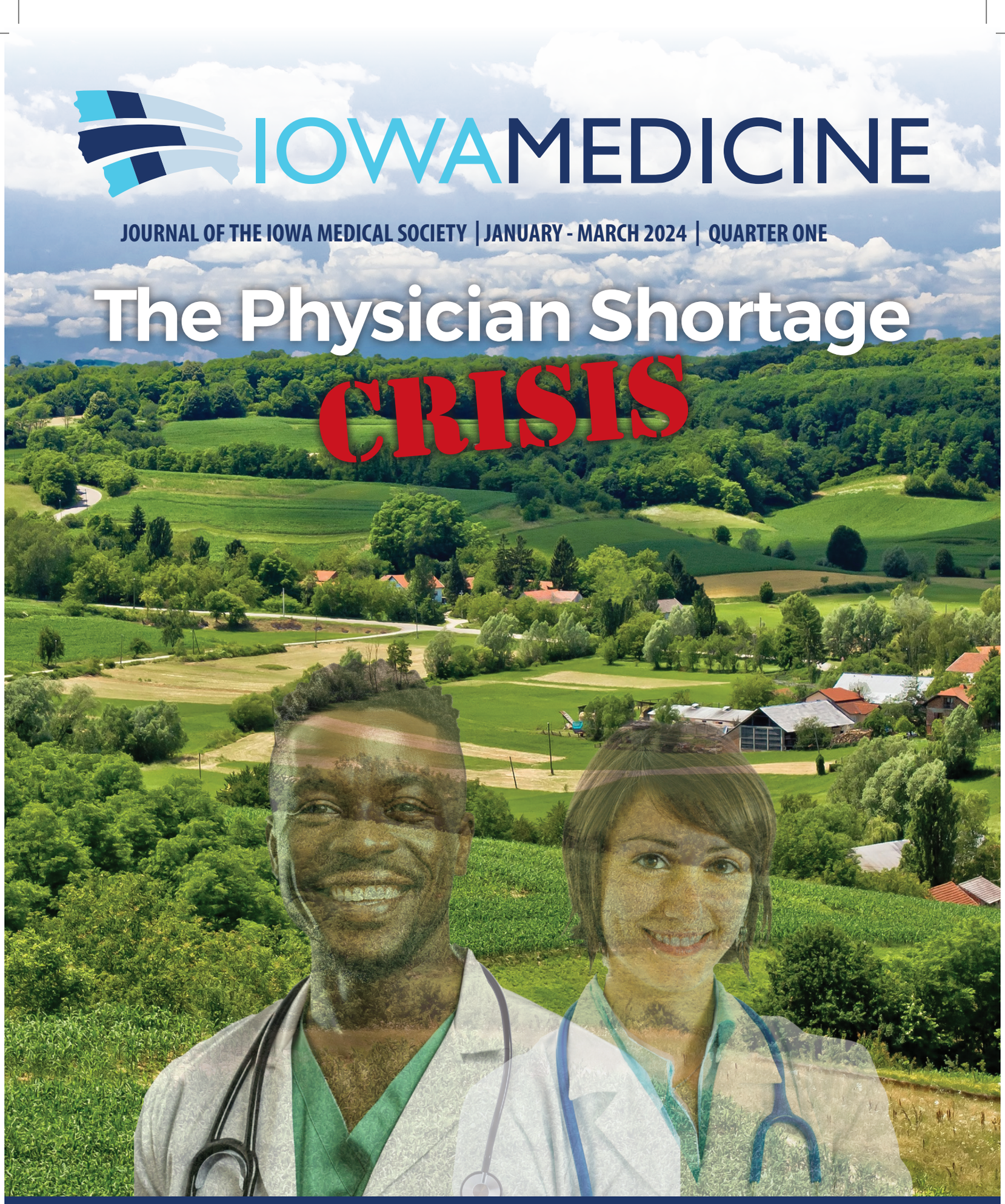
IOWA MEDICINE

JOURNAL OF THE IOWA MEDICAL SOCIETY | JANUARY - MARCH 2024 | QUARTER ONE

The Physician Shortage CRISIS



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Q1 | January-March 2024

IMS 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.

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PHYSICIAN SHORTAGE CRISIS IN RURAL IOWA

STEVEN W. CHURCHILL, MNA

CEO, Iowa Medical Society

This edition of the magazine focuses on the crisis to retain and attract physicians to practice here. Nowhere is that more apparent than communities in rural Iowa. In the next 10 years, the American Medical Association (AMA) projects that the United States will face a shortage of more than 100,000 medical doctors – a staggering figure that accentuates the word "crisis" when describing the physician shortage.

The physician shortage has been a culmination of various factors, including the large population of baby boomer physicians who are retiring in record numbers – with little reprieve in sight as 35% of the physician workforce will reach retirement age over the next five years according to the AMA. Additionally, physicians are retiring early or cutting their hours due to the burden of contending with barriers to practice: short staffing, time spent on EHRs, and prior authorizations.

"During a recent trip to north central Iowa, I had the opportunity to visit with the CEO of a healthcare provider who shared that he has never seen anything like this."

The good news is that we continue to see an increase in the number of students going to medical school and applying for residency. The challenge is that residency program opportunities are not able to support the increasing number of applicants. Of particular concern, residency opportunities in rural communities are scarce, with only about 1% of United States graduate medical training programs residing there according to the U.S. Government Accountability Office. While this is certainly not a comprehensive account of all the factors contributing to the shortage, it clearly illustrates the urgent need for a comprehensive approach to combat the crisis.

During a recent trip to north central Iowa, I had the opportunity to visit with the CEO of a healthcare provider who shared that he has never seen anything like this. He is concerned about filling vacancies as several specialists will retire in the next few years, and while previously they were able to attract candidates, it is becoming exceedingly challenging. As we know all too well – the absence of specialty practices can turn an entire system upside down.

As part of our three-year strategic plan, our number one priority is to increase the number of physicians practicing throughout Iowa by 1% by 2026. The percentage may not seem compelling, but the actual number of physicians this would include is significant.

It is a heavy lift, but our multifaceted approach includes increasing the number of Iowa residency and fellowship programs by 2026. It's essential, because we know medical residents who train in Iowa are more likely to stay and practice in our state.

Secondly, we are working to reconnect with physicians who retired during the pandemic due to burnout and other factors, by exploring opportunities for launching a novel clinical practice to bring them back into the workforce. This approach has worked in other states in large part because many of these retirees still yearn to serve their communities, but not on a full-time basis.

On the federal level, we are pleased that Senator Joni Ernst has led a bipartisan effort to increase the number of J-1 Visa Waivers for states like Iowa that exhaust their allotment of 30 slots annually. The entire Iowa congressional delegation is behind this third important initiative that will allow medical students who are educated in other countries to make rural Iowa their home.

Leading the charge for physicians this year was IMS President, Jessica Zuzga-Reed, DO. We are grateful for the time and talent she has devoted to help IMS realize 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. ■

YOUR DEDICATION FUELS OUR VISION

HEATHER LEE

IMS Membership, Sponsorship, and Operations Manager

As valued members of IMS, we want to take a moment to express our gratitude for your ongoing support and participation. Your dedication fuels our vision to be the leading voice in medicine to make Iowa a premier destination for physicians to live, work, and serve their communities. The staff and board of directors are committed to providing you with the utmost value and benefits in return. Which is why IMS promises to:

- Be the champion for and ensure the physician voice helps shape public policy in the healthcare arena
- Be a trusted source for curated content and timely information critical to the practice of medicine
- Provide education, technical assistance, and resources to help our members continue to grow professionally
- Ensure alignment throughout the house of medicine by providing management services and support for county and specialty societies
- Offer member-exclusive benefits, such as discounted medical malpractice insurance provided by COPIC
- Provide a sense of community for physicians, residents, and medical students throughout Iowa by offering networking and leadership opportunities

How can you take advantage of these benefits? We are glad you asked!

Join a Committee:
IMS has over 10 physician-led committees from DEI to Sports Medicine. Visit https://iowamedical.org/Committees to learn more and if you would like to join a committee or have questions send an email to HLee@iowamedical.org.

Professional Development:
Elevate your skills and expertise through a variety of professional development programs, workshops, and training sessions. Visit our events calendar www.iowamedical.org/events.

Networking and Community Building:
Connect with like-minded professionals, peers, and mentors through our networking events, conferences, and online forums. Download IMS's Member app and you will find our member forums and upcoming events including Blitz days and more.

Share your Feedback:
In May, IMS will be launching our annual member survey. We hope you will take a few minutes to share your thoughts, opinions, and ideas so that we can better serve our members in the future.

BLITZ EVENTS ACROSS IOWA

- [x] **Tuesday, March 26** Burlington
- [ ] **Wednesday, May 22** Cedar Rapids
- [ ] **Wednesday, June 5** Fort Dodge
- [ ] **Tuesday, July 23** Dubuque
- [ ] **Tuesday, October 29** Sioux City

Dates are subject to change.

IMS is heading out across the state to meet our members!

We have five locations determined for our new regional Blitzes. Blitz days will include meetings with area healthcare leaders, visits to physicians' clinics and organizations, and conclude with a networking reception. If we are coming to your town and you would like to visit with us about advocacy, ideas, membership, or meet with some of our board members please contact us at 515-421-4776.

ARTIFICIAL INTELLIGENCE IN MEDICINE (PART 2)

The use of artificial intelligence (AI) applications is the most important new information technology in decades that will change health care. This creates an ongoing necessity for health care systems to regularly assess the impact and risks of AI as its development and deployment is outpacing legal, medical, or business changes. The implications carry enormous benefits, risks, and unforeseen consequences. Consider these important liability and safety issues:

1 The practitioner remains responsible for the practice of medicine.

Introducing another entity into the care process creates potential liability, and it does not necessarily reduce risk exposure for the provider-user. It is still the licensed provider who is practicing medicine. Apportioning contributions to the outcome may take new forms when AI is used, but current regulatory theories tend to follow the model of "device safety." Liability for AI mishaps potentially involves both device and human accountability. Fully autonomous systems will doubtless begin to appear, but humans are likely to remain in the accountability loop.

Legislatures, courts, and agencies like the FDA will determine if additional liabilities attach to entities besides practitioners. There may be claims against vendors when product defects are not apparent or foreseeable. There may also be claims against organizations that fail to use diligence in specifying, acquiring, configuring, or maintaining systems or training users. Investigating an AI claim will require determining the exact version and configuration of the tool and manner of its use, and reviewing its activity logs and possibly its operating code.

2 The use of AI needs to be transparent, verifiable, and reproducible.

Users of AI applications need to be able to explain in general how they work and what safety measures apply to them. A foreseeable deposition question in a malpractice claim involving AI might be, "Please describe exactly how this event happened." Answering this can be problematic with some applications that operate as black boxes, without user visibility into algorithms that even the developers may not be fully able to explain. Nevertheless, defending good care will require you to show what tool you used, how you reviewed the output from that tool, and the role it played in clinical care and decision making. Standards of care will begin to incorporate expectations for AI use, as they adopted other technologies (like EKG and MRI). Guidelines will constantly evolve for what "a reasonable provider in similar circumstances" should do.

3 Credibility is a challenge; inaccuracies can propagate and be difficult to identify.

Credibility of the medical record and the decision-making process will face challenges, as the line blurs between what is generated by AI and what is contributed by human judgment. Similarly to what occurred in EHRs when copy-paste began to be used, the credibility of an entire record can be called into question when content is fabricated or faulty. The fluency of AI-generated records may make it more difficult to spot documentation errors.

Rapid propagation of information across networks amplifies the impact of content errors and imposes a higher responsibility upon users to proofread AI-assisted work product. AI tools are only as good as their training data. Building them upon large medical record archives—which are well known to contain inaccuracies and biases—has been shown to produce outputs that can sometimes be strikingly inappropriate, discriminatory, or dangerously wrong. There is an urgent call for explanatory systems that allow users to audit and examine AI thought processes.

4 Privacy issues are complex and Are already challenging current safeguards.

Large AI systems typically require data processing by remote cloud servers. When patient data, images, or recordings are transmitted to external parties, issues arise about how they are stored and processed, and how the information can be used. For example, many machine learning systems incorporate data they receive into their permanent training sets. This is a different situation from "a transcriptionist in the back room." Patient consent is not required for functions that are simply part of health care operations. But if protected health information (PHI) is re-purposed for uses other than the benefit of a particular patient, there needs to be a specific disclosure and consent.

Providers need to understand their user agreements and HIPAA Business Associate Agreements with vendors of applications that involve PHI. Claims that "data are de-identified" need to be verified because it has been shown that large databases can be used to re-identify confidential information that is presumed to be anonymous. Providers who use AI-powered search engines, intelligent assistants, documentation, and decision support applications that have access to PHI need to inquire carefully how vendors comply with HIPAA and other privacy rules.

2024 PHYSICIAN DAY ON THE HILL

While it's hard to believe we topped last year's Physician Day on the Hill (PDOTH) event, we certainly did with a record number of registrants. It was an outstanding turnout of members, residents, and students for PDOTH 2024. The beautiful weather only contributed to the day's enjoyment, along with great representation from Des Moines University and a bus-full of University of Iowa members who made the journey west. Thank you to everyone who joined us for the sea of white coats making it an impactful day at the Capitol.

"This was an amazing event and I can't wait to come back next year to participate again! It also gave me the confidence boost I needed to email my legislators and ask for change or at least tell them my stories. It was great hearing from former representatives Taylor and Scott as well!"

– 2024 PDOTH feedback

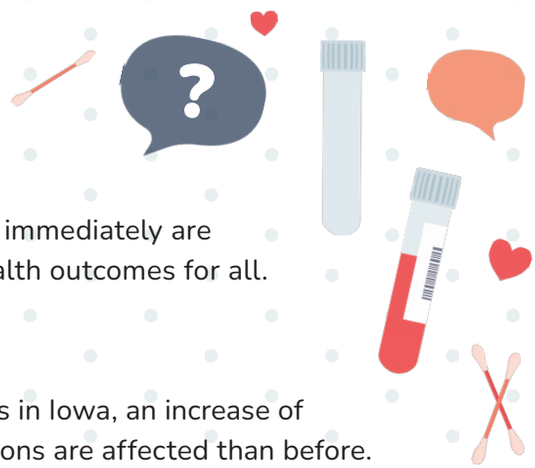
We can stop HIV, Iowa—

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

Provisional data from 2023 indicate 940 cases of syphilis in Iowa, an increase of more than **230%** since 2018. A wider variety of populations are affected than before.

Rates among our Black, Indigenous, and persons of color are increasingly disproportionate. The percentage of cases among women has also increased starkly, 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 in Iowa.

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

Read the Dear Partners letter released with the CDC's 2022 STI Surveillance Report (Jan. 31, 2024)

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

PHYSICIAN-LED PRIORITIES AT THE FOREFRONT

KADY REESE, MPH, CPHQ

IMS Director of Policy and Government Relations

2024 Iowa Legislative Session

The 2024 Iowa legislative session began on January 8, marking the second year of the 90th General Assembly. Since the first day, IMS has been hard at work meeting with legislators from both chambers and both parties, collaborating with peer healthcare organizations and advocacy champions.

The key legislative priority of IMS is to increase the number of physicians practicing in Iowa.

The physician workforce shortage is pervasive across disciplines and geography, though assuredly felt most acutely in our rural communities. The workforce crisis affecting healthcare is an issue that resonates deeply with our legislators. Conversations with legislators have highlighted not only the status of this shortage on our state as a whole – but the impact – whether immediate or just around the corner – on their own communities and constituents.

This appreciation of macro and micro impacts of the physician shortage has fostered positive and productive discussions around what can be done to attract and incentivize physicians to practice in Iowa by:

- Expanding opportunities available through loan repayment programs
- Addressing mental health stigma by amending the mental health questions on the Iowa licensure application
- Offering a streamlined pathway for licensure of vetted and sponsored internationally-trained physicians
- Providing more residency and fellowship opportunities to train the next generation of physicians in-state.

As the session progresses forward, next steps to advance these opportunities will come as the legislature focuses its attention on budgeting and appropriations.

A highlight of the 2024 legislative session has been the introduction and House passage of the **IMS-led Prior Authorization bill, HF 2488. The bill passed unanimously in the House of Representatives on Feb. 29.**

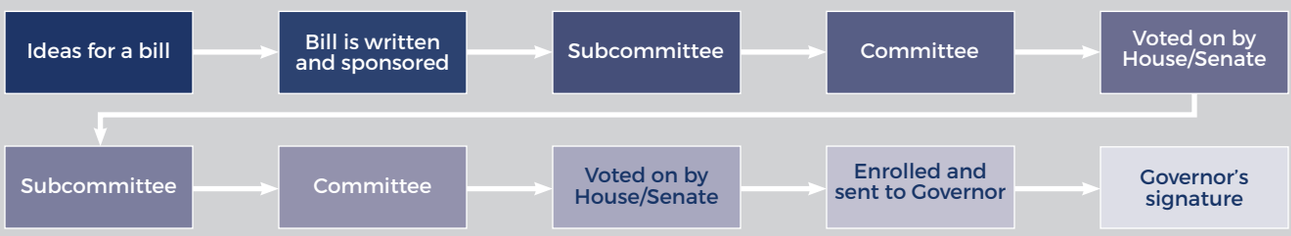
A special thank you to Rep. Shannon Lundgren for introducing the bill, Rep. Brian Lohse for bringing it to the floor, and Rep. Megan Srinivas for speaking in support. Additional thanks to all of you who responded to the IMS Action Alert and reached out to your representatives.

As a reminder, this legislation would address top prior authorization concerns:

- More timely returns: 48 hours for urgent; 10 days for non-urgent (with maximum of 15 days for complex or unique circumstances or unusual high volume)
- Annual review of all prior authorizations for necessity
- Prior auth exemption, or "gold card", pilot program with a report to the insurance commissioner providing full details and results of the program, including cost and benefit analysis, and recommendations for continuing or expanding program.

Following its unanimous passage in the House, the bill transitioned to the Senate, where it was met with amendment before its passage. The amendment does not have the same support as the original HF 2488. The bill is now back with the House for consideration with the amendment and the IMS advocacy team continues to work closely with legislative leaders to ensure the only policy passed is that which is truly in the best interest of both patients and providers.

How a Bill Becomes a Law



This session has also seen a number of other IMS-supportive critical issues come to the forefront with the introduction of proposed legislation across both chambers, including: extension of Medicaid coverage for 12 months postpartum, directed funding allocations for opioid use/substance use treatment from the opioid settlement funds, streamlined licensing options for vetted and sponsored internationally trained physicians, and addressing physician mental health stigma in licensure and credentialing applications.

The Medicare Cut Fix

In addition to the state legislative advocacy work actively underway, the IMS advocacy team is also actively engaged in efforts to correct the 3.37% cut to Medicare physician payment that went into effect on January 1. An IMS delegation of leaders was in Washington, D.C. as part of the AMA National Advocacy Summit February 12-15, wherein the entire Federation impressed upon leaders the dire consequences of this cut. The IMS advocacy team continues to engage with Iowa's Congressional leaders directly and lend IMS support to sign-on letters. Specific requests focus on the timely negotiations surrounding appropriations and the opportunity to amend and reverse this cut as part of the FY2024 appropriations package.

These efforts have proven successful in obtaining a partial fix to the cut with the securement of a 1.68% increase to the 2024 Medicare Physician Payment Schedule conversion factor as part of the finalized 2024 Consolidated Appropriations Act.

Beyond the Legislative Lever

To fully leverage the voice of physicians, IMS proactively engages with key stakeholders and builds relationships. As a prime example, IMS serves as a voting member of the Medical Assistance Advisory Council (MAAC), which advises the Iowa Medicaid director about health and medical care services under the medical assistance program. MAAC is mandated by federal law and further established in Iowa Code.

This Council meets quarterly and last met in February, wherein IMS was able to speak to the needs and concerns of physicians and patients in the redesign of state mental health and disability services. Service on councils and committees such as this, and the relationships they hone, ensure that the physician voice is present and leveraged in all areas where healthcare decisions are being made. ■

IMS 2024 - 2026 Strategic Priorities

Workforce Development

Increase the number of physicians practicing throughout Iowa

Physician Education and Wellness

Promote physician health and wellness and offer compelling education opportunities for our members

Advocacy and Thought Leadership

Distinguish IMS as the trusted voice and the definitive authority for organized medicine and the source for innovative physician-led healthcare solutions

Engagement and Communication

Create meaningful programming and content to enhance the value proposition for members and foster connection among the physician community

Financial and Human Resources

Optimize and diversify revenue and align resources and talent to advance our strategic goals and to maximize long-term stability and growth

AMA'S NATIONAL ADVOCACY CONFERENCE, WASHINGTON, D.C.

An incredible experience and worth the scramble

RACHEL PREISSER, MD

Radiology
MercyOne Waterloo

ADVOCACY & THOUGHT LEADERSHIP

When I was asked to join the IMS contingency for the American Medical Association's National Advocacy Conference (NAC), my first thought was, "There's no way I can make that happen!" My schedule was already full; with clinic, meetings, and exactly 93 unassembled school valentines for my kids. Fortunately, my initial thought was swiftly replaced by "What if I try?' Thanks to my co-workers and husband, within a few days everything had been shuffled and sorted. NAC was an incredible experience and absolutely worth the scramble.

For those unfamiliar, NAC is unique, mixing educational sessions with the opportunity to immediately put learned material into practice. Blocks of time are reserved daily for attendees to head to Capitol Hill and meet with members of the House and Senate from their state. While I have participated in advocacy at the state level before, this was my first time meeting officials at the federal level. NAC offered me exactly the preparation that I needed for success and IMS was phenomenal in organizing the Hill visits.

As part of our Capitol Hill visits, we were able to meet with U.S. Representative Mariannette Miller-Meeks (IA-01), and U.S. Rep. Randy Feenstra (R-Hull) along with staff from the remaining Iowa delegation. Presentation topics ranged from reviewing the background of our current political landscape, outlining the top legislative priorities of the AMA, and tips and tricks to lobby for those priorities effectively.

Some of the most impactful take-aways from this conference and the advocacy it included relate to the idea that advocacy can take many forms, and it all counts!

It's a marathon, not a sprint

- Progress is most reliably made by adding up many small steps over time.

If you build the relationship, the policy will come

- Find common ground, areas of mutual interest and start the conversation there. The meeting is not the end goal, it is the introduction.

Visibility is viability

- We never want a legislator thinking "Where are the doctors on this issue? We haven't heard from them!" Showing up matters; the issue will only become important if we speak up.

Show up, then follow-up

- Send the thank you note/e-mail/social media post and follow that with action. Can you coordinate a health fair or town hall the next time the elected official is back in your district? Physicians can be a tremendous resource to our elected officials, and serve as a bridge between our patients and their representatives.

Focus on the discussion, not the request

- Everyone walking through the door has an ask of the office. Getting the perspectives from the person you are speaking with on an issue is invaluable and will hone your advocacy skills.

Act on your beliefs

- Have you considered running for office? Have you encouraged a colleague to consider it? We need our voices heard now, and every day counts. Doctors have a unique relationship with, and responsibility to, our fellow citizens.

Don't underestimate the impact you can have

- Many folks in the policy sphere are not familiar with the day-to-day of medical practice, or how policies play out in real time for real patients. As physicians, we are the experts in that space. ■

During NAC we joined a cadre of hundreds of physician leaders from across the country to focus on key legislative priorities to improve the delivery of healthcare to the patients we serve.

Our core federal legislative priorities include:

- Restore 2024 Medicare Physician Payments
- Enact Medicare Physician Payment Reforms in 2024
- Support Bipartisan Graduate Medical Education and Physician Workforce Legislation
- No Fees for Health Plans EFTs
- Support the Connected MOM Act

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THE CHALLENGES WE FACE

A snapshot of the physician shortage crisis from rural doctors

There is little resistance to the fact that Iowa is facing a physician shortage. In fact, as we wrote about in the January issue of *Iowa Medicine*, many are unquestionably calling it a crisis. This quarter we dig deeper into the rural physician and healthcare worker shortage and what those on the frontlines are experiencing. To start, consider these facts:

- By 2034, the physician shortage is expected to climb as high as 124,000; up to 48,000 of these will be primary care physicians (AAMC).
- Iowa is ranked No. 45 in the nation for patient to physician ratios per 100,000 population; this low physician density means greater workloads and higher chances for burnout (AAMC).
- Currently, 97 of Iowa's 99 counties are either partially or entirely in a designated healthcare provider shortage area (HPSA). To remove the shortage area designations, an additional 174 practitioners are needed in Iowa (HRSA 2024).

WORKFORCE DEVELOPMENT

How did we get to the point of desperation for physicians outside of Iowa's major metro areas? The decline of new doctors being hired in Mason City or retaining physicians in Burlington has become a true struggle even for the best medical centers or private practices. There are wide ranging factors including:

- Residents cite "geographic location" as their number one priority when considering a practice opportunity, closely followed by "a good financial package" (Merritt Hawkins), creating a barrier for rural communities who are typically unable to offer salaries competitive to those offered by their urban counterparts.
- A generation of physicians retiring from practice – with 35% of the physician workforce reaching retirement age over the next five years – while physicians and residents alike preferentially choose urban settings for higher projected earnings, greater work life balance, and easier referral options.

To hear from the frontlines about the crisis, we asked IMS members to weigh in:

Todd Ajax, MD
Neurologist, Washington County Hospitals and Clinics, Washington

Elaine K. Berry, MD
Family Practice Physician and CMO, Atlantic

Emily Boevers, MD
OB-GYN,
Waverly Health Center, Waverly

Q: What are you experiencing currently in your hospital or clinic in terms of a shortage?

Dr. Ajax: There is a severe need for specialists in rural areas. As a neurologist, I take care of strokes, Parkinson's disease, Alzheimer's disease, head trauma, headaches, and different nerve and muscle disorders as well as other neurologic conditions. I now have a nurse practitioner helping me with the backlog of patients, but as you can guess, with the aging rural population, we are having trouble keeping up with the referrals and we have to put restrictions on the referrals we will see, or we could easily be overwhelmed.

Dr. Berry: We are currently down three physicians from where we need to be (although we do have two physicians signed to join us this fall – so technically will only be down one by October.) We were critically short last summer/fall during one physician's maternity leave.

Dr. Boevers: As an OB-GYN in rural Iowa, the biggest challenge we face is a shortage of providers. We are very fortunate to have recently added two FM-OB providers to our hospital, however we are still searching for an OB-GYN, just like women's health practices all over Iowa. Preparing more Family Medicine providers to care for pregnant patients with training programs, as well as developing more midwife training programs, only goes so far in taking care of women in Iowa, who also need surgical gynecologic care and experience complications of pregnancy that not all midwives or family medicine physicians are prepared for. A lot of work remains to improve maternal and infant mortality in Iowa, and continuing to work on training and retaining the physician clinical leaders is a top priority.

Q: What elements specifically created this situation for you and your peers in your respective areas of Iowa?

Dr. Ajax: I feel the situation in neurology specifically is that for years, very few people went into the specialty. It wasn't as attractive as higher paying specialties and medical students were frequently turned off when they were faced with taking care of progressive neurologic conditions which have no cure. Also, physicians and providers would prefer to practice in larger urban areas where they have access to the amenities of a larger area as well as interaction with colleagues and other medical specialties. More urban hospitals also usually have more advanced technologies for diagnosis and treatment, although that is not always the case.

There are also socio and economic issues in rural areas that influence compliance with care, making and keeping appointments, transportation, etc. The aging population also has a similar effect in that they often do not have access to technologies that allow them to connect to the hospital's electronic medical records or even access to transportation to get to the pharmacy and appointments.

These issues have an indirect impact on whether physicians continue to practice in rural setting because of the strain it has on providing continued care of patients.

Dr. Berry: Our issues have been the inability to attract/retain doctors, due at least in part to the numerous socio-economic issues. The physician who left us most recently did so to move closer to family support, and one recent candidate chose another location over us due to family support. However, another recent candidate did not want to resume practicing the 'full scope of family medicine in a rural area' – they had not assisted with c-sections or taken care of newborn nursery/ill newborns for years and did not feel comfortable doing so again.

Dr. Boevers: Our rural community is unique in that it is growing. However, it remains very difficult to recruit physicians to a rural hospital, and particularly when so many rural obstetric services are closing, this is a hard sell. We have had several providers retire from medicine without being able to replace them with a like provider.

Q: It's not a new problem, it has been festering for several years – what will it take to remedy the situation?

Dr. Ajax: The remedy is already taking place in terms of loan forgiveness, financial and tax incentives, access to technology and resources (i.e. nursing, pharmacy, viable hospitals). Rural practice is more enjoyable in some ways. The environment is generally more relaxed and supportive, and patients are appreciative.

Dr. Berry: Hard to say. Many factors are probably involved, including getting medical students interested in rural medicine earlier in their training, communities need to have excellent childcare available for younger physicians with families, and hospitals/health systems need to be willing to spend money to help physicians achieve the work-life balance that they need.

Dr. Boevers: Continuing to develop rural medical training programs, as well as networking rural hospitals so that they can benefit from all the resources in the state, will make rural practice more acceptable. When we train in large institutions with access to specialists, new technology and clinical partners, it can be daunting to be so isolated in a small, rural, and understaffed practice. Networking and pooling resources can improve patient care, improve physician wellness, and reduce clinical burnout.

Q: IMS has expanding the physician workforce as its top state priority this year, we also addressed it in the last issue of the magazine. But, what would you ask your legislator to persuade them to take action to help solve the problem?

Dr. Berry: I would ask my legislator if they or their families have the access to physicians that they desire, or if mostly only APPs are available. Then they can personalize the issue.

Dr. Boevers: Making Iowa a great place to practice medicine starts with making Iowa a great place to live, raise a family, and balance work and enjoy life. That means not just focusing on the practice of medicine when recruiting physicians to come here, but also making sure there are homes for them, great schools that will educate their children, and enough staff that they are not tied to their hospital 24/7/365. We want physicians not just to come here, but also take pride in their communities and love living in Iowa for many reasons.

IMS has made the rural physician shortage a state priority for 2024. Here are the actions being requested:

- Implementation of loan repayment assistance is one of the most motivating incentives we can offer in recruitment.
- We support an increase from $2.5 million to $4 million for full funding of the Iowa Rural Primary Care Loan Repayment Program.

Please join IMS in advocating for this issue. While the legislative session is ending (by the time of this April publication), the off season is a great time to meet with your state legislators to discuss the rural physician shortage in depth, share the facts, and talk about your personal experience which offers an important perspective on the critical need for reform.

THREE STEPS TO PROMOTE PHYSICIAN WELL-BEING

GERARD CLANCY, MD

University of Iowa Healthcare – Department of Psychiatry

PHYSICAN EDUCATION & WELLNESS

We all know the trends in physician burnout and the complex contributors to these trends (I am writing this while I staff the Emergency Department). So, are there some simple steps to help our peers and ourselves during these complex times? YES!

I have given over 70 well-being workshops to more than 3,600 physicians these past three years. I took those workshops and reduced the concepts down to Three Steps to Promoting Physician Well-being:

1. **Activate an intentional, diverse, and personal well-being portfolio:** Going to work, coming home, having dinner, and then watching Netflix is not a well-being plan. We need to be proactive with activities that help us stay ahead of the stress (when possible) and burning off the stress when it comes on strong. This requires daily planning about our well-being activities. I find it helpful to develop a portfolio of well-being activities that work best for you. I know mindfulness does not work for me. On the other hand, daily swimming, cooking, and creative writing work for me. Start by asking - What will I be doing today and tomorrow to manage the stress?
2. **Ask your peers "Are you OK?" and persist by asking "Are You Sure?"** I lost a close peer to a tragic death. After his funeral, I went immediately back to clinical work. A month later, a peer asked me "Are you OK?" I gave the common response, "I am fine." He persisted, asking "Are you sure?" That second question alerted me that he saw something in me that I had denied; significant grief. His persistence pushed me to let my guard down. I opened up and told him I was struggling. A few supportive conversations over the next months and I was back on track. A culture of peer-to-peer support is vital for us in the trenches and it starts with asking each other "are you ok?" and "are you sure?"
3. **On the watch for a hopeless mindset.** Suicide is the only early cause of death where physicians rank higher than the general population. A hopeless mindset is a strong suicide risk factor. That hopeless mindset can be lessened with compassion and guidance on problem solving from trusted peers. In doing so, the risk of suicide is also reduced. Listen to your peers for comments such as "I don't see a way out, there is no hope." If concern continues, ask with compassion "I am concerned about you and need to ask if you are thinking about ending your life?" If you see any signs of distress, it is time to get them more help.

Like athletes, we train for years to become physicians for work that is physically and mentally stressful. Athletes train daily to keep mentally and physically strong. We need to as well. Successful athletic teams watch out for each other. Medicine is a team sport where we need to watch out for each other as well. ■

THANK YOU TO OUR GENEROUS DONORS

IMSF
IOWA MEDICAL SOCIETY FOUNDATION

The mission of the Iowa Medical Society Foundation (IMSF), a voluntary organization, is to use personal donations from physicians and friends of medicine to inspire, facilitate, and expand the educational and philanthropic endeavors of IMS. This list reflects new pledges and gifts received to the Iowa Medical Society Foundation in 2023. Thank you for your generous support!

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Photos courtesy of IMSF Student Globlal Health Scholarship recipients.

IMPAC
IOWA MEDICAL POLITICAL ACTION COMMITTEE

As your physician advocate, IMS must play an active role in the legislative process. With generous contributions from friends of medicine, we can effectively forge relationships with state and federal policymakers to protect the interests of our physician members and greater medical community. This list reflects new pledges and gifts received to the Iowa Medical PAC in 2023. Thank you for helping to amplify the voice of physicians at the statehouse!

"The PAC is one of the essential pieces of IMS Advocacy that allows us to make progress and execute on our strategic goals."

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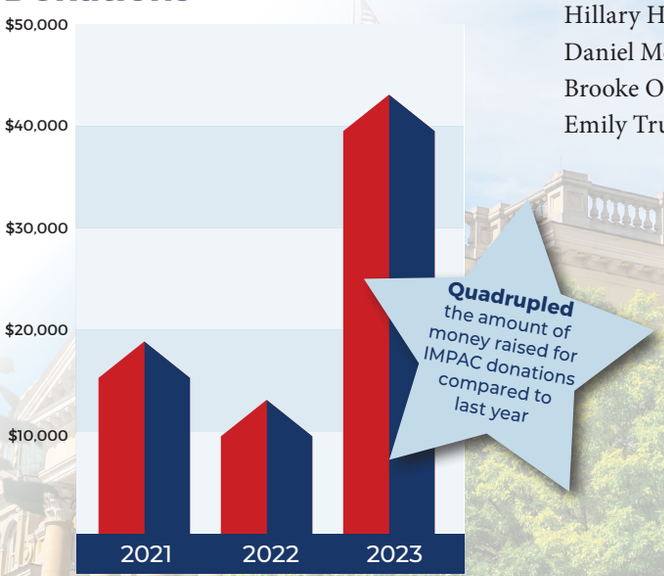

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I AM AN IMS MEMBER

CHERYL TRUE, MD

Dr. True is a family medicine physician at True Lifestyle Medicine Clinic, LLC in Davenport

Background

I'm an Illinois Quad Cities native. I was a first gen college student, graduating summa cum laude from Augustana College in Rock Island IL with a degree in biology. I worked for about six years before going to medical school at the University of Iowa. After graduation I moved back to the Iowa Quad Cities, where I completed residency at the Genesis Family Medicine Residency program. I was in private practice with a small independent family medicine group, and now have my own lifestyle medicine business and also work in public health.

What sparked your interest in medicine or decision to become a physician?

Growing up, I wanted to become a veterinarian, but realized with my allergies that would not be a reasonable career choice. I had considered medicine, but was more interested in medical research. I explored options after graduation, including working for three years in a research lab at the University of Iowa studying human parvovirus B19 where I worked alongside a few physicians. I realized I wanted to work in a clinical setting, actually caring for patients to impact the course of health and disease in real time, not just at the lab bench. I took a job closer to home to allow time for studying, taking the MCATs, doing applications and interviews. I ended up back at the University of Iowa enrolled as a medical student!

Hobbies

My husband and I love animals, and have enjoyed living in a multi-species household that has included cats, birds, rabbits, iguanas, chinchillas, a hedgehog, sugar gliders, rats, hamsters, a guinea pig, fish, and frogs. I am an avid cyclist, and have enjoyed thousands of miles on my bike. I am also a caregiver, and enjoy spending time with my family and friends (some of whom also share my enthusiasm for Star Trek).

Why are you a member of IMS?

This started as an automatic membership as a resident, but I have continued over the years to stay connected to a community of physicians across the state, to have access to important educational resources, to be informed about issues impacting physicians, and to have a larger voice through the collective action that comes with an organization representing physicians in our state.

Best advice for new physicians?

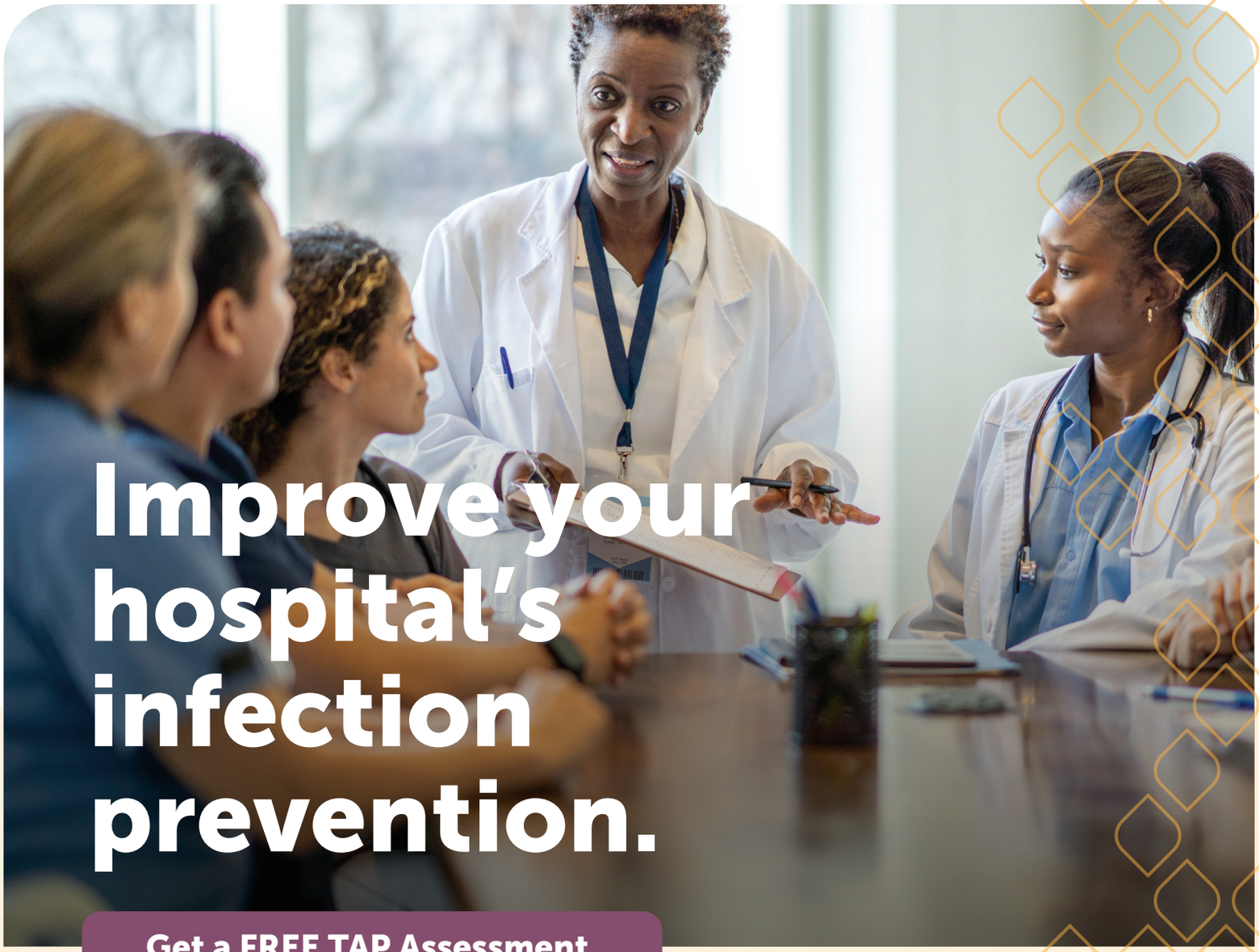
Grow into your career and take stock of your interests. Don't limit yourself to only one pathway! You, your interests, and your opportunities will change over the years and can lead to new and exciting endeavors. Get involved in your communities, take an active role in things outside of your job, and find healthy outlets for stress management.

What do you do to unwind or relieve the stress of the day?

I move! I get out on my bike, spend time in nature, engage in general activities that work up a sweat such as yard work, gardening, shoveling snow. I also cook - plant-based whole food - and love to try new recipes or create my own.

What was an incident, encounter, or information that changed your life, way of thinking, or how you interact with others?

I attended three conferences one fall that encouraged me to embrace a different direction in my career path. At one of them I learned about the growing field of Lifestyle Medicine, which has become my area of focus and passion, combined with an interest in community health and engagement that has brought me into roles I never would have imagined 20 years ago. ■



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2024 EVENTS AND EDUCATION

One of our goals from the new strategic plan is to create even more meaningful programming and content on behalf of our members. In addition to what's been offered in the past, we have a series of robust educational webinars, social, networking, and member outreach events that offer a variety of ways to connect with each other and IMS.

Mark your calendar and plan to join us for any of the upcoming 2024 activities. Additional events, timely updates, and registration are available on the IMS website at: iowamedical.org

EDUCATIONAL WEBINARS:

Physician CE Seminar Series: IPOST Training
Tuesday, April 16
12:00 PM - 1:00 PM
Zoom

Crucial Conversations
Friday, May 10
9:00 AM - 4:00 PM
IMS Headquarters, Des Moines

Engagement and Communication

Physician Health and the Iowa Physician Health Program
Tuesday, May 21
12:00 PM - 1:00 PM
Zoom

Physician CE Seminar Series: Physician Leadership
Tuesday, June 18
12:00 PM - 1:00 PM
Zoom

Physician CE Seminar Series: Patient-Physician Partnerships
Tuesday, August 20
12:00 PM - 1:00 PM
Zoom

Mental Health Webinar: Suicide Prevention
Tuesday, September 17
12:00 PM - 1:00 PM
Zoom

Student Webinar Series: Case-Based Learning
Wednesday, October 9
12:00 PM - 1:00 PM
Zoom

Advocacy Training
Thursday, October 10
Zoom

Physician CE Seminar Series: Public Health Topics
Tuesday, October 15
12:00 PM
Zoom

Student Webinar Series: Case-Based Learning
Wednesday, November 6
12:00 PM - 1:00 PM
Zoom

Physician CE Seminar Series: SUD/OUD
Tuesday, December 17
12:00 PM - 1:00 PM
Zoom

EVENTS

President's Reception and Award Ceremony
Friday, April 19
6:00 PM - 9:00 PM
Hotel Fort Des Moines, 1000 Walnut Street, Des Moines

UIHC Student Social
Thursday, August 8
Iowa City –TBA

Beers with Peers
Physician networking event
Thursday, August 22
Des Moines – TBA

UIHC Alumni Social
Physician and member networking event
Thursday, September 19
Iowa City – TBA

Healthcare Workforce Summit
Thursday, September 26
9:00 AM - 3:00 PM
Des Moines – TBA

DMU Student Social
Student and physician networking event
Thursday, October 17
Des Moines – TBA

BLITZ EVENTS ACROSS IOWA

- [x] **Tuesday, March 26**
Burlington
- [ ] **Wednesday, May 22**
Cedar Rapids
- [ ] **Wednesday, June 5**
Fort Dodge
- [ ] **Tuesday, July 23**
Dubuque
- [ ] **Tuesday, October 29**
Sioux City

Dates subject to change.

WHY SHOULD YOU HAVE A BUDGET?

KADIN WHITE, CFP®, CHFC®, *Lead Advisor*

The word, budget, can induce fear and anxiety for some people. It could be the notion that budgets are meant to restrict spending. To others, it might feel like a tedious, rigid, time-consuming process. It could be a fear of losing flexibility in their spending patterns. Maybe they'll have to put off purchasing that new car or the summer vacation. If all those things were true, it would be easy to see why so many people might avoid starting the process altogether. But I would argue that creating a budget and being disciplined in the process creates more freedom and flexibility than the alternative. It can be a tremendous vehicle to accomplish long term financial goals. Creating a budget can offer so many benefits. I have outlined a few below.

Financial Control

If you have a good understanding of where you spend your money, you can set yourself up to make informed decisions. It's not about spending restrictions but about empowering you to spend money on the things that matter to you.

Stress Reduction

According to the American Psychological Association Survey, 72% of American report feeling stressed about money.[1] The process of creating and maintaining a budget could lead to lower stress levels. Once you have a firm understanding of your income and expenses, you'll likely find room in your budget to increase savings, pay off debt, or get that emergency fund finally set up.

Improved Communication

In families and partnerships, effective communication should be a high priority. According to the National Library of Medicine, 38% of divorces are due to financial problems[2]. Setting aside time to talk through the family finances could improve transparency and build trust.

Increased Savings and Reduction in Debt

The typical downstream effect of a budget is increased savings, debt reduction, and progress toward financial goals. By having a firm grasp on your finances, you'll likely find ways to reduce frivolous spending and put those dollars to better use.

Where to Start?

It could be as simple as taking time to write down your income and fixed expenses. I'm a big fan of leveraging technology when it comes to creating and managing a budget. There are some wonderful tools on the market that can help you through the process and save you valuable time. Another method that certainly helps is to seek professional help through a financial advisor. If you need help thinking through a budget, or getting a better handle on your finances, reach out to our team. We would love to help!

References:

[1]https://www.apa.org/news/press/releases/stress/2014/financial-stress

[2]https://www.forbes.com/advisor/legal/divorce/divorce-statistics/

SCAN ME

Interested in more content on the latest current events? Check out our Financial Perspectives and sign up for our eNewsletter.

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IMS 2024 LEGISLATIVE RECEPTION

Our first legislative reception (in many years), held at IMS headquarters on January 23 was a big success. It was a great opportunity meet and get to know our Iowa lawmakers. Thank you to everyone who took the time to stop by and join us for this important advocacy effort. It was the perfect set up to February's Physician Day on the Hill.

Comprehensive Cardiac Care

Across Nebraska, the Region and Beyond

Content submitted by Children's Nebraska

In the Dr. C.C. & Mabel L. Criss Heart Center at Children's Nebraska, pediatric cardiology and heart surgery teams specialize in treating a range of congenital heart defects and offer comprehensive cardiac care. From the Fetal Heart to Adult Congenital Heart Disease (ACHD) programs, Children's has the expertise to provide exceptional cardiac care in all stages of life. In addition to providing care in Omaha, Children's cardiologists conduct pediatric and congenital heart disease outreach clinics in 11 locations, providing the same standard of specialty care closer to home.

CUTTING-EDGE CARE

Children's is dedicated to staying at the forefront of medical innovations, investing in state-of-the-art equipment and expert providers.

One such investment is to offer comprehensive interventional and diagnostic cardiac catheterization procedures. Our state-of-the-art cardiac catheterization suites double as full-service operating rooms if and when surgery is needed. The suites house ARTIS pheno, a robotic C-arm X-ray that provides swift, 360-degree images of even the tiniest hearts with limited exposure to radiation for patients. Children's was the first in the world to adopt ARTIS pheno in a pediatric setting.

Children's also houses a first-in-the-region Cardiac Care Unit (CCU), a floor exclusively dedicated to caring for the full spectrum of pediatric heart patients. Working alongside Children's pediatric specialists, the CCU team includes highly skilled nurses and advanced practice providers specially trained in providing care to pediatric patients with cardiovascular conditions.

EXTENDING EXCELLENCE ACROSS THE REGION

Understanding the challenges that geographic distance can pose to families, Children's has established outreach clinics across Nebraska, Iowa and South Dakota. The outreach clinics bring the expertise and innovation of Children's pediatric cardiac care right to the communities we serve. Children's cardiology outreach clinics are offered in:

Nebraska: Columbus, Grand Island, Kearney, Hastings, Lincoln, Norfolk and North Platte

Iowa: Atlantic and Sioux City

South Dakota: Rapid City and Sioux Falls

When visits to Children's main campus are necessary, patients and families traveling from more than 90 miles outside of Omaha can access the Rainbow House, a 56-room overnight guest house for a patient's immediate family.

OUR PROGRAMS & SERVICES

Children's offers a range of cardiac programs and services to meet the needs of our patients and families. Our providers use a patient-centered approach to care, meaning each patient receives an individualized care plan tailored to their specific condition. Cardiac programs offered at Children's include:

- Adult Congenital Heart Disease
- Aortopathy Program
- Cardiac Rehabilitation
- Cardiothoracic Surgery
- Cardiovascular Genetics
- Diagnostic Testing & Advanced Cardiac Imaging
- Electrophysiology
- Fetal Cardiology
- Fontan Program, in partnership with Children's Adolescent Medicine and Gastroenterology, Hepatology & Nutrition
- Interventional Cardiology
- Pediatric Cardiology
- Pulmonary Hypertension Program, in partnership with Children's Pulmonology
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“THE TREATMENTS OF TOMORROW ARE HERE IN IOWA TODAY.

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Our teams are made of experts with different backgrounds, specialties, and passions, because we know more collaboration leads to more options. Combined with the abilities that come with academic medicine, we don’t just deliver the latest life-saving treatments, we discover them. All so we can change medicine and lives right here in Iowa.

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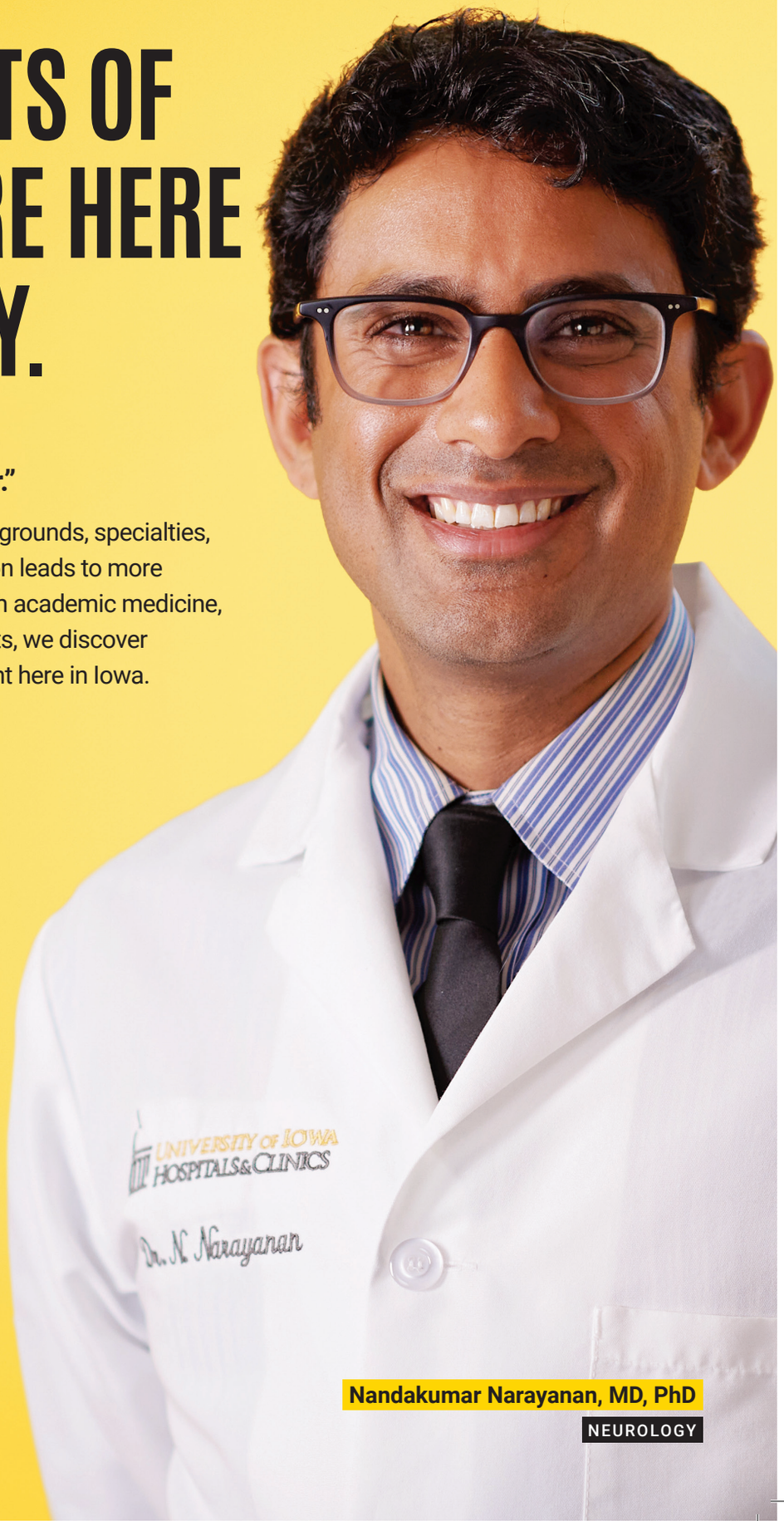

Nandakumar Narayanan, MD, PhD

NEUROLOGY

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