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Spring 2025

Mission:

To advance the practice of medicine through advocacy, education, and engagement with physicians throughout Iowa to ensure the highest quality of care for the patients they serve.

Vision:

To be the leading voice in medicine to make Iowa a premier destination for physicians to live, work, and serve their communities.

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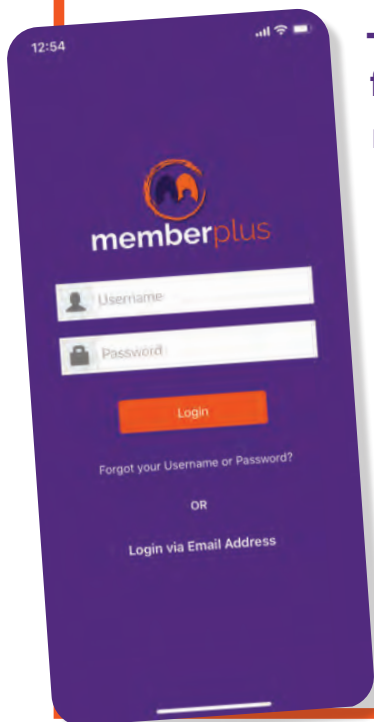
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No News Is Not Good News: Overlooked Diagnostic Test Results

CASE STUDY

A primary care provider sees a patient acutely who is “not feeling well” in the morning. The exam is unremarkable and the provider orders a complete blood count (CBC) and chemistry panel. At 4:55pm, the lab calls to report a critical potassium level of 6.0. The provider has already left for the day and is not called. Due to the provider’s unpleasant demeanor and grumpiness, the staff rarely calls after hours. Later that night, the patient presents to the ED with syncope, cardiac arrhythmia, and a potassium level of 6.3.

Diagnostic test results are a critical component of patient care and the tests we order are increasing in numbers and complexity. Missed or delayed follow-up can lead to adverse outcomes, including delayed diagnoses, unnecessary complications, and potential medical liability claims. To prevent these errors, medical providers must implement strategies to ensure that diagnostic test results, whether sent directly or forwarded to the office, are received, reviewed, and acted upon promptly. National safety organizations, including the Joint Commission, the National Patient Safety Foundation (NPSF), and the Agency for Healthcare Research and Quality (AHRQ), provide valuable published guidance to help practices avoid these pitfalls.

CONSIDERATIONS

- 1. Establish Clear Communication Protocols.** One of the most effective ways to avoid missed results is to create standardized processes and a structured communication system for receiving and reviewing test outcomes. This should include documenting who is responsible for receiving, reviewing, and acting upon results. For example, appointing a dedicated person or team to monitor and process incoming test results ensures accountability and reduces the likelihood of results falling through the cracks.
- 2. Implement Electronic Health Record (EHR) Alerts**
Leveraging technology can significantly improve the management of test results. The NPSF suggests the use of EHR alerts or notifications to flag pending results or abnormal findings. Automated alerts can trigger action by clinicians and staff, ensuring timely follow-up. For example, an EHR system can alert the ordering provider when a result is available, or when abnormal findings are reported.
- 3. Ensure Test Results Are Tied to Clinical Workflow.**
Diagnostic test result management must be integrated into the clinical workflow. Practices should ensure that test results are reviewed by the ordering physician, ideally within a set timeframe, and that abnormal results prompt an immediate follow-up action. This should be part of the practice’s daily routine, where results are discussed at regular team meetings or with a designated staff member who cross-checks results against patients’ charts.
- 4. Patient Notification Systems.** Patient notification is critical to ensuring that diagnostic results are acted upon. Practices should have clear protocols for notifying patients of both normal and abnormal results. It is essential that patients are informed promptly, as delayed notification can lead to worsened conditions. Implementing a system for automatic patient alerts or reminders for follow-up appointments can also help ensure continuity of care. Patient portals are not a reliable means of closed loop communication of abnormal test results..
- 5. Conduct Regular Audits.** Regular audits of the test result management process can help identify potential gaps and areas for improvement. The Institute for Healthcare Improvement (IHI) advocates for routine audits to track test result completion rates, timeliness of communication, and follow-up actions, allowing practices to identify and address any weaknesses in their process.

CONCLUSION

Avoiding missed diagnostic test results requires a combination of clear protocols, technological tools, effective communication strategies, and ongoing monitoring. By following these best practices, medical providers can significantly reduce the risk of errors, improving patient safety and care outcomes.

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A LEADER SINCE 1850



STEVEN W. CHURCHILL, MNA

CEO, Iowa Medical Society

On Friday evening, May 2, nearly 200 physicians, residents and medical students will gather at Hancher Auditorium in Iowa City to attend the Iowa Medical Society's (IMS) President's Dinner and 175th Anniversary Celebration.

It will be the largest gathering of our membership since the onset of the COVID pandemic and a monumental occasion to celebrate the key role IMS has played to help shape the landscape for physicians practicing in Iowa.

Since its first meeting on the banks of the Mississippi river in Burlington in 1850, IMS has been a leader in advancing the practice of medicine through advocacy, education, and engagement with Iowa physicians to ensure the highest quality of care for the patients they serve.

Before there was even a medical school in Iowa, from the Spanish Influenza to the 2020 pandemic, IMS has been there, each step of the way. From taking the lead to draft the first statewide public health laws to address infectious diseases, combatting the physician shortage after World War II, advocating for the implementation of Medicare and Medicaid in Iowa to ensure physicians were central to the delivery of care for the underserved, IMS has led the charge for the physician voice being central to shaping public policy.

Two years ago, IMS landed a major victory for physicians with the enactment of medical malpractice Tort Reform legislation to cap lawsuits. This milestone legislation sets Iowa apart in our quest to recruit and retain physicians to practice in our state.

This year, under the leadership of Governor Reynolds, the state legislature is considering measures to address the physician shortage in Iowa. The landmark legislation incorporates two of the top priorities outlined in the Operation I.O.W.A. report IMS produced after a gathering of physicians and healthcare executives last December. If enacted, the plan will direct \$150 million to create 115 new residency slots and increase the health care loan repayment fund from \$4.2 million to \$10 million.

While we have made progress on some key strategic priorities, for some physicians, changes in the landscape are creating an environment of uncertainty that may cause stress to our physician community. This is not the first time in our long history that Iowa physicians have encountered

changes that impact the practice of medicine and the patients they serve, from the onset of Medicare and Medicaid to Obamacare, the health care landscape in Iowa and across the nation has evolved over the decades. But the pace and scale of the changes are unprecedented.

In this edition of *Iowa Medicine*, you will learn about a number of physicians who are making a real difference in Iowa. They are profiled as a part of our inaugural award recognizing "Five Iowa Physicians to Watch" that was launched in conjunction with our 175th Anniversary.

Their inspirational stories, ranging from community involvement to patient care, demonstrates their passion for the practice of medicine and the patients they serve. It is also a reminder that even during the most uncertain times, since our founding in 1850, Iowa physicians rise to the challenge to make an impact, regardless of the obstacles they face. ■





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IMS RECOGNIZES FIVE IOWA PHYSICIANS TO WATCH

NEW ANNUAL AWARD LAUNCHED IN HONOR OF 175th CELEBRATION

Five physicians from across the state have been named as ones to watch by the Iowa Medical Society's Leadership Development Committee. After reviewing several nominations, the committee proudly recognizes the following individuals:

- **Muhammad Ajmal, MD**
- **Christopher Kim, MD**
- **Yogesh Shah, MD**
- **Maria Story, MD**
- **Angie Wild, MD**

"We are thrilled to recognize and honor the outstanding work of these five Iowa physicians," said Alison Lynch, MD, president-elect and chair of the Leadership Development Committee.

"They are true leaders who are highly accomplished in their practice or community. We are so proud to recognize their extraordinary contributions to health care."



Award winners were selected on the following criteria:

- Must be a practicing physician in the state of Iowa with a valid Iowa Medical License.
- All nominees must be practicing/teaching physicians who have been in practice or teaching for at least two years.

And contributions in one of the following areas:

- **Leadership**
- **Impact and Influence**
- **Innovation and Creativity**
- **Community Impact**
- **Potential for Future Success**

(for the full award criteria and details, visit our website at iowamedical.org/ims-awards)

Award recipients will be recognized Friday, May 2 at Hancher Auditorium as part of IMS's 175th Anniversary Celebration and President's Dinner.

Meet the five winners with an excerpt from their nominations:

MUHAMMAD AJMAL, MD

Interventional Cardiologist, Great River Health, West Burlington



"Dr. Ajmal has made exceptional contributions to cardiology and is tirelessly dedicated to breaking down barriers to providing high-quality care in a rural community.

He has become a transformative figure in his field and the lives of countless patients in a region that struggles with access to specialized medical care. One of Dr. Ajmal's most significant contributions is his ability to provide

complex interventional cardiology procedures—traditionally requiring patients to travel to urban centers—right here in Southeast Iowa.

Under his leadership, Great River Health has become a regional hub for advanced cardiovascular care, offering procedures like angioplasty, stent placement, and catheter-based interventions, previously inaccessible in rural areas. His expertise and

commitment to innovation have ensured that his patients receive world-class care without enduring long travel times to larger cities.

Dr. Ajmal is an example of how one person's vision and dedication can overcome geographic barriers. His work at Great River Health is not just a job—it is a mission to improve the lives of those around him."

CHRISTOPHER KIM, MD

Orthopaedic Sports Medicine and Shoulder Surgery, The Iowa Clinic, West Des Moines

“Dr. Kim’s leadership has been nothing short of transformative. I’ve watched with admiration as he has grown our Orthopaedic and Sports Medicine Department, inspiring us with his vision and dedication. His ability to balance clinical excellence with administrative acumen is truly impressive. Dr. Kim has an unwavering commitment to patient care and community service. I’ve seen him tirelessly volunteer as a team physician for local high schools and Simpson College, often rushing

from a full day of surgeries to stand on the sidelines, ensuring young athletes receive top-notch care.

His efforts to implement volunteer sports physicals for Des Moines Public Schools have opened doors for countless kids who might otherwise have been unable to participate in sports. Dr. Kim’s innovative spirit is contagious.

What impresses me most is his steadfast adherence to evidence-based medicine. In a field where new technologies

and techniques emerge rapidly, Dr. Kim always puts the patient first, evaluating each innovation before implementation.

Chris is one of the most grounded and approachable physicians I know. He is just as comfortable explaining complex procedures to patients as he is discussing the latest research with colleagues.”



YOGESH SHAH, MD

Medical Director, Broadlawns Memory Center, Des Moines

“Dr. Shah stands at the forefront of healthcare innovation and leadership and has transformed patient care and medical practices.

With initiatives that are reshaping health care delivery, Dr. Shah founded the Palliative Care program and leads the Memory Center at Broadlawns Medical Center.

His work as a Fulbright scholar, where he developed a palliative care curriculum in Rwanda, exemplifies his

commitment to global health. He served as the Overseas Medical Advisor to the Alzheimer’s and Related Disorders Society of India (ARDSI) and played a key role in the Iowa Climate Statement 2014. Dr. Shah is an active voice in the Heartland Global Health and Climate and Health Consortiums.

Dr. Shah’s international leadership in health policy and education is also demonstrated through his work with the World Health Organization (WHO) and the Alzheimer’s Association. He

was invited to the White House to discuss the health impacts of climate change, reflective of his global influence in advancing dementia care worldwide.

Dr. Shah often speaks of his dreams of someday curing a patient who has Alzheimer’s. I have never known a doctor who was more open, caring, honest, and truly committed to helping others.”



MARIA STORY, MD

Nephrologist, Southeast Iowa Regional Medical Center, West Burlington

“Dr. Story is a dedicated and innovative rural Iowa nephrologist who has demonstrated exceptional commitment to patient care, particularly in nephrology, with a special interest in hypertension.

Her work in nephrology has been transformative, particularly her approach to leveraging technology to manage chronic kidney disease. In a rural area, she has pioneered remote patient monitoring tools to ensure her

patients receive consistent and high-quality care. Dr. Story has significantly improved kidney disease management, especially for those who may face transportation barriers in remote areas.

Her innovations empowered patients to monitor critical health data such as blood pressure, weight, and fluid levels from the comfort of their homes. These initiatives have led to better early detection of potential complications,

preventing hospitalizations, and emergency room visits.

Dr. Story’s dedication to improving rural healthcare access through technology sets a remarkable example. Her tireless efforts to bring cutting-edge care to rural Iowa are a testament to her vision, compassion, and commitment to the well-being of her patients.”



ANGIE WILD, MD

University of Iowa Department of Emergency Medicine, Iowa City

“Dr. Wild is deserving of this award because of the change she has fostered at the student, resident, faculty, and state levels at the University of Iowa. Dr Wild’s fellowship research focus was health care disparities in incarcerated Iowans. The University of Iowa sees a large volume of incarcerated patients, but training was not provided on the rights of those in the prison system, especially in emergency situations. She worked with the prison system,

UIHC security, residents, and faculty to improve the care of this at-risk population. Dr. Wild continues to advocate for other at-risk populations including non-English speaking, women, and minorities.

Her work enhanced both early-career and mid-career physician pipelines: As a physician leader in UIHC’s Summer Health Professions Education Program (SHPEP), Dr. Wild introduced undergraduates from across the country

to the health care training opportunities Iowa offers and inspired participants to pursue careers in medicine here.

Dr. Wild’s impact is clear from students’ feedback, such as one who shared, ‘SHPEP has been an amazing experience for me...it has truly changed my life.’”



1850 LEGACY SOCIETY

WHAT WILL YOUR LEGACY BE?



JESSICA ZUZGA-REED, DO

Chair, Iowa Medical Society Foundation

How will I leave my legacy? That is a question I've considered from time to time as I interact with patients and consider my impact on the community I serve.

For physicians, our work is our passion and service is our calling. Because of that, I am excited to announce that in conjunction with

and IRA retirement accounts, life insurance policies, Charitable Remainder Trusts, Donor Advised Funds, or your Last Will and Testament.

From its beginning, the Foundation has been the beneficiary of planned giving. In 1932, a gift from the estate of Henry Albert was designated in a trust to support public health in Iowa. The initial gift of \$1,000 now generates an annual contribution in the range of \$30,000 to the IMS Foundation.

Legacy Society members will be recognized annually in Iowa Medicine magazine and included on a special

page on the IMS website. Select participants will be featured in a story in the magazine regularly and all members will be invited to participate in an annual private dinner to be held with medical students who benefitted from their generosity.

Gifts to the 1850 Legacy Society will support medical students through scholarships, student leadership development programs, and Global Health Studies Clinic Experiences.

From providing white coats to medical students as they begin their journey, to sponsoring students attending meetings of the AMA,

to providing global health scholarships, IMSF supports our students every step of the way and encourages them to engage in the House of Medicine.

After they graduate and begin the practice of medicine, Legacy Society gifts will support physicians and the medical community at large via public health initiatives, continuing medical education, professional development programs, and leadership opportunities.

Your participation as an 1850 Legacy Society member can open the eyes and transform the life of a medical student, as it did for Raka Chindavong, who recently shared this note with us:

“The IMSF scholarship allowed me to participate with a clinical experience in Thailand that helped me to develop my appreciation for the cultural dimensions of patient care and strengthened my commitment to delivering compassionate, culturally sensitive medical care in my future career.”

As you consider your legacy, I hope you consider becoming a Charter Member of the 1850 Legacy Society by **visiting iowamedical.org/legacy_society**.

By following the example of Henry Albert, you can continue to make an impact long after you complete your work in the practice of medicine. ■



the 175th Anniversary of the Iowa Medical Society, the Iowa Medical Society Foundation (IMSF) is officially launching the IMSF 1850 Legacy Society.

The Legacy Society is a way for physicians to continue to make an impact in the future, without having to tap into their assets today. It is a vehicle to receive planned gifts from donors to support the Foundation's mission and programs and a way for physicians to make a lasting impact and honor their legacy.

It's easy to participate. Gifts to the Legacy Society can be received by simply designating IMSF as one of your beneficiaries via a 401K

Phuoc Nguyen went to Vietnam through the IMSF, and it proved to be an invaluable experience, offering profound insights into the health care landscape of the country.



For more information the Legacy Society, scan here:



Advanced Care for Children in All Stages of Heart Failure

Content submitted by Children's Nebraska

The Advanced Pediatric Heart Failure & Transplant Program at Children's Nebraska received full approval from the Centers for Medicare and Medicaid Services in November 2024, is active in the United Network for Organ Sharing system and is actively listing patients for heart transplantation. Led by surgical director Camille Hancock Friesen, MD, and medical director Jason Cole, MD, the program provides comprehensive care for children with heart failure, serving patient families in the region and beyond.

Leading-Edge Care

Children's Advanced Pediatric Heart Failure & Transplant Program offers compassionate, family-centered care, ensuring patients and families are well-informed throughout the care process. The multidisciplinary team comprises specialists from various pediatric fields, including Cardiology, Cardiothoracic Surgery, Cardiac Critical Care, Anesthesiology, Nutrition, Child Life, Social Work, Pharmacy and more, with consultations available from other specialties. Care is provided in Children's 32-bed, acuity-adaptable Cardiac Care Unit (CCU) in the state-of-the-art Hubbard Center for Children, where patients receive continuous, specialized monitoring and treatment.

Recently, Children's Advanced Pediatric Heart Failure & Transplant team performed its first-ever placement of a durable mechanical circulatory support in the form of ventricular assist device (VAD), a significant milestone. The life-saving device can serve as a bridge to heart transplantation or, in some cases, act as a long-term solution for children with heart failure. The ability to offer VAD implantations is a testament to Children's commitment to providing the most advanced pediatric cardiac care.

Exceptional Care Closer to Home

Children's Advanced Pediatric Heart Failure & Transplant Program is a major step in expanding access to care. Advanced pediatric cardiac therapies are available close to our patients' and families' homes. Patients and families traveling more than 90 miles outside Omaha can access the Carolyn Scott Rainbow House, a 56-room overnight guest house for a patient's immediate family.



Camille Hancock Friesen, MD, Jason Cole, MD and Ram Kumar Subramanyan, MD, PhD, performing Children's first ever ventricular assist device (VAD) placement.



To learn more about Children's Advanced Pediatric Heart Failure & Transplant program, visit ChildrensNebraska.org/HeartTransplant or scan the QR code. To refer a patient, call 402.955.4350.

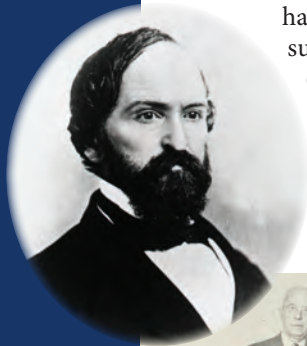


CELEBRATING 175 Years of Service

 IOWA MEDICAL SOCIETY

For 175 years, the Iowa Medical Society (IMS) has been the leading statewide organization in shaping health care in Iowa. Since its founding in 1850, IMS has supported the well-being of doctors and patients, fostering a community dedicated to advancing the practice of medicine through advocacy, education, and engagement.

What began as a small gathering of physicians seeking to establish medical standards has grown into a powerful organization that ensures Iowa's medical professionals have the resources they need to succeed. Through generations of change—technological breakthroughs, legislative victories, and evolving health care landscapes—IMS has remained reliable in its mission.



Above: John F. Sanford, MD
Below: IMS Past Presidents, (L to R) Front Row: Gordon F. Harkness, 1935; James E. Reeder, 1949; Walter L. Bierring, 1908; Nathaniel G. Alcock, 1950; Lee R. Woodward, 1944. Middle Row: Arthur W. Erskine, 1939; Channing G. Smith, 1932; Charles B. Taylor, 1934; Thomas A. Burcham, 1936; Felix A. Hennessy, 1940. Back Row: Robert L. Parker, 1947; Ransom D. Bernard, 1946; Prince E. Sawyer, 1937; Harold A. Spilman, 1948.

At that first meeting of 25 physicians in Burlington in June 1850, **John F. Sanford, MD**, addressed the group saying, “It was the beginning of a new era in the medical history of the state” and that one of the advantages would be that physicians would become “socialized as a profession.” And Dr. Sanford expressed hope that “our profession will lend an enthusiastic cooperation, not only by their presence during its deliberations, but in a contribution of statistics and facts, which will facilitate its progress and aid in the accomplishments of its noble objects.”

The Early Years

IMS was born in an era when medical practice was primarily unregulated. In 1850, that group of physicians gathered by Dr. Sanford shared a vision. They wanted to create an organization that would unify the medical community, develop ethical standards, and advance health care quality across the state. These early members recognized that working together could improve the medical profession and ensure patients receive consistent, high-quality care.

From its start, IMS faced significant challenges. In the mid-19th century, medical education lacked structure. Many doctors received limited training before beginning their practice. One of the society's first priorities was advocating for a standardized medical education system. Additionally, IMS aimed to improve ethical procedures

in the medical profession. The new guidelines established by IMS helped filter out unregulated practitioners and improved professional accountability. This contributed to a newfound trust in Iowa's health care system.

Despite the era's challenges, IMS laid the foundation for Iowa's stronger, more organized medical profession. What started as a small group of determined physicians quickly became a driving force in shaping health care policy, medical education, and professional ethics. Their efforts set the stage for the society's continued influence over the next 175 years.

Major Milestones and Achievements

In its early years, IMS established ethical guidelines for medical practitioners and advocated for creating the Iowa Board of Health in 1868. By 1870, IMS supported the establishment of the University of Iowa's medical school,



enhancing medical education in the state. In 1875, IMS admitted its first female physician, **Dr. Delia S. Irish**, demonstrating its early efforts toward equality.

Throughout the 20th century, IMS advocated for significant health care initiatives. IMS also supported rural health care initiatives and worked with the Iowa State Board of Health to help fight the Spanish influenza pandemic. During World War II, IMS worked to retain physicians while supporting the war effort. In the 1950s, IMS helped facilitate the distribution of the Salk polio vaccine.

In the second half of the century, IMS advocated for the implementation of Medicare and Medicaid in Iowa and began its decades-long effort for tort reform

legislation, protecting physicians from excessive malpractice claims and stabilizing health care delivery. In the 1990s, IMS promoted telemedicine initiatives and advocated for managed care improvements.

Frustrations about Medicare repayment has been an issue for years. In a 1983 interview with **Karl Catlin, MD**, Atlantic, he talked about the tedious and costly paperwork involved with insurance settlements and federal health programs.

“Frequently it is not possible to recover the expense of doing paperwork. I saw one patient for a year and got back \$0.63 from Medicare which didn’t begin to pay for the paperwork,” said Dr. Catlin. “There has also been a push toward more standardization, making more staff conferences necessary, so the staff ends up treating each other, or the chart, instead of the patient.”

Eldon Huston, CEO of IMS for 20 years, started working at the organization in 1959. He said the biggest accomplishment during his era was that 90 percent of physicians in the state belonged to IMS.

“Practices back then were independent, not group owned, there was very little corporate medicine,” said Huston.

Huston said much of the revenue came from non-revenue services IMS offered like health and liability insurance, retirement programs – services now offered by the company-owned groups. “It was just a whole different era.”

In recent decades, IMS has continued to drive health care policy, supporting the Affordable Care Act’s implementation in 2010. During the COVID-19 pandemic, IMS provided critical guidance on public health protocols and telemedicine.

Most recently, IMS successfully advocated for tort reform in 2023, marking one its most significant legislative victories.

Current Impact

IMS continues to strongly advocate for Iowa physicians and the health care community today. Beyond legislative efforts, IMS has hosted several advocacy events to engage



health care professionals and policymakers. Its annual Physician Day on the Hill event remains an important opportunity for members to discuss pressing health care concerns with state legislators.

Kevin Cunningham, MD, and chairman of IMS’ Committee on Legislation, says he has witnessed first-hand the ebb and flow of politics and its impact on the House of Medicine.

“Right now, here in 2025, it feels like the most volatile, precarious time for medical advocacy in the history of medicine in Iowa,” said Dr. Cunningham. “But I have no doubt our founding fathers felt that too. In fact, they stated as such at their Centennial gathering. My philosophy is we dig in and advocate for what matters most, and know that over time, the tide will turn.”

A key IMS initiative, Operation I.O.W.A. (Innovative Opportunities for Workforce Action), was launched in 2024 to address physician shortages in rural areas. This event resulted in policy recommendations to enhance recruitment and retention efforts. It also included student loan forgiveness incentives and rural health care infrastructure improvements.

The Promise of the Future

Building on its legacy, IMS stays committed to its mission: To advance the practice of medicine through advocacy, education, and engagement with physicians throughout Iowa to ensure the highest quality of care for the patients they serve. As IMS moves forward, it continues to uphold this mission and serve as a voice for Iowa physicians. A key focus is ensuring the health care system

remains accessible and sustainable for years to come.

“I am honored to become president during this historical year and exciting time at IMS,” said **Alison Lynch, MD**, president-elect. “With a thoughtful and innovative strategic plan in place, we have had a lot of change and a lot of opportunity to have a positive impact on health care.”

“It is wonderful to celebrate our rich history and embrace all that the future offers our members and the patients they serve,” said Dr. Lynch. “We are united in our quest to ensure every Iowan has access to quality health care.”

For 175 years, IMS has remained dedicated to improving health care access and quality throughout the state. This milestone is not just a celebration of the past but a testament to the dedication, resilience, and vision that will continue to guide IMS into the future.

“Physicians today, like they were back in my day, are at the top of the ladder at the local and state level, they are pillars of their community,” said Huston. ■

“As we honor our past, we look forward to a future where IMS continues to lead and advocate for health care in Iowa,” said IMS CEO **Steven W. Churchill, MNA**. “The challenges ahead will require the same commitment and innovation that have defined IMS for nearly two centuries.”



PRIORITIZING OUR POLITICAL CAPITAL



KEVIN CUNNINGHAM, MD

Chairman of Committee on Legislation



SETH BROWN, JD

Director of Government Relations



A Note on Registrations

Each legislative session brings a unique set of issues that requires IMS to navigate the political waters in the state to most effectively accomplish our legislative and strategic priorities. This session is even more challenging given the issues raised and has already presented several difficult decisions for the advocacy and leadership teams.

One of the key challenges for groups like IMS is to focus on our priorities while acknowledging the interests of all our members. As difficult as it is, we must be diligent in our use of political capital as we seek to accomplish our legislative priorities and long-term strategic goals.

Every decision made in this legislative process has the potential to impact other measures we oppose or support. This is much more evident this year when compared to past decades.

For each bill introduced in the Iowa Legislature, organizations can register for, against, or undecided to publicly indicate their position on a proposed policy. Considerations on how organizations register on a bill are broad and include a multitude of policy and strategic considerations.

For IMS, the Committee on Legislation (COL) makes the final determination on how to register on a bill based on several factors presented to them. Primary factors include the legislation’s relevance to established legislative priorities, previously established IMS policy, and feedback from the IMS Board of Directors and Executive Committee. Additional considerations include the bill’s viability, IMS’ ability to impact its course, political capital, impact on established priorities and advice from our Advocacy team.

This session over 2,000 bills have been introduced in the Iowa Legislature. IMS has registered on nearly 200 of these bills — this is high when compared to similar health care organizations.

To ensure IMS and the COL are engaged on a particular bill, please contact the Advocacy team or members of the COL.

We encourage members to email Seth Brown (sbrown@iowamedical.org) to gauge the level of interest or concern with certain proposals.

2025 Legislative Update

In advance of the 2025 Iowa Legislative Session the IMS Committee on Legislation recommended and the Board of Directors approved two overarching legislative priorities to advance the House of Medicine in Iowa—expand the physician workforce and reduce administrative burdens associated

with prior authorizations. These priorities were communicated to key state leaders before of the session and reinforced by the recommendations promulgated during Operation I.O.W.A.

The top three proposals from the Operation I.O.W.A. initiative were: (1) Increase the number of GME residency training slots; (2) break down financial barriers for students through competitive loan repayment incentives; and (3) ensure more time with patients and less time on paperwork by reforming prior authorization practices.

As IMS awaited priorities to be announced by the Governor’s office and party leadership in each chamber, we knew the proper groundwork had been laid for a successful session. We secured bill sponsors for our prior authorization proposals and briefed relevant committee leaders on the bill, with positive feedback. We also met multiple times with the Governor’s office and key committee leaders on the proposals our members felt would most meaningfully address the issues raised over the interim.

On January 13, during Governor Kim Reynolds’ State of the State address, she announced a sweeping proposal to support the rural health care workforce and specifically the physician workforce. The priorities include:

2025 Committee on Legislation:

- Kevin Cunningham, MD
- Timothy Abrahamson, MD
- Emily Boevers, MD
- Dave Carlyle, MD
- Gerry Clancy, MD
- Sarah Costello, MD
- Shea Jorgensen, MD
- Tiffani Milless, MD
- Noreen O’Shea, DO
- Jon Van Der Veer, DO
- Melissa Wells, MD
- Jessica Duffy
- Amanda Irish
- Claire Loftus
- Jordan Samuel

GME Residency Programs

- Invest \$150 million through the state and federal Medicaid program to increase the number of residency slots by 115 per year. This proposal will increase residency training at the states’ 14 hospitals, for a total of 460 new residency positions in the next 4 years.

Loan Repayment

- Consolidate current health care loan repayment programs under the direction of the Department of Education (DOE). DOE will designate high demand professions, specialties and practice locations as part of the eligibility for the program. The requirements will adjust to include out of state graduates who commit to practicing for five years in Iowa.
- More than double the funding of these programs to \$10 million, up from current funding of \$4.2 million.

Maternal Health Medicaid Rate Review

- Invest \$420,000 into unbundled Medicaid rates for complicated pregnancies.
- Adjust maternal health codes for rural areas.
- Add doula services as a covered Medicaid benefit.

Changes to Certificate of Need

- Eliminate the Health Facilities Council, which provides oversight in the Certificate of Need process. Existing standards related to Certificate of Need will remain, but the process will be overseen by the Department of Health and Human Services.

Cancer research

- Invest \$1 million for research in the behavioral, genetic and environmental factors driving Iowa’s high cancer rate.

As the legislative session continues, these measures continue to advance. IMS’s prior authorization reform bills (HF 303 / SF 231) survived the first funnel deadline ahead of schedule, with HF 303 passing the full House chamber unanimously

and SF 231 passing the Senate HHS Committee with expectations to be taken up by the full Senate soon. The Governor’s health care package (HF 754 / SSB 1163) also survived the first funnel, passing the HHS Committee in each chamber and continuing to advance.

While our focus remains advocating for the passage of these and other positive bills, we also continue to advocate against and educate on measures that would negatively impact the practice of medicine.

Measures to prevent access to vaccines (SF 360 / HF 712), increase administrative burdens through duplicative reporting requirements (SF 48 / HF 254), or legislate the practice of medicine by requiring physicians to provide medically inaccurate statements for medication abortions (HSB 186) are just a few bills IMS continues to amend or defeat. ■



Visit the Advocacy Center by scanning the QR Code and stay up to date on the latest call to action.

To learn more or go to: iowamedical.org/action-center/



PHYSICIAN DAY ON THE HILL 2025

With more than 120 participants registered to attend, IMS' 2025 Physician Day on the Hill (PDOTH) was another success thanks to a great turnout from our members. We were honored to have Iowa HHS Director Kelly Garcia and State Medical Director, Robert Kruse, MD, join us for our morning briefing at the State Historical Building. The afternoon brought a sea of white coats to the Capitol rotunda for legislative meetings, networking, and a variety of sweet treats for all to enjoy. Your voice matters and your participation in PDOTH 2025 was meaningful.



Healthcare Workforce Summit

DATE:

May 14, 2025

TIME:

9:00 am - 4:00 pm

LOCATION:

Iowa Hospital Association
100 Grand Avenue, Suite 100
Des Moines, IA 50309

KEYNOTE SPEAKER:

Dr. Patrik Johansson, MD, MPH
Washington State University
Department of Medical Education
and Clinical Sciences

PANELISTS:

- David Kermode, DO, Broadlawns
- Emily Shields, Iowa Community Colleges
- Jackie Barber, DNP, MSN, Morningside School of Nursing
- Jason Misurac, MD, UIHC

REGISTER NOW:



Join us for the **Healthcare Workforce Summit** on **May 14, 2025**, where key stakeholders will come together for a one-day collaborative event focused on developing actionable solutions.

What to Expect:

Keynote Speaker to provide a high-level overview of status and action pertaining to the healthcare workforce shortage – highlighting solutions and trends with a focus on representation and research.

Panel Discussion Christi Taylor, MD, will moderate a panel on local views of the healthcare workforce shortage and tactics to improve and diversify recruitment and retention tactics. Topics include artificial intelligence, early interventions for recruitment, and workforce environment & representation

Workgroup Sessions focused on solutions and brainstorming for statewide strategies on healthcare education and training, recruitment tactics, and efforts to retain workforce.

Who Should Attend:

- All Healthcare Professionals & Administrators
- Community Members
- Community Organizations
- Direct Care Workers
- Local Businesses
- Nurses
- Patients & Families
- Pharmacists
- Physicians
- Public Health Personnel

Thank you to our Rural Healthcare Workforce partners:



2025 NATIONAL ADVOCACY CONFERENCE HIGHLIGHTS



VICTORIA SHARP, MD

Board member and AMA delegate

The 2025 American Medical Association National Advocacy Conference was recently held in Washington, DC from February 10-12. Hundreds of physicians, in various specialties and practice types from around the country, gathered to learn Congressional perspectives from current Congress members, several whom are physicians as well, on important issues related to physician practice and healthcare, followed by visits to Capitol Hill to meet with our federal legislators.

The Iowa delegation consisted of Victoria Sharp, MD, Brian Privett, MD, Tom Evans, MD, and Iowa Medical Society (IMS) staff, Ryan Roberts, MJ. Other IMS member attendees, representing their specialty societies, included IMS Past- President Marygrace Elson, MD, and Marta Van Beek, MD.

We are grateful that Senator and Mrs. Grassley, Senator Joni Ernst and Congresswoman Mariannette Miller-Meeks, MD were able to have dinner with us Monday evening. Tuesday we were able to meet with them and Iowa's other federal legislators, Congresswoman Ashley Hinson, Congressman Zach Nunn, and Congressman Randy Feenstra and/or their staff in their offices. During our meetings we advocated for stopping the Medicare cuts, Medicare Physician Payment Reform, changes in J-1 Visa waiver allocation and brought awareness to the Operation I.O.W.A. report.

The top priority of the conference and our meetings was Fix Medicare Now.

The problem:

- Fifth consecutive year of cuts: Physicians face a 2.8% cut in Medicare payments in 2025—the fifth consecutive year of reductions—while the cost of running a practice continues to rise.
- Impact of inflation: The Centers for Medicare & Medicaid Services (CMS) estimates that the Medicare Economic Index (MEI), which reflects practice cost inflation, will increase by 3.5% in 2025, yet physician payments continue to decline. Physicians' Medicare reimbursement has now been reduced by 33% since 2001 when adjusted for inflation in practice costs.
- Erosion of access: Payment cuts force many physicians to limit the number of Medicare patients they treat, jeopardizing access to care for millions of Medicare patients. These cuts will be felt hardest by

small, independent practices, such as those in rural and underserved communities.

Proposed legislative solution:

The bipartisan Medicare Patient Access and Practice Stabilization Act of 2025, H.R. 879, will: reverse the latest round of 2.83% Medicare payment cuts that took effect January 1 of this year providing immediate financial relief to stabilize practices and preserve patient access AND provide an inflationary update to ensure payments in 2025 begin to reflect the rising costs of delivering care, a critical step toward sustainable reform.

The ask in the change to J-1 Visa waiver allocation is to allow states, such as Iowa, who use all 30 of their waivers to be able to use some from other states who do not use all of their allocation, which would be helpful in rural Iowa where we have physician shortages. ■



ADVOCACY
& THOUGHT
LEADERSHIP



The next AMA National Advocacy Conference will take place in Washington, D.C. February 23-25, 2026




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DMU-COM PUSHES FORWARD WITH STRATEGIC GROWTH



DAVID A. CONNETT, DO, FACOFP

Dean of Des Moines University College of Osteopathic Medicine

Des Moines University College of Osteopathic Medicine (DMU-COM) continues to advance its strategic priorities, with a focus on expanding Graduate Medical Education (GME) and increasing research opportunities for students. These initiatives aim to address the needs of both the institution and the broader healthcare landscape in Iowa.

One key effort is the expansion of GME and clinical training throughout the state. DMU-COM is embedding students in ACGME-accredited training facilities to ensure high-quality, hands-on clinical education while addressing Iowa's physician shortage. This initiative will create a sustainable pathway for future physicians and strengthen healthcare services across local communities.

The **Office of Graduate Medical Education**, led by Dr. Jennifer Beaty, is working to secure ACGME accreditation by August 2025. Once accredited, DMU will be able to sponsor new residency programs. One of the first planned programs is an Osteopathic Manipulative Medicine (OMM) residency within DMU's clinical system. This initiative seeks to reduce a growing patient backlog and meet COCA accreditation standards for faculty development.

DMU-COM's GME efforts have already seen success with the December 2024 Military Match, in which seven fourth-year students secured residency positions. Plans are also underway for the university's first on-campus Match Day celebration on March 21, 2025, which will provide students, faculty, and families the opportunity to commemorate this important milestone.

Research remains a core focus of the university's academic mission. Enhancing research opportunities has become increasingly important since the move away from numeric scores on the COMLEX Level One exam. DMU-COM is supporting its students by expanding research programs that help bolster their academic credentials and residency applications.

The university's **PhD program** is also gaining momentum. The program will celebrate its first four graduates in 2025, including DMU's first DO-PhD graduate.

Currently, six students are enrolled, with plans to admit two more next year. Over the past year, PhD students have contributed five research publications, presented ten projects at conferences, and secured external grant funding to support their studies.

These developments reflect DMU's ongoing commitment to educational excellence, student success, and healthcare innovation. By investing in clinical education, research, and community partnerships, DMU is positioning itself as a leader in preparing the next generation of healthcare providers. ■



We can stop HIV, Iowa— by testing for both HIV & other sexually transmitted infections

Health care providers are essential to ending the HIV epidemic in Iowa. The best first steps you can take are offering routine HIV screening and speaking openly with patients about their sexual history.

Acquiring any sexually transmitted infection (STI) increases the likelihood of HIV acquisition. Therefore, prompt diagnosis and complete treatment of people with STIs is very important. This prevents the long-term health consequences of STIs and reduces the likelihood of acquiring HIV or other STIs.

Please consider the following when discussing patients' sexual health needs:

HIV testing

Diagnosing HIV quickly and linking people to treatment immediately are crucial to reducing HIV transmissions and improving health outcomes for all.

Syphilis testing

Data from 2023 show over 940 cases of all stages of syphilis in Iowa, an increase of more than 230% since 2018.

The populations acquiring syphilis are also changing. Rates among our Black, Indigenous and persons of color are increasingly disproportionate. The percentage of cases among women has also increased significantly, from only 12% in 2021 to approximately 38% in 2023. We need your help to raise awareness and increase testing, early diagnosis and treatment to reduce syphilis transmission.

Extragenital testing for chlamydia and gonorrhea

Extragenital testing is testing for chlamydia and gonorrhea at any body site other than the urethra, vagina, or cervix. It includes testing in the rectum or oropharynx, based on patient-reported exposure, regardless of condom use.

STOP HIV IOWA

Visit the STI Program page at Iowa HHS
for Iowa-specific resources



<https://hhs.iowa.gov/hiv-sti-and-hepatitis/sti-program>

SUPPLY SHORTAGES IN MEDICINE: AN ETHICAL CHALLENGE



Nick Kluesner, MD, FACEP

Chair of the IMS Law and Ethics Committee, Associate Medical Director in the Emergency Department at UnityPoint Health – Des Moines, and the Associate Program Director of the Iowa Methodist Medical Center EM Residency Program in Des Moines.



Josi Barscz, OMS-III

Josi Barscz is a third-year medical student at Des Moines University. They serve as a Medical Student Director on the IMS Board of Directors and also as a member of the IMS Law and Ethics Committee.



Molly Larson, MA, GI

Molly Larson is a first year Neuroscience graduate student at University of Iowa MSTP. She received her Master of Arts in Bioethics in 2019 from Ohio State University. This is her fourth year as member of the IMS Law and Ethics Committee.

Background

In 2020, the COVID-19 pandemic highlighted medical supply shortages in a unique way as the public and healthcare workers suffered scarce personal protective equipment (PPE). Later, in September 2024, Hurricane Helene damaged an IV fluid manufacturing plant responsible for ~60% of the nation's IV fluids. Both events caused shortages different from “typical” medication shortages, as there is not an easy substitution. As a result, these also provide examples of how shortages raise challenging ethical questions: How are we to distribute scarce resources ethically? How do we address the disparities that our lack of resources may exacerbate? What is the responsibility of the bedside physician?

Ethical Tensions

The ethical practice of medicine aspires to maximize the benefits and minimize harms for patient care, guided by autonomous self-determinations, while preserving justice and equity. Under the threat of shortages, each ethical principle comes under more tension. With scarce IV fluids, for example, the maximal benefits are to those patients with severe dehydration or sepsis. Comparatively less benefit is enjoyed by patients with mild dehydration. Thus, the potential

benefit of the scarce resource for a particular patient – and conversely the harm of withholding or utilizing an alternative – is a clinical decision best assessed by the bedside physician. While the full scope of resource supply and competing patient needs moves beyond the bedside physician, they play a critical role in the planning and execution of ethically distributing scarce resources.

Justice

Of the four classic bioethical principles, the ethical response to shortages must prioritize justice. Often when making allocational decisions, bioethics focuses on utilitarianism reasoning, which prioritizes the greatest good for the greatest number. This proports to maximize the benefits and minimize the harms to a population but can fail to appropriately respond to vulnerable populations that may be disproportionately affected by scarce resources. Smaller or rural

communities, for example, may have fewer supplier contracts, and thus higher volatility and risk. Underserved patient populations, such as those with depressed socioeconomic resources, substance use disorder, or mental illness may lack the bedside advocacy for a scarce resource. Allocation decisions thus must be goals-based, account for these potential injustices, and guard against implicit biases.

Liability

Discussions of changes to patient care must address the threat of malpractice liability. The standard-of-care for a patient considers the circumstances – including available resources – in which that care is delivered. Individual physicians, institutions, and public offices must all document what shortages are in effect and the standard guidance being given. For example, while giving IV fluids may be the usual standard-of-care for symptomatic improvement of mild to moderate dehydration, in critical shortage the standard-of-care may need to shift to providing the limited IV fluids only to those with evidence of severe dehydration. Clear shortage declarations by public agencies and healthcare organizations play an important role in protecting patient care and physicians.

Conclusion

Official procedures for responding to a specific shortage can operationalize a just and medically optimized distribution of scarce resources. They provide liability protection and guard against the bedside physicians being the sole adjudicators of the ethical tension between their patients' needs and the appropriate allocation of a scarce resource. Yet the bedside physician maintains a critical role in assessing patients' benefits and harms from the strategies developed to respond to a shortage. ■



WHERE AND WHY PHYSICIANS CHOOSE IMS MEMBERSHIP

What motivates physicians from across Iowa to be members of IMS? Here are the highlights of the responses we received from our member survey along with anecdotal information. If you have a peer or friend who is not an IMS member, ask them to join today!



“Physicians should be involved with IMS to help advocate for physicians in Iowa and their communities. IMS helps to keep members informed about the health issues that affect them and their patients. Knowledge is power and we can help our patients when we know what changes are coming.”

Nicole Negbenegor, MD
University of Iowa, Iowa City

“As the Iowa health care system continues to get more complicated it is important that we let the decisionmakers know that we, as physicians, are the most well-trained health care professionals and ready to handle all the complexities that arise with taking care of patients and improving the communities where we live!”

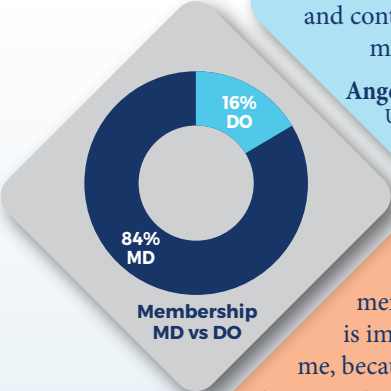
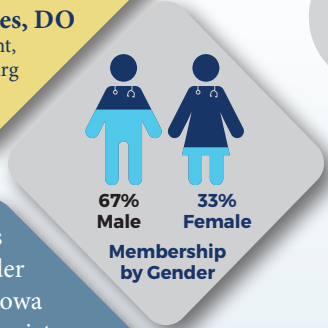
Jeremy Cordes, DO
UnityPoint, Parkersburg

“I belong to the Iowa Medical Society because it is a great way to stay informed, connect with peers, and contribute to the future of medicine in Iowa.”

Angela Knoblauch, DO
UnityPoint Health, Des Moines

“I’m a member of IMS for two reasons: IMS has consistently demonstrated robust commitment to what is in the best interests of our patients as well as what is in the best interests of our profession. IMS represents all physicians in the State of Iowa and is committed to the health of all patients.”

William Yost, MD
UnityPoint Health, Des Moines

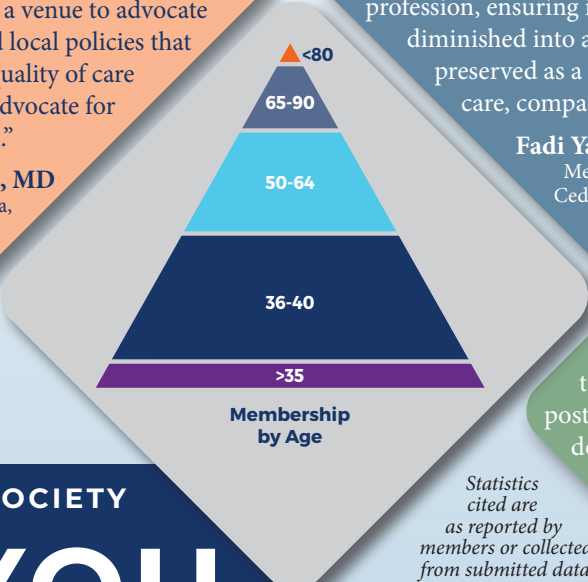


“IMS membership is important to me, because it allows us to connect with colleagues and organizations across the State. It helps us better understand the needs of the patients and communities we serve. It provides me with opportunities for professional development and to stay updated in evidence-base practices relevant to my practice, but more importantly it provides a venue to advocate with a strong voice for state and local policies that help improve access and quality of care for our patients and to advocate for our profession.”

Jeydith Gutierrez, MD
University of Iowa, Iowa City

“As a leader in the Iowa Medical Society, I’m committed to actively shaping the future of healthcare by keeping decisions where they belong-in the hands of physicians and their patients. I’m dedicated to upholding the sanctity of the medical profession, ensuring it’s never compromised or diminished into a commodity, that it is preserved as a calling centered on care, compassion, and trust.”

Fadi Yacoub, MD
MercyOne, Cedar Rapids



“As an IMS member, I serve on the maternal mortality committee because if we don’t try to understand why pregnant and postpartum women are dying in Iowa, we don’t have a chance to prevent future deaths.”

Angela Knoblauch, DO
UnityPoint Health, Des Moines

Statistics cited are as reported by members or collected from submitted data.

DOUGLAS W. MARTIN, MD

Medical Director – CNOS Occupational Medicine, Sioux City, Iowa

What inspired you to become a physician?

In school, the STEM curriculum (it was not called that back then!) came easy to me. I had an interest in high school in anatomy and physiology and it was a natural progression.

What are your current responsibilities?

I have a full spectrum occupational medicine clinic. I wear MANY different hats. Work injury and

illness care, surveillance exams, fitness for duty evaluations, a large medicolegal practice (IMEs, Expert Witness, file reviews), specialty physicals (commercial driver, pilot, immigration, etc.), MRO (drug test interpretation), and hearing conservation.

Who has been the most influential person in your professional career and why?

Dr. Lee Roy Meyer who was my Internal Medicine professor and attending when I was in medical school at Nebraska. He did some “gig work” as an occ doc for Mutual of Omaha and introduced me into the world of occupational health and encouraged me to take a clinical occ med path.

What is your best advice for new physicians?

Learn or hone your skills in time management. There are some who can do this almost automatically, but I have found that success is directly

linked to your ability to prioritize, analyze, and goal set.

What do you do outside of work to recalibrate for the next day?

I am a volunteer sub varsity football official for Dakota Valley, and the football home game pa announcer, “The Voice of the Panthers.”

Why are you a member of IMS?

Occupational medicine is a small specialty by the numbers, and there are only a handful of us in Iowa. There is no other medical association in the state where I can have open and honest conversation with peers on the importance of best outcome practices in workers compensation care and disability prevention. My affiliation with IMS has allowed me to continue my service to the AMA House of Delegates. ■



JOHN F. SANFORD, MD

(1823-1874)

Background

Dr. Sanford was born on April 13, 1823, in Chillicothe, Ohio. He began studying medicine at the young age of 14 but was initially too young to receive his medical degree. At 17, he established his practice in Farmington, Iowa, which began a distinguished career.

Teaching was another calling, so he pursued educating future physicians at the University of Iowa and Drake University, where he remained until their medical schools merged in 1914.

Medical Education

After attending schools in his native Chillicothe, Ohio, Sanford began studying medicine with Dr. John S. Prettyman. In 1839 and 1840, he completed two courses of study at the Cincinnati Medical College.

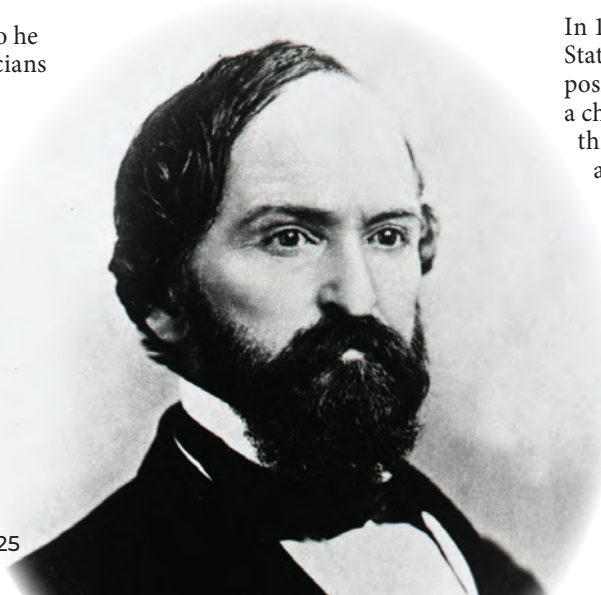
Notable Career Highlights:

From 1846 to 1850, Sanford represented Van Buren County in the Iowa Senate. He furthered his medical training in 1847 with lectures at the Philadelphia College of Medicine. In 1848, Sanford became professor of midwifery at the

Rock Island Medical School. A year later, the college moved to Davenport and Sanford became professor of surgery at the newly-christened College of Physicians and Surgeons. He attended the second meeting of the American Medical Association as a delegate from this institution.

IMS Founding

In 1850, he helped found the Iowa State Medical Society and, using his position in the Iowa Senate, secured a charter for a medical college. Under this charter, the College of Physicians and Surgeons became the Medical Department of the State University of Iowa, and Sanford moved with the school to Keokuk. In 1850, he established the Medico-Chirurgical Journal, the first medical journal west of the Mississippi River. ■



Source: *Papers of the Abraham Lincoln Digital Library*



THE IMS STANDS FOR YOU

IMS President
Christina Taylor, MD



"JOIN ME AND OVER 5,700 MEMBERS OF IMS AS WE ADVANCE THE PRACTICE OF MEDICINE THROUGH ADVOCACY. RENEW YOUR IMS MEMBERSHIP TODAY!"



"I'm grateful to have opportunities to collaborate with other physicians on medical, leadership, and policy issues."

-Lisa Muncy-Pietrzak, MD

"I am interested in and support the advocacy IMS does on our behalf, and I also like the networking and camaraderie membership offers us as physicians."

-Brad McClimon, MD

COMMIT TO RENEWING YOUR IMS MEMBERSHIP TODAY

LEARN WHY PHYSICIANS JOIN THE IOWA MEDICAL SOCIETY

Physician Opportunities

Physician-Led Medicine with Partnership Track Opportunity

Join our collegial teams within Iowa's largest physician-owned, multi-specialty clinic. Seeking physicians for the following specialties:



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- Cardiology - INT/EP
- Dermatology/Mohs
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Hospitalist - Nocturnist
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2025 IMS EDUCATION SCHEDULE

Mark your calendar and plan to join us for any of the upcoming activities. Additional events, timely updates, and registration are available on the IMS website at: iowamedical.org

CE Seminar Series

This series will be held **OVER THE NOON HOUR** as scheduling allows. The one-hour presentations are scheduled for the noon hour unless otherwise advertised.

- **April 1:**
Early Detection of Dementia

Emphasizes the critical importance of early detection, the expanding role of AD biomarkers, and their potential to revolutionize clinical care.

- **July 22:**
Social Drivers of Health

Recognizing the correlation of patient health and aspects of social and structural determinants/drivers of health

- **September 23:**
Healthcare & Economics

Discussion of payment methodologies

- **October 21:**
Quality Improvement

Utilization of data collection, analysis, sustainability, and impact of quality improvement in healthcare

- **November 18:**
Public Health & Advocacy

Understanding advocacy efforts for patients, physicians, and system and how to tell your story

Student/Resident Webinar Series

This series will be held **OVER THE NOON HOUR** as scheduling allows. These one-hour webinars will be specifically developed for medical students and residents to help prepare them for their education and careers.

- **April 24:**
Finances & Medical Practice

Fundamentals of managing a practice, including finance, billing, and healthcare economics

- **October 8:**
Volunteerism

Panel discussion of how and why to volunteer time when in medical school

- **November 12:**
Leadership

Cultivating Leadership: Key Behaviors for Future Medical Professional

MATE DEA Training:

Learn to determine when to initiate or continue opioid therapy for chronic pain management. This training was created in partnership between IMS and the University of Iowa Carver College of Medicine. iowamedical.org/opioids/

Mental Health Webinar or Educational Event Series:

- **September 17**
(National Physician Suicide Awareness Day)



BLITZ EVENTS ACROSS IOWA

- Thursday, March 27**
Mason City
- Thursday, May 22**
Quad Cities
- Wednesday, June 18**
Des Moines
- Wednesday, October 15**
Council Bluffs
- Thursday, November 6**
Waterloo

Dates subject to change.



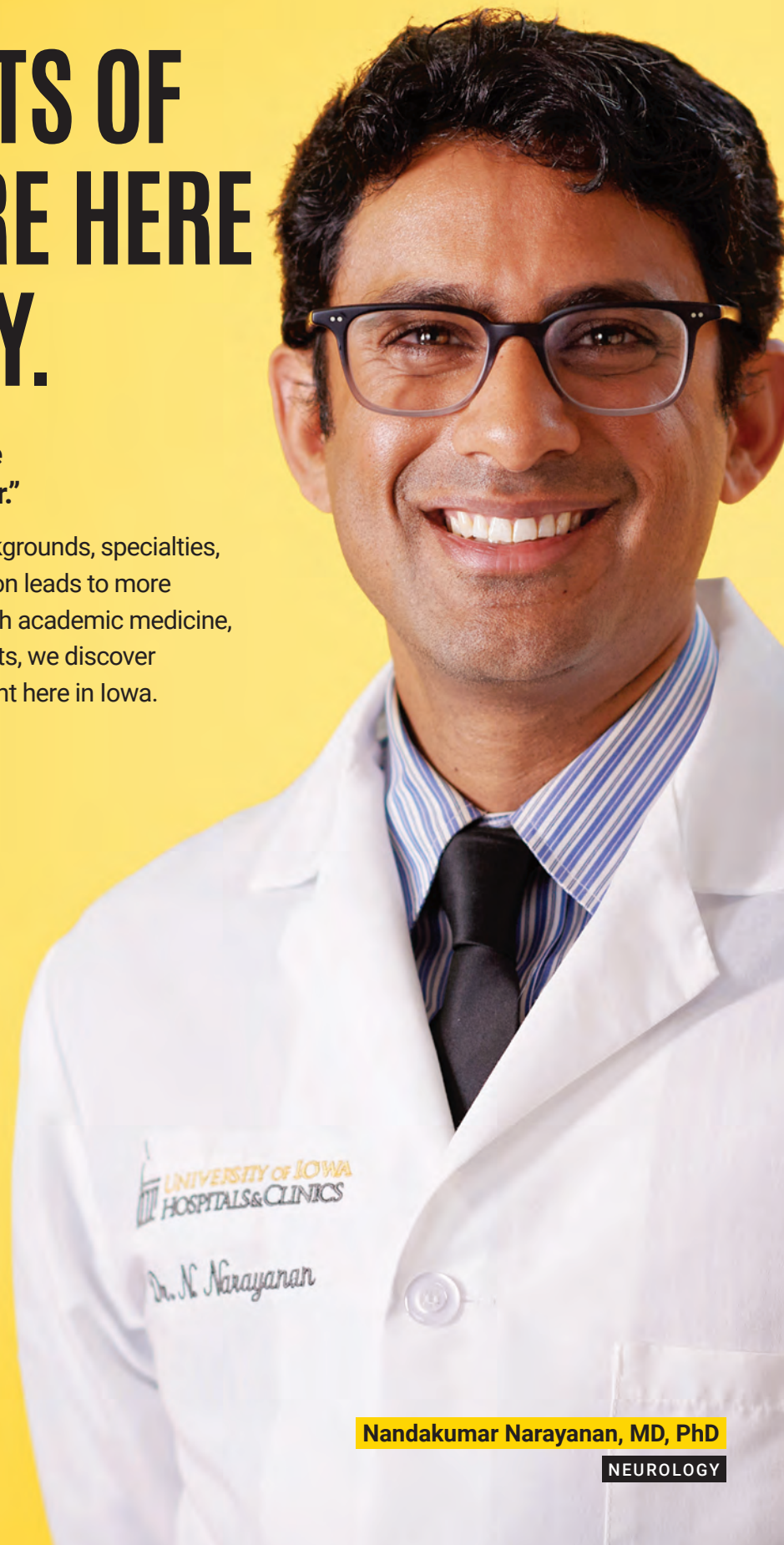
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calendar of
events

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Nandakumar Narayanan, MD, PhD

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