacy, Jeremy’s experiences gave him an intimate understanding of the challenges our healthcare system faces, but it also showed him how much can be accomplished using a team-based approach to patient care. After his clinical rotations, he started shadowing some small town family physicians, and knew that he had to go back to medical school. He graduated from Des Moines University in 2016 and is now starting his residency at Broadlawns Medical Center. He hopes his pharmacy background and good listening skills will aide him when he starts practicing in a rural community.



(from Left to Right) Craig Hill, Emily Welder, MD; Jeremy Cordes, DO; Chris Goetzinger, MD; Mara Groom, DO.

Emily Welder, MD – Emily grew up in the rural community of Exira, Iowa. Through family experiences, she has seen the effects that family physicians can have firsthand. Emily’s passion for family medicine stems from seeing the positive effects family physicians can make on a patient over time. Emily graduated from the University of Iowa Carver College of Medicine and is now beginning her residency there as well. She hopes to become a rural family physician who will provide high-quality, comprehensive patient care and be an active leader in the community.

RESIDENTS:

Mara Groom, DO – The provision of healthcare for rural families has long been a passion for Mara. In medical school, she chose to pursue a rural medical education pathway. Her residency choice at Siouxland Medical Education Foundation was also driven by her goal of practicing in a rural community. Knowing that the demands are a rural family physician are greater, these challenges have pushed her to learn all she can in residency, knowing that a better knowledge base will lead to better care for her patients. Mara is now practicing in Spirit Lake, where she feels exceptionally prepared to provide healthcare in a rural setting and she cannot wait to see where this path leads.

Chris Goetzinger, MD – Chris attended Wartburg College for his undergraduate, graduating in 2009 with a B.A. in Biochemistry. Upon graduation he entered the University of Iowa Carver College of Medicine, graduating in 2013. Chris completed his residency at Cedar Rapids Medical Education Foundation. He is now practicing in Waverly where he desires to have an impact not only of the health of individuals, but the community as a whole.

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 2017
- 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 2017
- 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, 2017.

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



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SEND-A-STUDENT TO NATIONAL CONFERENCE

Your help is needed to assist in sending students to the 2017 National Conference for Residents and Students. We are asking members to provide scholarships to students to attend the 2017 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 2016!



The AAFP conference was an incredible experience that I would recommend to any future primary care provider. It was invigorating to be surrounded by so many physicians, residents, and other students who are passionate about preventive medicine, treating the entire patient, and providing compassionate, broad-scope and integrated care. Whether you know for sure you want to do primary care, or if you are on the fence, I encourage you to attend this conference. There is something uniquely energizing and inspirational about being in a facility with over 4,000 other people who literally want to revolutionize medicine to make it more affordable and work maximally for the patient and the health care team.

Michael Jorgensen, 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.

2017 National Conference for Residents and Students

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