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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.

Contact Us:

Iowa Medicine
515 E. Locust St., Ste. 400
Des Moines, IA 50309
Phone: 515.223.1401

IMS President:

Christina Taylor, MD

IMS CEO:

Steven W. Churchill, MNA

Executive Editor:

Sara Opie

Managing Editor:

Sydney Maras

To Advertise:

Contact Heather Lee
Phone: 515.421.4776
Email: hlee@iowamedical.org

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SAVE THE DATE:

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**PHYSICIAN DAY
ON THE HILL**

**Tuesday,
February 11, 2025**

State Historical Building
& Capitol Rotunda

*Wear your white
coat, meet with
legislators,
and be the leading
voice in medicine.*

A photograph of the Iowa State Capitol building, showing its iconic gold-domed roof and classical architectural details like columns and arches. The image is set against a clear blue sky.

PRESCRIBING SEMAGLUTIDE:

THE IMPORTANCE OF SHARED DECISION-MAKING

GLP-1 receptor agonists (GLP-1 RAs), of which semaglutide is an example, have emerged as a prominent therapeutic option for managing type 2 diabetes. A landmark side effect of the class of drugs is weight loss, sparking intense enthusiasm for the drug from patients, providers, and the media. As the complexities surrounding GLP-1 RAs continue to develop, the associated medicolegal risks are evolving, as well.

WHAT IS SEMAGLUTIDE?

GLP-1 RAs act by mimicking the action of the endogenous incretin hormone GLP-1. By binding the GLP-1 receptor on pancreatic beta cells, the drug enhances glucose-dependent insulin secretion and improves glycemic control. Additional physiologic actions of semaglutide include suppression of glucagon secretion, slowing of gastric emptying, and promotion of satiety, which collectively contribute to reduced postprandial glucose levels. Several GLP-1 RAs are currently available, and three are FDA-approved: Ozempic®, Rybelsus®, and Wegovy®.

CONSIDERATIONS

While GLP-1 RAs are generally well-tolerated, their side effects profile has drawn attention. These include nausea, vomiting, diarrhea, and abdominal pain. Severe adverse events associated with use include acute pancreatitis, thyroid abnormalities, gastroparesis, ileus, bowel obstruction, gallbladder disease, and allergic reactions. To detect and manage adverse events promptly, regular monitoring of patients is essential.¹

A comprehensive medical history, to include pancreatic and thyroid disorders, is essential prior to initiating GLP-1 RA therapy. A shared decision-making process is critical to mitigating the risk associated with the side effect profile of GLP-1 RAs. Patient education, to include the potential side effects, risks, monitoring parameters, and the importance of follow-up should be documented. These elements, along with a

discussion of alternative therapies and the associated risks of alternative therapies (or doing nothing), are essential to an adequate informed consent process.

INFORMED CONSENT

Providers must be aware of the standard for informed consent in the state in which they practice, as it varies by state. Iowa requires a “patient standard.” A patient standard establishes the physician’s duty to disclose is determined by whether a reasonable person in the patient’s position would consider the information material to the decision of whether to undergo the proposed treatment. Information is material if it would be viewed as significant in deciding whether to consent to the treatment. Deciding what information is material depends on the facts and circumstances of each case and is decided by a jury.

COMPOUNDED FORMS OF SEMAGLUTIDE

In response to drug shortages and patient demand, compounded versions of GLP-1 RAs, specifically semaglutide, are commercially available (with and without a prescription). Compounding is the process of combining or altering ingredients to create a medication tailored to the needs of an individual patient. It is important to note that compounded drugs are not FDA approved and the agency does not verify their safety or efficacy.²

Compounded forms of semaglutide often utilize the salt forms of semaglutide, differing from the active

base form contained in the approved drugs. According to the FDA, the salt forms of the drug have not been evaluated for safety and efficacy and therefore do not qualify for the compounding exemption under the laws for drugs experiencing shortage. The FDA has warned consumers not to purchase the compounded forms of semaglutide.¹

EVOLVING RISKS

Disturbingly, poison control centers have seen a 1500% increase in calls related to injected forms of semaglutide in 2023.³ The overwhelming majority of the overdoses were related to dosing errors on the part of the patient. The compounded versions are thought to be the cause to the increase in calls, as these solutions require patients to draw their own doses as opposed to receiving the brand-name prefilled pens.

As with any medication, to minimize your risk when prescribing semaglutide, adherence to prescribing guidelines and a thorough shared decision-making process to include the risk and associated side effects of use, and close follow-up of patients, are essential.

¹ www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss

² www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers

³ www.aapcc.org/track/GLP-1



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LEADING IMS TO CONTRIBUTE TO THE FABRIC OF SOCIETY

CHRISTINA TAYLOR, MD

Inauguration speech IMS President's Reception
April 19, 2024

Below is an edited transcript of Dr. Taylor's speech.

Ladies and gentlemen, esteemed colleagues, and fellow members of the Iowa Medical Society, it is with gratitude that I stand before you today as the newly inaugurated President of our Iowa Medical Society. I am deeply honored to serve.

I want to share a remarkable piece of history with you. Among the courageous signers of the Declaration of Independence, four of the 56 were physicians. Of these was Dr. Benjamin Rush, whose legacy of service continues to inspire us to this day. He was not only a prominent physician but a strong advocate for the abolition of slavery, education reform, and women's rights.

Then in Civil War times we had Dr. Mary Walker, a pioneering physician who became the first and only woman to receive the Medal of Honor for her medical service during the Civil War and was a women's rights activist. She was a

being involved in diverse pursuits with impact extending beyond the realm of medicine.

It is appropriate to express our gratitude to those who dedicate their lives to taking care of others. But there is more to commitment than just direct patient care; there is also our responsibility in various capacities to the broader community. It is imperative that we are active participants in the world beyond the confines of our clinics and hospitals.

At the risk of over-quoting Stan Lee, 'With great power must come great responsibility,' our doctors are talented, blessed, and have much to contribute. But this isn't about piling on additional responsibility. This is recognizing we are a crucial part of the larger community, and we have talents and joys to offer.

The IMS vision is: To be the leading voice in medicine to make Iowa a premier destination for physicians to live, work, and serve their communities. Two of our primary objectives, which are related, are

fosters a sense of fulfillment and builds resilience.

By encouraging doctors to pursue activities they love and find balance in their lives, we address burnout and nurture a healthier, more vibrant medical community.

This type of nurturing is also tied to our advocacy for physicians, another core focus of IMS. By showcasing the diverse talents and contributions of our physicians, we elevate the public perception of our profession and the integral role that physicians play in society.

Throughout history, remarkable physicians have exemplified this notion. One example is Dr. Mae Jemison, a physician, engineer, and former NASA astronaut. She shattered barriers as the first African American woman to travel to space aboard the Shuttle *Endeavour* in 1992. Beyond her groundbreaking achievements in space exploration, she then dedicated herself to promoting science education and literacy.

Here in Iowa, we have outstanding physicians who make significant contributions in and out of the office. My favorite example is my dear friend and mentor, Dr. Kevin Cunningham. Kevin is the most dedicated physician I have ever met. He always takes time to mentor his young partners. He is also an avid runner, having completed dozens of marathons. I would guess Kevin doesn't see his running as just a hobby, but crucial to his physical and mental well-being.

"It is imperative that we are active participants in the world beyond the confines of our clinics and hospitals."

strong advocate for dress reform, famously wearing men's clothing to defy the traditional gender norms. These examples remind us of the longstanding tradition of physicians

physician workforce development, and physician wellness. We require a robust and diverse healthcare workforce to meet the evolving needs of our state, and when doctors engage with their community, it

Resilience and burnout are more than just topics of discussion in our workplaces and board meetings. They are a clear and present danger. One strategy to address increasing resilience among members is encouraging doctors to pursue activities they love, invest in their families, and their personal interests. These are essential components of their overall well-being.

Personally, much of my well-being comes from my family and what we do together. I was blessed to come from a strong and loving family. My mom and dad gave me strength and inspiration, shaping my well-being and ability to do anything if I was willing to work hard enough for it. From a young age, I learned from the value of hard work, striving to do ones best, and dedication to serving others. Then as my husband Rob and I raised our own family, it was important to us to work, play and volunteer together as a family; to not only survive but thrive as a family even during the medical school and residency years with young children. I'm eternally grateful for Rob going beyond supportive to being a true partner.

When we volunteered together as a family, it often involved public policy or advocacy work. Rob's

“When we immerse ourselves in different pursuits, we gain valuable insights that ultimately make us better-rounded individuals and better doctors.”

service as a state legislator was always pretty amazing to me – it was true service- that most will never fully appreciate. Rob challenged all of our family, mostly me, to be a better me. Rob and I pray we have passed a heart for service, in whatever way they deem most fitting for their talents and pursuits, to our children and their children. We also promote a spirit of enjoying what we do. Hospitality has been a cornerstone of our family enjoyment. We enjoy physically creating something such as a meal or a handcrafted gift and sharing it with others. Our family celebrates frequently “for no reason” and we love creating experiences that bring people together.

These activities could be called “hobbies”, but I tell you they are crucial to my well-being and personal resilience.

A trend in our profession is that the sole identity of a physician is just that - being a doctor. As a medical director/CMO I've heard hundreds of times recently that “this next generation doesn't want to work

hard.” This is complete nonsense. Yet we've allowed these sentiments to sneak into our dialogue: viewing family time and extracurricular activities as just hobbies or pastimes.

We need to break free from the notion that pursuing our passions is selfish or indulgent. On the contrary, this is an act of generosity toward ourselves and others. By immersing ourselves in activities that bring us joy and fulfillment, we simultaneously give back, becoming better versions of ourselves, better equipped to serve our patients, communities, and the world at large. As physician leaders, we must actively support our colleague's hobbies, interests, and families. Encourage partners to get involved in things they enjoy or feel passionate about: sports, clubs, church, children's activities, or even advocacy or political involvement. These contribute to a doctor's personal fulfillment, nurtures their growth and brings the talents of a doctor to their community. This helps us recruit, retain, and have happier partners.

Our lives in medicine are a testament to our commitment to serving humanity, but we also recognize that when we immerse ourselves in different pursuits, we gain valuable insights that ultimately make us better-rounded individuals and better doctors.

Encourage yourself and colleagues to use our many talents, clinical and otherwise, to promote our well-being and workforce. Let us continue the enduring tradition of physicians meaningfully contributing to the fabric of our society. ■



PRESIDENT'S RECEPTION

Iowa Medical Society held its 175th President's Reception and Awards Ceremony on Friday, April 19, where we honored outgoing President Jessica Zuzga-Reed, DO, and installed Christina Taylor, MD, as IMS's 175th President.



Life and Hope After Stroke

ADVERTISEMENT

Pella man shares his inspiring story of rehabilitation, recovery



Roger with two members of his Hearthstone care team, Brittney and Luzvie

During the Christmas eve service at church in 2022, Roger Jansen noticed he was having trouble standing. It felt like his left foot suddenly weighed 100 pounds. After the service, when Roger got home, his symptoms continued to worsen, and he soon found that his left arm wasn't working.

Roger called 911 and debated with the operator about whether or not he should undertake the 3-minute drive to the hospital himself or wait for an ambulance. As his symptoms worsened, he thought the better of attempting the drive, and the ambulance rushed him to the hospital in Pella, where tests confirmed he was experiencing a stroke.

For Roger and the one in four adults over the age of 25 who will experience a stroke in their lifetime, there is life – and hope – after stroke. Rehabilitation can build strength, capability and confidence. It can also help someone who experiences a stroke continue daily activities, despite the effects of their stroke.

There are more than 7 million stroke survivors living in the U.S. today. But not all strokes – and not all stroke survivors – are the same. Finding the right rehabilitation plan is vital to recovery after stroke. The American Stroke Association has developed standards to help rehabilitation facilities provide consistent, high-quality care for individuals as they recover from stroke.

Facilities that have agreed to participate in the Association's post-acute stroke standards program agree to follow the Association's treatment guidelines and have made a commitment to providing care that is based on

standards aligned with American Stroke Association science and vetted by stroke rehabilitation experts.

Thanks to a wonderful team that included physical, occupational, and speech therapists at Hearthstone in Pella, one of several Iowa facilities participating in the Association's post-acute stroke standards program, Roger said he is content with his recovery and

discovering his new purpose in life.

"I know there is a reason that I'm still here," Roger said. "The Lord will use me in some way as long as I'm here."

Roger had simple goals for his recovery, and his care team created a rehabilitation plan that was tailored to his unique needs. Still unable to use his left arm or walk, Roger has focused on being able to care for himself and had to learn to do daily tasks with one arm.

Since his stroke Roger has relocated to Friesland assisted living on the Cottages

campus at Hearthstone, where he's able to be around friends and family to continue his recovery. In addition, he's come to think of his care team as family, as well.

"When one of my therapists learned I had two sons and didn't have a daughter, she said, 'Well you can adopt me!'" Roger said. "So, I told her she's officially adopted. So now when I see her, she always gives me a big hug and calls me 'Dad.' And that means the world to me to have such wonderful people in my life."

Rehabilitation is key to recovery after stroke. It helps you relearn or change how you live.

Choosing the Right Setting

You can rehab at:

- Inpatient rehabilitation facility
- Skilled nursing facility
- Long-term care facility
- Long-term acute care hospital
- Home-based or outpatient care
- Critical Access Hospitals with swing beds

Your needs determine which type(s) are best for you. The American Heart Association and American Stroke Association recommends inpatient rehabilitation facility care if you can tolerate at least three hours each day of stroke rehabilitation.

Stroke Rehab Should Include:

- Training to improve mobility and ability to do daily tasks
- Individually tailored post-stroke exercise program
- Access to cognitive/engagement activities (books, games, computer)
- Speech therapy, if stroke caused difficulty speaking
- Eye exercises, if stroke caused loss of vision
- Balance training for those with poor balance or fall risk

Congratulations to the following Iowa facilities who have joined the American Heart Association and American Stroke Association's post-acute stroke care initiative.

These providers have agreed to follow the Association's treatment guidelines and have made a commitment to providing care that is based on standards aligned with American Stroke Association science and vetted by stroke rehabilitation experts:

- Community Memorial Hospital, Sumner
- Finley Health Foundation, Dubuque
- Genesis Medical Center, DeWitt
- Guttenberg Municipal Hospital, Guttenberg
- Jackson Country Regional Health Center, Maquoketa
- NewAldaya Lifescapes, Cedar Falls
- Jones Regional Medical Center (UnityPoint Health), Anamosa
- West Ridge Care Center, Cedar Rapids
- Good Samaritan Society- LeMars, LeMars
- Sanford Sheldon Medical Center, Sheldon
- St. Lukes (UnityPoint Health), Sioux City
- Cedar Ridge Village (Pivotal Health Care), West Des Moines
- Hearthstone, A Ministry of WesleyLife, Pella
- Kennybrooke Village (Pivotal Health Care), Grimes
- Mary Greeley Medical Center, Ames
- On With Life, Inc., Ankeny
- Prairie Vista Village (Pivotal Health Care), Altoona
- Encompass Health Rehabilitation Hospital (University of Iowa), Coralville
- Kahl Hom, Davenport
- Lone Tree Health Care Center, Inc., Lone Tree
- Van Buren County Hospital, Keosauqua
- Audubon County Memorial Hospital, Audubon
- Midlands Living Center, LCC, Council Bluffs
- Myrtue Medical Center, Harlan
- Hegg Health Center, Rock Valley
- Lucas County Health Center, Chariton
- Davis County Hospital, Bloomfield
- Buchanan County Health Center, Independence
- Solon Retirement Village, Solon
- Independence Village, Waukee
- Gundersen Palmer, West Union

Learn more about this initiative at
heart.org/PostAcuteStroke

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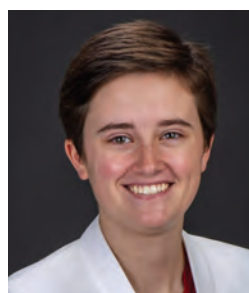
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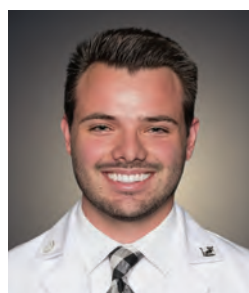
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IMS PRESENTS 2024 AWARDS

Each year, the Iowa Medical Society recognizes the outstanding contributions of physicians, laypersons, and organizations to the practice of medicine by presenting four special awards. The following were given at the 2024 IMS President's Inaugural Reception in Des Moines on April 19.

IMS/COPIC PHYSICIAN HUMANITARIAN AWARD

Given each year to a physician in Iowa for volunteer medical services and contributions to their community through principles focused on human dignity, social justice, and compassion. The recipient of this award designates a \$10,000 donation from COPIC to be provided to a health care related 501(c)(3) organization within Iowa.

David Muller, MD



Dr. Muller has volunteered with the Community Health Free Clinic (CHFC) since 2006, serves on its Board of Directors, and opened CHFC's Eye Clinic in 2008. Dr. Muller has designated CHFC as the recipient of the award's \$10,000 donation, provided by COPIC.

JOHN F. SANFORD AWARD

Given to honor a layperson who has made outstanding contributions to the public health field or in the field of health care.

Vallery Griffis



Vallery Griffis is the clinic administrator of Corinthian Free Clinic. She encourages minority patients who may not be able to afford care elsewhere to attend the clinic through promotion in her church and community organizations. She greets all patients warmly and never turns

anyone away. Vallery also supports the entire clinic care team by ensuring everyone has what they need to perform to their full capacity and helps to organize scheduling and communication. Vallery is the first to take on new projects that advocate for minority health in the clinic and the community as a whole.

MERIT AWARD

Given to a physician who has made outstanding contributions to the medical profession and Iowa Medical Society.

Marygrace Elson, MD



Dr. Elson is a retired obstetrician gynecologist based out of Iowa City. In 2019, Dr. Elson served as IMS President and as the American College of Obstetricians and Gynecologists District VI Legislative Chair. At the University of Iowa, Dr. Elson has held the positions of Residency Program

Director, Vice-Chair for Education OBG, and Clinical Professor of Obstetrics and Gynecology. Now Professor Emeritus of Obstetrics and Gynecology at the University of Iowa, Dr. Elson remains a champion for organized medicine, and will always be known for her invaluable service to IMS and her steadfast commitment to the society's mission.

WASHINGTON FREEMAN PECK AWARD

Given to a lay organization in honor of its outstanding contributions to public health.

Urban Bicycle Food Ministry - Des Moines



The Urban Bicycle Food Ministry (UBFM) - Des Moines is an interfaith and non-denominational organization that serves "radical hospitality one burrito at a time." UBFM has served over 31,000 burritos and 8,000 PB&J sandwiches to those in need in 2017, provided a community to foster hospitality and community

service, used their love of bicycles and serving to create a community of volunteers, shared donated items like batteries, water, home-baked goods, fruit, bug-spray, blankets, hats, and gloves with those in need, and built relationships with those in the Des Moines metro area who are many times overlooked and marginalized.



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THE GOOD, THE BAD, AND THE UNPREDICTABLE

The future of AI and its impact on medicine

The future of Artificial Intelligence (AI) and its impact on medicine is the great unknown. It would take a wizard hat and crystal ball to predict its long-term success or lack thereof with any amount of certainty. The evolution and implementation of AI is similar to that of electric vehicles – it shows a great deal of promise but takes a great deal of oversight and management, and absolutely no taking your eyes off the road.

In August 2023, the American Medical Association (AMA) asked member physicians about their appetite for “augmented intelligence,” as they have defined it, toward healthcare and received the following responses:

- 65% of those surveyed see an advantage to AI.
- The greatest enthusiasm is around AI tools that can help reduce administrative burdens including documentation (54%) and prior authorization (48%).
- 41% of physicians responded that they were both equally excited and concerned.

- Physicians indicated that they see the most promise for AI to support diagnosis (72%) and workflow (69%).
- Physicians are most concerned about the impact to the patient-physician relationship (39%) and patient privacy (41%).



David Whitling, MD

We asked experts at COPIC Insurance Company, a leading provider of medical liability

insurance, to give us their outlook on AI's role within healthcare. **Dr. David Whitling, a consultant for COPIC and board-certified emergency medicine and clinical informatics physician,** provided these responses:

How would you sum up the current state of AI and its role in medicine?

AI has become an increasingly integral part of various industries, and healthcare is no exception. In recent years, AI has shown great

promise in transforming the way physicians diagnose, treat, and manage patient care. However, we really are at the very beginning of this transformation. The theoretical capabilities of AI vastly exceed the capabilities that have been actually realized, and the regulatory environment hasn't caught up with needs to create clear guardrails. We are currently in an environment of high innovation and low regulation, and that situation will almost certainly change in the future.

Are there upsides we can look forward to?

As any physician will tell you, there are plenty of tasks that have fallen to physicians that do not require a physician's level of education and skill in order to complete them. AI technologies have the potential to streamline the clinical work flow by automating routine tasks and low-level decision-making processes, allowing physicians to focus their time and expertise on more complex tasks.

Right now, much of the buzz in the industry has been focused on



ADVOCACY
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ambient listening technology, which allows physicians to spend less time with the more mundane aspects of care such as creating an encounter note. AI also has the potential to automate tasks around billing and coding, eliminating a part of the job that many physicians would probably happily relinquish. Perhaps most excitingly, AI is increasingly being used to augment clinical decision-making. AI algorithms can analyze vast amounts of medical data, including patient records, lab results, and imaging scans, to identify patterns and anomalies that may elude human perception.

For example, AI-powered diagnostic systems have demonstrated remarkable accuracy in detecting diseases such as cancer, cardiovascular conditions, and neurological disorders at early stages, leading to more timely interventions and improved patient outcomes.

Are there downfalls to be wary of?

While the potential benefits of AI in healthcare are undeniable, its integration into clinical medicine poses several challenges and ethical considerations. Concerns about data privacy, security breaches, and the way vendors manage protected health information (PHI) are top of mind for many industry leaders. There are also significant concerns that a reliance on AI-driven diagnostic tools and decision support systems may inadvertently diminish physicians' clinical judgment and critical thinking skills, leading to over-reliance on technology and potential errors in diagnosis or treatment. This concern has been borne out in some recent studies.

Who in the medical community is using AI well or is a model to emulate?

Up until the last year or so, the field of Radiology seemed to be the primary focus of application of AI to clinical work flows. With the increase in capabilities of ambient listening, natural language processing, and generative AI, we are seeing a number of healthcare organizations adopt AI to help with specific clerical tasks within a variety of specialties. This aspect of AI has found a much wider audience, from Primary Care to Emergency Medicine to Oncology.

Should medical professionals feel threatened or empowered by AI's potential?

Both. The threat of misuse of the technology is very real, as are potential risks around data privacy, and both deserve careful consideration and planning. Physicians should certainly feel empowered by many of the new innovations made possible by AI, which will hopefully continue to decrease time spent on some of the more mundane tasks associated with being a physician. The potential for better patient care via increased diagnostic accuracy is also actively being realized. If AI helps us be better at some of the core aspects of our jobs, we should certainly feel empowered by that.

What are the biggest myths surrounding AI and medicine?

The topic of AI and medicine almost invariably leads to a discussion about whether the job of a physician

will one day be replaced or made irrelevant by AI. The risk of that happening is exceedingly small. AI likely will fundamentally change some aspects of how medicine is practiced, but the idea that we will be replaced by robots or chat bots is much more fiction than fact.

Are there good outcomes to share as examples of medical AI done properly?

Medical providers across the country have already incorporated AI into their clinical practice, helping them to write notes more quickly, make more accurate diagnoses, and to generate basic language to communicate results to patients. These aspects of the technology are actively saving time and increasing physician satisfaction, today, not in the potential future.

What is one key thing you want the Iowa medical community to know about AI?

Proceed slowly and expect continued change. As already mentioned, the regulatory environment has not caught up to the advances in AI technology and new rules, regulations, and changes to practice are almost certain in the future. Similarly, the risks to data privacy have likely not been fully explored by either the industry or the bad actors that may seek to exploit them. Be wary around these potential legal exposures and continue to plan accordingly. ■

HAPPY SUMMER IMS MEMBERS!



HEATHER LEE

IMS Membership, Sponsorship, and Operations Manager



Engagement and
Communication

One of the things we often hear as we are out visiting with IMS members across the state is, “How can I become more involved?” We have several options, both big and small, for you to get started.

IMS needs committee members

IMS has nine committees and we are currently recruiting members for any of the following:

- Diversity, Equity, and Inclusion
- Law and Ethics
- Legislation
- Medical Services
- Physician Workforce
- Programming/Educational offerings
- Sports Medicine
- IMPAC
- Membership Development

Serving on a committee is a great way to dip your toe in the water of organized medicine. For more information about what each committee does, the time commitment, and more please scan the QR code. If you would like to join a committee, contact me.

Attend an IMS Blitz Day or networking event in your area

Have you heard about IMS Blitz Days? In 2024 we are targeting five communities for Blitz Days. Those remaining for 2024 are:

- Dubuque - Wednesday, July 31
- Sioux City - Tuesday, October 29

On a Blitz Day, IMS board members and staff travel to visit in-person with member physicians, local elected

officials, and healthcare leaders, to learn about what is happening in the area and how we can better partner together to make impactful change. Our goal at each event is to host a lunch for physicians, hold town hall meetings, and end the day with a networking reception. If we are coming to your area, we hope you will take this opportunity to attend. For more information or to register, go to IMS's event page at iowamedical.org.

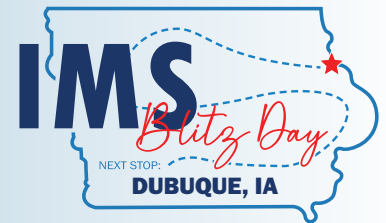
Upcoming Networking Events

- **UIHC Student and Physician Mixer**
Thursday, August 15
Iowa City, location TBA
- **Beers with Peers**
Tuesday, August 27, 5 PM
West Des Moines, Wellman's Pub and Rooftop
- **DMU Student and Physician Mixer**
Thursday, October 17
Des Moines, location TBA

We hope you will get involved with your Iowa Medical Society and help us make positive changes in organized medicine now and in the future.

IMS staff and physician leaders at UnityPoint Health Trinity Regional Medical Center in Fort Dodge meeting with members and awarding Representative Ann Meyer with the IMS Public Service Leadership Award for the key role she played in enacting Tort Reform into law.

For more information about these or other member engagement opportunities, please contact me at HLee@iowamedical.org. ■



BLITZ EVENTS ACROSS IOWA

- ☒ **Tuesday, March 26**
Burlington
- ☒ **Wednesday, May 22**
Cedar Rapids
- ☒ **Wednesday, June 5**
Fort Dodge
- ☐ **Wednesday, July 31**
Dubuque
- ☐ **Tuesday, October 29**
Sioux City

Dates subject to change.





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90TH LEGISLATIVE SESSION IN REVIEW



KEVIN CUNNINGHAM, MD

Chair, Committee on Legislation

The 2024 Iowa legislative session adjourned Saturday, April 20 at 4:30am on the 104th day of the session. Health policy areas of focus for the 90th General Assembly included maternal health, rural access to care and streamlining licensing boards and commissions. Governor Kim Reynolds prioritized maternal health and helped in advocacy efforts to extend post-partum Medicaid coverage to 12 months. However, the Governor and Legislature reduced post-partum eligibility, causing concerns about access to care for post-partum women who no longer qualify for Medicaid. Attention on rural access to health care provided opportunities for increasing the physician workforce and the importance of reforming the prior authorization process.

Issue	Description	Status
Physician Shortage Crisis	<p>IMS helped secure several funding items to expand the physician workforce and advocated for improvements to the licensure climate within Iowa this session. Here are a few highlights:</p> <ul style="list-style-type: none"> • An additional \$125,000 (\$2.64 million total) in funding for the Iowa Rural Primary Care Loan Repayment program coupled with productive conversations about additional funding in the future that is driven by geographic and specialty areas of need. • \$800,000 to fund eight psychiatric residents which will provide mental health services in underserved areas of the state. • \$560,000 to fund four obstetric fellowships which will support maternal health in rural and underserved areas in Iowa. • Decreased unnecessary barriers and licensure delays when recruiting internationally trained physicians. Establishing that the Board of Medicine shall provide provision licenses to international physicians who meet certain requirements. 	IMS Win
Reform Prior Authorization	<p>IMS, in collaboration with Wellmark, introduced legislation that would modernize the prior authorization process and create exemption pilot programs. The bill was passed unanimously in the House of Representatives but after moving into the Senate, the bill was caught up in the political process by the inclusion of an amendment that would add serious administrative burden to practices. IMS will continue to work on this legislation in the interim with plans to refile the bill in 2025.</p>	Progress Made / Work Continues
Strengthen Medicaid	<p>IMS and our coalition partners helped successfully advocate for enacting legislation to extend Medicaid to 12 months post-partum to cover Iowa's most vulnerable mothers and children. Although the passage of this legislation is a momentous occasion, work continues to ensure that all pregnant women and children have a pathway to coverage and receive the care they need.</p>	Improvements Made
Protect Scope of Practice	<p>IMS spent little time fighting scope of practice expansion legislation as there were minimal bills and most were not seriously considered. Most legislators' focus was on the elimination/consolidation of certain Boards & Commissions based on review recommendation because of government reorganization efforts.</p>	Mixed Results



ADVOCACY
& THOUGHT
LEADERSHIP

Issue	Description	Status
Expand Access to Care	<p>IMS supported advocacy efforts towards the enactment of legislation related to the continuity of care and non-medical switching and prohibiting the practice under certain circumstances.</p> <p>IMS also supported legislation that would appropriate moneys from the Opioid Settlement fund towards substance use disorder services and other important areas. While this legislation did not pass, conversations continue about how the moneys can be effectively appropriated.</p>	Mixed Results

24-1 POLICY FORUM RESULTS

The Policy Forum is the process by which IMS establishes and amends official organizational policy. Policy Forums are held twice annually in the spring and fall, with additional policy meetings in the winter as needed. 20 physicians on the IMS Board of Directors comprise the forum's decision makers, led by Policy Forum Speaker, Noreen O'Shea, DO.

Policy Forum 24-1 Results:

Here is a summary of results from the April 20, 2024 Policy Forum meeting, further detail is on the IMS website at iowamedical.org/advocacy/policy_forum.

Youth with Gender Dysphoria

- **PRS 23-2-01:** IMS take an official position to voice support for people under 18 with gender dysphoria to be able to receive standard of care treatment, such as puberty blockers and cross sex hormone therapy, if indicated and medically recommended, and if their guardian consents.

Policy Forum 23-2 Action

Refer to committee and have recommendation by next Policy Forum.

Committee Recommendation

IMS Committee on Law & Ethics recommends IMS adopt the related AMA policy: Clarification of Evidence-Based Gender-Affirming Care.

Action taken: Accepted and AMA policy adopted.

Alcohol Withdrawal Management

- **PRS 24-1-01:** That IMS take the following actions:
 1. IMS staff review of IMS policies regarding SUD to ensure most up-to-date and inclusive of comprehensive SUD access to care and payer coverage.
 2. Report back results and recommendations of review at subsequent policy forum.
 3. Expand IMS priorities and efforts in behavioral health to include alcohol use disorder and other substance use disorders (e.g. stimulant use disorder) in organizational priorities.

Action taken: Adopted

Transparency of Medical Titles and the Use of "Doctor"

- **PRS 24-1-02:** IMS promotes transparency of medical titles and advocates for legislation that prevents the confusing and misleading, to patients and medical providers alike, use of the word "doctor" in the realm of patient care by those without MD or DO degrees.

Action taken: Refer to IMS Committee on Law & Ethics for policy wordsmithing.

Use of Summer Electronic Benefit Transfer Program for Children to Reduce Childhood Food Insecurity

- **PRS 24-1-03:** IMS supports Iowa's participation in the Summer Electronics Benefits Transfer program and other similar programs to reduce childhood food insecurity across the state.

Action taken: Adopted



Learn more about the Policy Forum process and find the 2024 IMS Policy Compendium on the IMS website here: www.iowamedical.org/Policy-Forum

WELCOME TO OUR NEW DIRECTOR OF GOVERNMENT RELATIONS, SETH BROWN, JD

IMS is pleased to welcome Seth Brown, JD, as the new director of government relations. A graduate of Drake University Law School, Brown previously served as the director of public affairs for the Iowa Pharmacy Association (IPA).

“Seth’s legal acumen, respect of his peers, and knowledge in the healthcare sector in Iowa will drive physician-led solutions at the statehouse,” said IMS President Christina Taylor, MD. “We are thrilled to welcome Seth to IMS and look forward to having him help us advance our strategic priorities for

physicians in Iowa and the patients they serve.”

In his previous role at IPA, Brown was instrumental in the successful passage of the **Pharmacy Practice Act modernization legislation (HF 555)**, the organization’s highest priority of Iowa’s 90th General Assembly. He was also responsible for fundraising efforts for IPA’s political action committee which resulted in doubling its giving.

As director of government relations, Brown will be responsible for leading state and federal advocacy efforts to meet the strategic priorities as



defined by IMS Board of Directors. He will also be the lead staff person working with the Iowa Medical Political Action Committee, Iowa delegates to the AMA, and members of the North Central Medical Conference. Seth joined IMS June 17, and he can be reached at sbrown@iowamedical.org. ■

BRAD MCCLIMON, MD

Medical Associates Clinic, Dubuque

Background

I grew up in Dyersville, Iowa – where they filmed Field of Dreams when I was in high school. I received my pharmacy degree and medical degree from the University of Iowa. I did my internal medicine residency at the University of Iowa and my allergy/immunology fellowship at Mayo Clinic.

What inspired you to become a doctor?

I had a keen interest in math and science and took it step by step, which eventually led me to the big step of medical school. My mother is a nurse, so I was always around medicine.

How did you end up at Medical Associates in Dubuque?

Because I grew up in nearby Dyersville, I was familiar with the clinic and providers. I was impressed with the clinicians and

multi-specialty group there and continue to be proud of the group and my colleagues today.

Tell us more about Medical Associates. What is the makeup of your staff and types of services offered?

We are a multi-specialty group with all medical specialties except neurosurgery and an ambulatory surgery center. We own a health insurance plan and take risk/capitation on about half of our patients. The other half of patients are traditional fee for service.

We have more than 100 physicians, 150 providers, and 1,200 employees.

Why are you a member of IMS?

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

What is the #1 issue that Docs in your area are facing right now where IMS can assist?

Reimbursement.

Why should more doctors come to Dubuque to practice medicine?

We have a great medical group and Dubuque has so much to offer as a community in northeast Iowa. It is a beautiful setting and takes visiting here to appreciate it.

What is your best advice for new physicians?

Establish relationships with each of your patients, spend time with them, and they will be patients for life. ■





LEAVE THE GIFT OF GIVING AS PART OF YOUR ESTATE PLAN



ZACH DALLUGE, CFP®, CKA®, *Advisor*

It's inspiring, especially working in the financial & investment industry, to see clients who love to make an impact beyond their own bottom line. To many of the clients that we're fortunate to work with, charitable giving strategies are a large part of how we assist them. One of the best strategies for charitable giving is to open and fund a Donor Advised Fund (DAF).

Many have heard of and use DAF's. DAF's could be a great solution for clients who have a strong desire to make a charitable impact through their lifetime while saving some tax along the way. DAFs can be great planning tools for tax-efficient giving.

While I'm not aware of any research to back this up, the clients I work with who have DAF's enjoy them. What are some of the things they've told me they enjoy?

- DAF's help them to be intentional with their giving. The DAF makes it easy to put their goodwill into practice, because they can automatically contribute to it on a monthly, quarterly or yearly basis.

- When they fund their DAF, those charitable dollars need a home. Several of my clients have told me how much they enjoyed researching organizations to give grants to. In fact, I just met with a client last month who shared that they were looking through the website for a specific organization. Through the search, they discovered many similar organizations.
- Having a DAF has led many of my clients to consider what they really care about. It has led to good conversations between spouses and partners about the connection between personal mission and charitable organizations.

Another advantage of a DAF is the ability to name a single donor or multiple successor donors. This is a great way to pass on the value of giving from one generation to the next. Most people are familiar with naming a beneficiary on investment accounts. With a DAF, you can name charitable organizations as beneficiaries just like with any other

account, which also may make sense in your estate plan. However, you can also name successor donors. A successor donor would be an individual(s) who would "inherit" the DAF at your passing and would take over the responsibilities to find causes for those dollars to support. It allows your heirs to inherit funds that are specifically earmarked for charitable purposes, so that they can participate in finding causes to support with those funds.

If you are interested in passing on the values of charitable giving as a part of your estate plan, reach out today to have a conversation with our team on how to incorporate that as part of your legacy.



SCAN ME

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Join us
July 12

You are invited!

Please join the IMS Board of Directors for a special
IMPAC Reception with special guest:

AMA President Bruce Scott, MD



July 12, 2024 | 6:00pm

50 37th Street, Des Moines, IA 50312

Home of Jonathan and Rachel Preisser, MD



Please register to attend! For more
information, visit the IMS website



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2024 EVENTS AND EDUCATION

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: 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

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/OD

Tuesday, December 17

12:00 PM - 1:00 PM

Zoom

EVENTS

Dubuque Blitz Day

Wednesday, July 31

Dubuque – The Vault Restaurant

UIHC Student Social

Thursday, August 15

Iowa City – TBA

Beers with Peers

Physician networking event

Tuesday, August 27

5:00 PM

West Des Moines –

Wellman's Pub and Rooftop

IMPAC Reception

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



Engagement and
Communication

Physician Opportunities

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FILLING THE GAPS



DENISE JAMIESON, MD, MPH

University of Iowa Vice President for Medical Affairs
and the Tyrone D. Artz Dean, Carver College of Medicine

This summer I will be celebrating my first anniversary as the University of Iowa vice president for medical affairs and dean of the Carver College of Medicine. It has been an exciting year getting to know Iowa through Hawkeye women's basketball's historic run, local shows and events, the Iowa State Fair, and visits across Iowa with other health care leaders, elected officials, and Iowa medicine alumni.

I've learned a great deal about Iowa's health care landscape, and it's clear that Iowa is experiencing access issues, including in our rural areas. At the top of the list of concerns are physician and advanced practice provider shortages coupled with maternal and mental health needs.

I am proud of the progress and reach we are accomplishing through University of Iowa Health Care's expanding footprint across the state, but there is much more to do.

Iowa is one of the few states where there are more medical school graduates than there are first-year resident physician training positions. To achieve a better balance, we are working to increase this number from approximately 900 to 1,200 resident physician and fellow training positions. This will take some time and requires approval by various accreditation organizations, but it will help bolster our physician coverage and help more early-career providers put down roots in our state.

We also need to help our colleagues across Iowa handle increasingly complex cases, particularly in maternal and mental health areas.

Some of the ways that UI Health Care is helping to improve training, include:

Maternal Health

- A team of physicians and nurses from our OBGYN, anesthesia, and family medicine departments travel to community hospitals across Iowa once a month to simulate delivery and common obstetric complications.
- We implemented a rural obstetrician track for OB resident physicians. Each year, interested OB residents spend time training and working with obstetricians in rural-based communities.
- We launched the state's first certified nurse-midwifery program, which welcomed its inaugural class last year.
- We also developed a one-year operative obstetric fellowship for family medicine residency graduates, with family doctors learning to perform obstetric operations such as cesarean deliveries.

Mental health

- A new rural residency training track in psychiatry has its first group of physicians graduating this summer.

- Iowa is no exception when it comes to challenges with alcohol, methamphetamine, and opioid addiction. The UI's Addiction Recovery Collaborative provides training, consultation, and direct outreach for substance use disorder care across Iowa. This past year, our team was able to serve 66 of Iowa's 99 counties through this program.

Without a doubt, the growing need for health care poses huge challenges for every provider, clinic, and hospital across Iowa. Viable, sustainable solutions to help serve our entire state are an important start.

I appreciate the work that is happening as part of Iowa Medical Society's strategic plan to recruit and retain physicians for Iowa. As I enter my second year in this great state, I look forward to our continued collaboration with Iowa Medical Society and others across Iowa to improve access and grow our physician workforce. Our communities are counting on us. ■

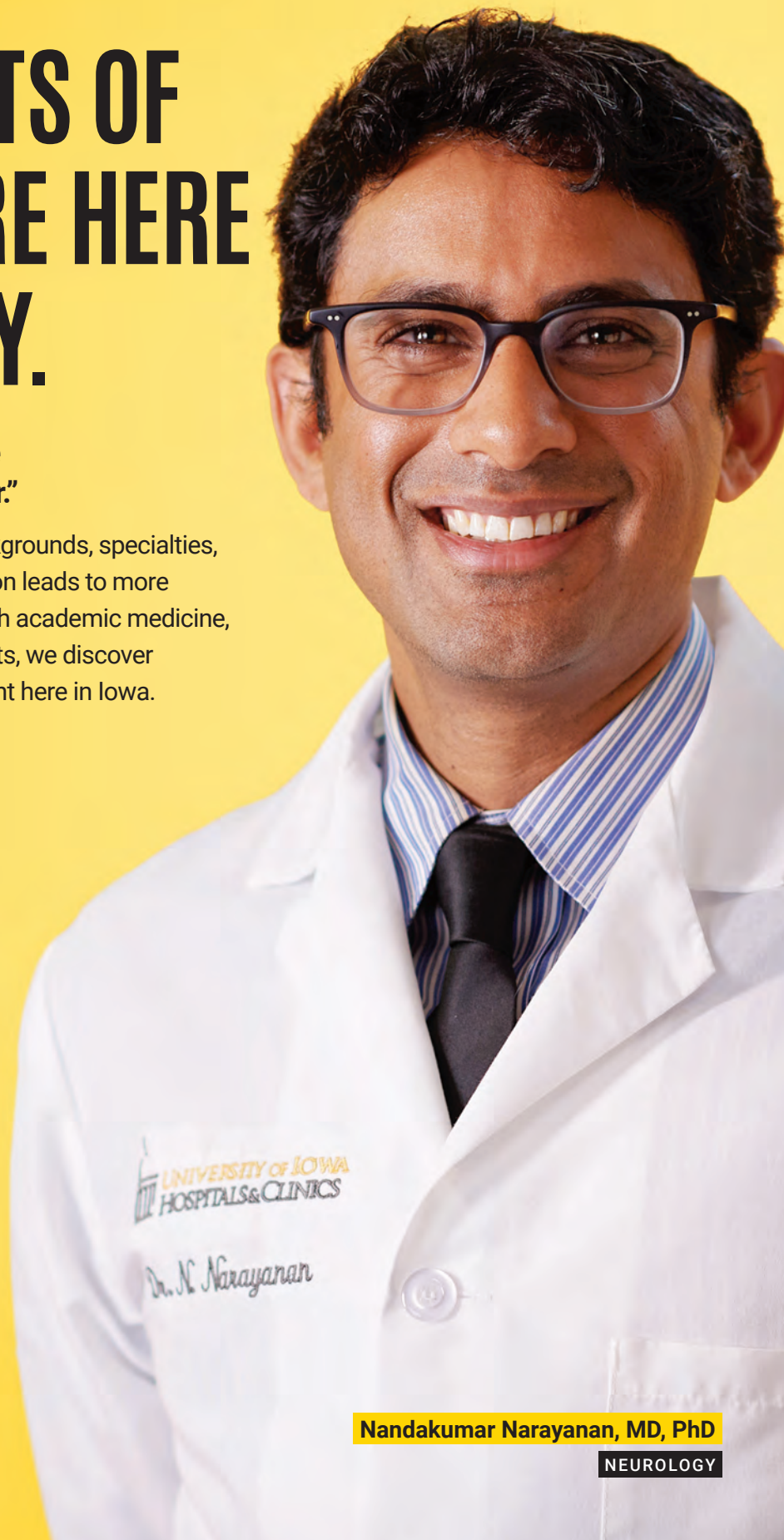


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