

# Operation I.O.W.A.

*Innovative Opportunities  
for Workforce Action*

**A one-day summit to craft solutions to combat  
the physician shortage crisis in Iowa**

PRESENTED BY



**IOWA MEDICAL SOCIETY**



## SETTING THE STAGE

The U.S. is experiencing a significant physician shortage estimated at 64,000 physicians.<sup>1</sup> As the baby-boomer generation ages and moves toward a time of life that requires more health interventions, the national demand for physicians will only increase. The U.S. physician shortage will increase to at least 86,000 physicians by 2036.<sup>2</sup> Clearly, there is a national competition for physicians now and will continue to be well into the future.

On December 6, 2024, the Iowa Medical Society (IMS) launched Operation I.O.W.A., a physician workforce summit to craft solutions to combat the existing physician shortage crisis. Nearly 60 physicians, healthcare executives, policy experts and community leaders from across the state came together to understand the physician workforce crisis and provide statewide solutions.

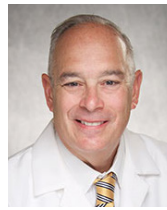
During Operation I.O.W.A., participants were guided through a session to understand the complexities of Iowa's physician shortage.

With this foundation of understanding, participants developed innovative solutions to the Iowa physician shortage at three intervention points along the physician career pipeline:

- **Early-Career Physician Pipeline solutions** - including high school, college pre-medical education and experiences, medical school, residency, and fellowship training.
- **Mid-Career Physician Pipeline solutions** - including clinical practice environment, administrative burdens, burnout, compensation, policies that impact the doctor-patient relationship, medical decisions, and patient safety.
- **Later-Career Physician Pipeline solutions** - including how senior physicians can slow down their practice and have more flexibility in when and where they practice.

Over the course of the summit, hundreds of solutions were offered by Iowa's healthcare leaders. Meeting participants then voted on the most appealing solutions along the physician pipeline. Below, we provide a quick overview of Iowa's physician workforce shortage followed by the "top vote-getting" solutions, in ranked order, across physician pipelines.

## OUR LEADERS



**Gerard Clancy, MD**  
Operation I.O.W.A. Co-Chair  
Senior Associate Dean,  
Carver College of Medicine  
Professor of Psychiatry, UIHC



**Michael McCoy, MD**  
Operation I.O.W.A. Co-Chair  
President & CEO  
Great River Health



**Christina Taylor, MD**  
IMS President  
Internal Medicine  
CMO Clover Health



**Steven W. Churchill, MNA**  
IMS CEO

# UNDERSTANDING IOWA'S PHYSICIAN WORKFORCE CRISIS

Iowa faces a significant shortage of physicians, ranking 44th in the nation in physicians per capita.<sup>3</sup>

Contributors to Iowa's physician shortage include:

- **More Medical School Graduates than First Year Residency Training Positions.** Iowa has more medical school graduates each year (~384 per year) than available first year residency training positions (~278 per year). If we could offer more Iowa-based residency positions, we could easily retain the young physicians we already train in Iowa.
- **Physician Debt Burden on Chosen Specialty and Practice Site.** Across the US, medical school graduate loan debt now averages \$227,000, leading early career physicians to choose specialties, and practice locations that provide their best path to move out of significant debt.<sup>4</sup> The national competition for physicians has promoted aggressive health system physician recruiting programs that offer physician graduates full loan forgiveness, signing bonuses, and other financial advantages. If we could offer more competitive financial incentives, we could recruit and retain Iowa's young physicians.
- **Physicians Relocating Out of Iowa.** Each year, 400 physicians stop practicing in Iowa. On average, 35% of these physicians retire, while 46% relocate out of Iowa to practice medicine in another state. Iowa physician reimbursement is lower than most regions of the US. This is now having a significant impact on access to care, as well as the vitality of Iowa's workforce. Improving Iowa physician reimbursement to at least national averages would have a significant impact on physician recruitment and retention and access to care for Iowans.
- **Doctor - Patient Relationship.** The practice environment specific to Iowa may have an impact on the doctor-patient relationship, medical decision making, and patient safety. Considerations such as these may impact where some physicians plan to practice medicine across their careers. It is important to continue to monitor and discuss the impact of these factors on patient care, patient safety, and physician recruitment and retention.

Operation I.O.W.A. participants gather at IMS





# OVERVIEW OF OPERATION I.O.W.A. - SOLUTIONS FOR IOWA'S PHYSICIAN WORKFORCE CRISIS

Below are the primary solutions put forward from state health leaders during the Operation I.O.W.A. summit, ranked in order of popularity and feasibility.

## Seven Early-Career Physician Pipeline Solutions:

- Increase the number of residency training positions and provide financial support of medical educators across Iowa.
- Enhance pre-medicine programs to increase the number of qualified applicants to Iowa's medical schools.
- Increase early career financial support in the forms of loan payback programs, scholarships, and retention supplements.
- When possible, starting as pre-medical students, streamline the number of years of formal training to become a fully qualified independent practice physician in Iowa.  
Develop statewide marketing strategies to recruit physicians for "First Job in Iowa."
- Enhance support to medical educators across Iowa including an incentive program for hosting and teaching residents and medical students.
- Strengthen economic development case for all of Iowa that comes with investment in early career physicians to improve access to care for Iowa's employers, employees and families.

## Nine Mid-Career Physician Pipeline Solutions:

- Increase Iowa physician reimbursement to the national 50th percentile.
- Reduce administrative burdens that consume significant physician time and do not improve access, timeliness and quality of care - e.g. onerous prior authorization demands on physicians.
- Improve the physician work environment that promotes a culture of physician sustainability.
- Study and inform elected, agency and business leaders of impact of policies that alter the physician - patient relationship, medical decision options, and patient safety.
- Build a stronger culture of community and support across Iowa to promote physician sustainability.
- Enhance collaborative practice and easier state-wide referrals between Iowa's health systems, critical access hospitals, and physician groups.
- Provide incentives to remain in Iowa.
- Expand physician workforce through re-allocation to Iowa of unfilled J-1 physician specific visas.
- Build stronger partnerships with the business community and employers to recruit and retain physicians.

### **Eight Late-Career Physician Pipeline Solutions:**

- Create more pathways for return to practice for those who have been on extended leave or who have retired.
- Expand use and increase flexibility of telemedicine.
- Expand incentives to remain practicing with increased flexibility for part-time scheduling for senior physicians.
- Create new clinical practice and licensing options for later stages of career that allow for semi-retired activities outside of medicine.
- Develop new roles for senior physicians including mentorship opportunities for practicing physicians and as clinician educators for expanded Iowa residency and medical student programs.
- Enhance statewide credentialing, call service, and/or cross-coverage.
- Establish easy-to-join semi-retired physician program that promotes ongoing training, clinical updates, technology updates, continuing education credits, and builds community.
- Provide job portal and clearinghouse for opportunities for later stages in career.

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<sup>1,2</sup> GlobalData Plc. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. Washington, DC: AAMC; 2024.

<sup>3</sup> Institute, Common Sense. "Iowa's Healthcare Landscape." Common Sense Institute, Common Sense Institute Iowa, 22 Aug. 2024, [www.common senseinstituteus.org/iowa/research/healthcare/-iowas-healthcare-landscape](http://www.common senseinstituteus.org/iowa/research/healthcare/-iowas-healthcare-landscape).

<sup>4</sup> "Debt, Costs, and Loan Repayment Fact Card for the Class ..." Medical Student Education: Debt, Costs, and Loan Repayment Fact Card for the Class of 2024, Association of American Medical Colleges, Oct. 2024, [students-residents.aamc.org/media/12846/download](https://students-residents.aamc.org/media/12846/download).

## **Operation I.O.W.A. summit:**

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**Details on Top Solutions for Iowa's  
Physician Workforce Crisis**

# SESSION I: EARLY PIPELINE RECOMMENDATIONS

## STARTING AND STAYING IN IOWA

7 Recommendations	Actions/Impact	Why this is important
<p><b>1. Increase residency positions</b> Provide funding for more residency and fellowship training positions and financial support for medical educators across Iowa. This will require a more robust state-wide teaching and supervision infrastructure and consistent funding for residents, fellows, and teachers.</p>	<p>Training more resident physicians creates a better opportunity for retention – targeting all of Iowa and illustrating the need to those most likely to return to their home community.</p> <p>More access to funding and increases in residency slots provides future capacity for medical student graduates to fill in greater numbers in the future.</p> <p>Create additional rural track resident training experiences and funded residency positions with incentives to set up practice in rural Iowa.</p> <p>Create new teacher stipends and/or tax credits for resident teaching and recruitment.</p> <p>Seek a reduction of the significant administrative burdens of establishing, expanding, and maintaining accredited residency training programs.</p>	<p>Iowa has more medical student graduates each year than first year residency positions.</p> <p>Residents and fellows who train in Iowa have a greater chance of staying here to establish longer medical practice.</p>
<p><b>2. Enhance pre-medicine programs to increase highly qualified applicants to medical school.</b> When possible, streamline and merge components of the training pipeline from high school to community college to college to medical school to residency</p>	<p>Establish a “collective” that shares outreach, education and experiential resources to grow the pool of interested pre-medical students. Pre-med advising in high school and college needs to promote successful pathways to admission to medical school and fulfilling careers in medicine.</p> <p>Increase the opportunities to provide “hands-on” experiences for potential medical students to see the profession up close. This includes shadowing experiences – but more importantly, working in</p>	<p>Nationally, the number of high school graduates will soon begin to decline. This will extend to a decline in college graduates and without intervention, most likely a decline in applicants to medical school.</p>

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training. Make earlier connections – in middle school, high school and pre-med programming to recruit top-talent to careers in Iowa medicine.

healthcare itself (i.e. pre-med employment as EMTs, medical assistants, and nursing assistants.)

Utilization of more doctors as role models to increase exposure. Broader use of “Kids in White Coats” program.

Create a more aggressive/strategic marketing campaign to interest kids while they are still in high school in order to recruit young people within the state.

**3. Increase early career financial support.**

Provide early career financial assistance to stay and practice in Iowa in the form of undergraduate and medical school scholarships, loan-payback programs, tax credits for first five years of practice in Iowa, and signing bonuses to practice in rural Iowa.

Financial barriers are a substantial consideration when contemplating the profession of medicine. By demystifying and creating viable financial pathways to become a practicing physician in Iowa, more students will see the benefit in staying.

Increase the number of specialties and locations accepted under the loan repayment program.

Seek adequate funding to establish a tuition free medical school pathway in exchange for practice in underserved regions of Iowa.

Surveys of current medical students demonstrate that they have significant concerns on how they will financially make it through medical school and residency training.

Large public and private health entities already offer significant loan payback, signing bonuses, and start-up assistance to residents in training to lure them away from Iowa.

**4. Streamline training.**

When possible, streamline and merge components of the training pipeline – from high school to community college to college to medical school to residency training. Reduce barriers to early admission and reduce pre-med attrition due to gap years and waiting lists.

Use of collective resources to improve pre-med advising and counseling.

Create bridge curriculum to sustain strategic engagement of students and reduce tuition burden on students interested in medical school.

Across the U.S., collaboration between community colleges and universities are allowing a more cost-effective path to meet pre-med course requirements. Similarly, several medical schools have allowed an overlap of the last year of medical school and the first year of residency training, again lessening the cost of training for the medical student.



**5. Develop statewide marketing strategies to recruit for “first job in Iowa.”**

Develop a physician portal/website to pair with job fairs and marketing of advantages to working in Iowa. Conduct “exit interviews” for those medical students and residents who are leaving Iowa to determine best strategies for retaining talent in the future.

Surrounding states have unified physician recruitment campaigns that use app and social media technologies.

**6. Enhance support to medical educators across Iowa.** Provide incentive programs for teaching residents and medical students.

Allow for teaching tax incentives for faculty, and use of residents for faculty. Allow easy access to medical library services and Continuing Medical Education programs and credits.

Across the US, clinical preceptors in community settings devote significant time to teaching students and residents.

**7. Strengthen economic development case for all of Iowa with improved access to care for employees and families.**

Explore partnerships between IMS, the Iowa Chamber Alliance, economic development agencies, and major employers.

Potential new economic/job growth companies will look at access to care as a factor when looking to expand their businesses.

# SESSION II: PRACTICE ENVIRONMENT RECOMMENDATIONS FOR RECRUITING AND RETAINING PHYSICIANS IN IOWA

9 Recommendations	Actions/Impact	Why this is important
<p><b>1. Increase Iowa physician reimbursement to the national 50th percentile.</b> Provide compensation /improvements to fee schedule/advocacy for commercial payors, Medicaid, and Medicare rates.</p>	<p>Partner with payors to recruit and retain physicians to improve access to care across Iowa.</p> <p>Encourage payors to incentivize physicians to stay in Iowa; create a feedback loop for value-based care.</p> <p>Examine and encourage increases to private/commercial insurance payor reimbursements to be competitive with other states/the marketplace.</p> <p>Ensure Medicaid reimbursement and rate reviews are on a consistent schedule.</p> <p>Advocate for fair Medicare reimbursement rates that acknowledge rural disadvantages in the Geographic Practice Cost Index (GPCI).</p>	<p>A significant number of physicians, with significant loan debt burden, leave Iowa each year to practice in other states in part due to higher compensation across their entire career.</p>
<p><b>2. Reduce administrative burdens that consume significant physician time and do not improve access, timeliness, and quality of care.</b></p>	<p>Reform the prior authorization process and decrease EHR requirements and regulations.</p> <p>Streamline payor utilization of AI algorithms in the prior authorization process, to ensure these tools improve access to care rather than create additional obstacles.</p> <p>Facilitate access, support, and use of technology, including AI best practices for physicians, to reduce administrative burdens and burnout.</p> <p>Streamline excessive training mandates that do not improve quality and safety of care.</p> <p>Cross-credentialing across health care organizations to aid physicians practicing in multiple locations across Iowa.</p>	<p>Burnout is currently at 50% of practicing physicians - with excessive time-demanding administrative burdens as major driving factors.</p> <p>A new physician to Iowa may be required to undergo as much as 61.5 hours of mandatory training in their first year of practice. Rarely does this mandatory training improve the quality of patient care.</p>

**3. Improve the physician work environment by promoting a culture of physician sustainability.**

Create an environment of better work/life balance and quality of life considerations.

Create a formal process to request spousal job assistance in rural areas through the economic development office.

Promote a culture that fully utilizes PTO, and enhances work/life balance, and positive mental health.

Create attraction packages for spouses and families (child-care and others)

Practice expectations of 60 to 80 hours per week, with frequent overnight call are not sustainable over the long-term.

**4. Study and inform elected /agency and business leaders on impact of policies that alter the physician - patient relationship, medical decision options, and patient safety.**

Assess the potential impact of the current practice environment on active practitioners in Iowa.

Share stories from exit interviews on why residents and established physicians have left the state due to practice changes impacting the doctor-patient relationship.

**5. Build a stronger culture of physician community across Iowa.**

More opportunities to network and interact socially as a “community of practitioners.”  
Reduce the competitive nature of practice in favor of incentivized collaborative practice models and opportunities to collaborate.

Physicians, particularly in rural Iowa, would benefit from greater connection and support from their state-wide physician colleagues.

**6. Enhance collaborative practice and easier state-wide referrals.**

Teamwork, collaboration, networking, and connection between physicians (i.e., an online physician lounge) to help with support, and potentially assist in job satisfaction and burnout.

Statewide support for collaborative practice agreements so providers can work at the top of their licenses.

Create feasible limits on non-competes that are more collaborative so physicians don't feel stuck and have to leave city or state if they don't “fit in” with their current job and colleagues.

Competition between health systems can have an impact on ease of transfer of patients needing a higher level of care and on the well-being of the referring physician.

<p><b>7. Provide incentives to remain in Iowa.</b></p>	<p>Work with local communities to provide local tax abatements/reductions to allow rural practice to operate at reduced/lower costs.</p> <p>Create incentives for doctors to return to Iowa from out-of-state.</p> <p>Establish a process to interview doctors who are leaving the state to determine preventative remedies specific to trends in their departure.</p>	<p>Across the U.S., local business leaders are partnering with local health systems to create attractive physician recruitment packages.</p>
<p><b>8. Expand workforce through re-allocation to Iowa of unfilled J-1 Visas.</b></p>	<p>Work with legislators to expand/change number of J-1 visas available for doctors to practice in Iowa.</p>	<p>Several states do not use their 30 allotted J-1 physician visas each year.</p>
<p><b>9. Build a stronger partnership with the business community and employers.</b></p>	<p>Work with local communities to provide innovations in retaining workforce - tax abatement, recruitment kits for Chambers of Commerce, etc.</p>	<p>Local businesses and potential new businesses will look at access to care regarding their future investments in jobs.</p>

## SESSION III: LATER STAGE (55+)

### STRATEGIES TO KEEP PHYSICIANS IN/RETURN TO PRACTICE

8 Recommendations	Actions/Impact	Why this is important
<p><b>1. Create more pathways for return to practice for those who have retired. This includes special/easing of medical licensing and credentialing requirements.</b></p>	<p>Create a “transitional” license model to allow work for decreased cost and/or requirements to hold a license.</p> <p>Decrease rigidity in the requirements to return to practice – with particular emphasis on health systems.</p> <p>Develop and deploy a return to practice toolkit including different requirements for CEUs and training/upskilling on technology.</p> <p>Create a Legacy Track of options: virtual teachings, teaching in general, do ECHOs, shadowing opportunities for younger physicians, volunteerism (be chaperones for kids in white coats idea!), sabbatical options, cross-cover CALL, other non-clinical options.</p>	<p>A significant number of physicians retired early during the worst of the COVID-19 pandemic.</p> <p>Each year, a significant number of physicians go on extended leave for family care reasons.</p> <p>Tapping into this pool of physician talent is an important unrecognized solution to Iowa’s physician shortage.</p>
<p><b>2. Enhance flexibility of telemedicine/more reciprocity.</b></p>	<p>Allow broader use of telemedicine in different practice areas.</p> <p>Maintain/increase payment for telemedicine services.</p> <p>Reciprocity for providing telemedicine services while traveling/visiting grandkids out of state.</p>	<p>Telemedicine allows semi-retired physicians to practice from multiple locations – such as “snow-bird” locations in the winter.</p>
<p><b>3. Expand incentives for to remain practicing with flexibility for part-time and/or slow down solutions.</b></p>	<p>Develop solutions for open/flexible scheduling and different care models.</p> <p>State-funded retention bonus for continuing practice in Iowa.</p> <p>Past retirement age and still practicing – offer tax credits.</p>	<p>When retired, Iowans do not pay state-income tax. A practicing physician over 65 years old continues to pay income tax unlike their retired peers.</p>



Creation of a Special Medical License, with reduced administrative requirements for those physicians with more limited clinical duties.

**4. Create new clinical practice options for later stages in career.**

Evolve practice models to allow for senior physicians to continue to practice and allow for semi-retired activities outside of medicine.

**5. Develop new roles for senior physicians including mentorship opportunities and as clinician educators for expanded Iowa residency and medical student programs.**

Develop pipeline of available mentors and clinical teachers to extend the reach of providers at the top of their level - allowing them to be met where they are in life/purpose.

Local businesses and potential new businesses will look at access to care regarding their future investments in jobs.

**6. Enhance statewide call service/cross-coverage.**

Establish a statewide network of available doctors to expand the coverage of medical services throughout the state, utilizing doctors in later stages of practice.

**7. Establish easy-to-join semi-retired physician program.**

Opportunities to reduce isolation for mature physicians and create a strong social fabric to increase interest in returning to practice in some form and share stories.

Establish clubs for semi-retired physicians/ more connectedness on a social level (social, educational, service oriented)

ECHO programs for emerging public health and clinical practice issues.

It is not uncommon for Iowa physician alumni who are nearing retirement to move back to Iowa to be with their children and grandchildren.

**8. Provide clearinghouse for opportunities for later stages in career.**

Create inventory/list of available opportunities from around Iowa for groups/practices who may be seeking doctors for limited/sporadic engagement as an opportunity to develop a different practice model.

# THANK YOU TO OUR PARTICIPANTS:

**Kurt Andersen, MD**

Family Medicine, President  
MercyOne Eastern Iowa  
Des Moines

**Jane Arnold**

Market President  
UnityPoint Health - Sioux City  
Sioux City

**Amy Augspurger**

Director of Provider Recruitment  
The Iowa Clinic  
West Des Moines

**Jennifer S. Beaty, MD, FACS, FASCRS**

Surgery, Associate Dean for Graduate Medical Education  
Des Moines University  
West Des Moines

**Mikayla Brockmeyer, DO**

Internal Medicine, Resident  
University of Iowa - Des Moines Internal Medicine Program  
Des Moines

**Tracey A. Cho, MD**

Neurology, Clinical Prof. Neuroimmunology Division Director  
University of Iowa Health Care, Graduate Medical Education  
Iowa City

**Steven W. Churchill, MNA**

CEO  
Iowa Medical Society  
Des Moines

**Gerard Clancy, MD - Operation I.O.W.A. Co-Chair**

Psychiatry, Senior Associate Dean for External Affairs  
University of Iowa Health Care  
Iowa City

**David Connett, DO, FACOPF, Dist.**

College of Osteopathic Medicine Dean  
Des Moines University  
West Des Moines

**Kevin Cunningham, MD, FACP**

Internal Medicine, CMO  
The Iowa Clinic  
West Des Moines

**Abby Davison, M1**

Medical Student  
University of Iowa Carver College of Medicine  
Iowa City

**Matt Eide, JD**

IMS Contract Lobbyist  
Eide - Walton  
Des Moines

**Marygrace Elson, MD, MME**

OB/GYN  
University of Iowa Carver College of Medicine  
Iowa City

**Lillian Erdahl, MD**

Breast Surgical Oncology, IMS Board Chair  
University of Iowa Health Care  
Iowa City

**Tom Evans, MD**

Family Medicine, President & CEO  
Compass Healthcare Collaborative  
Des Moines

**Kaitlyn Hansen, OMS-III**

Medical Student  
Des Moines University  
West Des Moines

**Gregory R. Johnson, MD**

Family Medicine, CMO  
UnityPoint Health  
West Des Moines

**John R. Jones, MD**

Pediatric Emergency Medicine, CMO  
UnityPoint Health - St. Luke's Sioux City  
Sioux City

**Shea Jorgensen, MD**

Psychiatry, CMO  
Prairie Ridge Integrated Health  
Mason City

**Peter Kaboli, MD, MS**

Internal Medicine, Executive Director  
Department of Veterans Affairs, Office of Rural Health  
Washington, IA

**Robert Kruse, MD, MPH, FAAFP**

Family Medicine, State Medical Director  
Iowa Department of Health & Human Services  
Des Moines

**Rebecca Lundquist, MD**

Psychiatry, Broadlawns UnityPoint Psych Residency Director  
UnityPoint Broadlawns Educational Foundation  
Des Moines

**Alison C. Lynch, MD, MS**

Psychiatry and Addiction Medicine, IMS President-Elect  
University of Iowa Health Care  
Iowa City

**Rachel Maasen, MD, MBA**

OB/GYN, Medical Chief of Staff OB/GYN  
University of Iowa Health Care  
Iowa City

**Dan McCabe, MD**

Emergency Medicine, IMS Board Member  
Iowa Poison Control Center, University of Iowa Health Care  
Iowa City

**Brad McClimon, MD**

Allergy and Immunology  
Medical Associates  
Dubuque

**Logan McCool, DO**

Physical Medicine and Rehabilitation  
MercyOne Rehabilitation Hospital  
Clive

**Michael McCoy, MD - Operation I.O.W.A. Co-Chair**

OB/GYN, President and CEO  
Great River Health  
West Burlington

**Chris McGowan**

Executive Director  
Siouxland Chamber of Commerce  
Sioux City

**Naim Munir, MD**

Senior Vice President and CMO  
Wellmark Blue Cross Blue Shield  
Des Moines

**Greg Nelson**

Assistant Dean for Clinical Education Programs; Director, CME  
University of Iowa Carver College of Medicine  
Iowa City

**Paula Noonan**

CEO  
Polk County Medical Society  
Des Moines

**Noreen O'Shea, DO, MA Bioethics, FAAP**

Family Medicine, IMS Policy Forum Chair  
Clive Free Clinic  
Clive

**Andrew Perry**

CEO  
McFarland Clinic  
Ames

**Douglas Peters, MD, FAAFP**

Family Medicine  
Great River Health Systems, AMA Delegate  
West Burlington

**Christian Pettker, MD**

OB/GYN, Department Executive Officer OB/GYN  
University of Iowa Health Care  
Iowa City

**Brian Privett, MD**

Ophthalmology  
Iowa Eye Center  
Cedar Rapids

**Jeff Quinlan, MD, FAAFP**

Family Medicine, Department Chair for Family Medicine  
University of Iowa Health Care  
Iowa City

**Michael Romano, MD**

CMO, Family Medicine  
Nebraska Health Network  
Omaha, NE

**Joel Ryon, MD**

Family Medicine, CMO  
Great River Health, IMS Board Member  
West Burlington

**Chris Schanbacher, MD**

Emergency Medicine, Resident  
UIHC Residency - Emergency Medicine  
Iowa City

**Anand K. Shah, MD, FAAFP**

Family Medicine, CMO  
McFarland Clinic  
Ames

**Victoria Sharp, MD, MBA**

Urology and Family Medicine, Chief Deputy of Staff  
Iowa City VA Health Care System, IMS Board Member  
Iowa City

**Amy Shriver, MD, FAAP**

Pediatrics, Iowa AAP President  
UnityPoint Blank Children's Pediatric Clinic  
Clive

**Joseph Szot, MD**

Hospitalist  
University of Iowa Carver College of Medicine  
Iowa City

**Jodi Tate, MD**

Psychiatry  
University of Iowa Health Care  
Iowa City

**Christina Taylor, MD**

Internal Medicine, IMS President, CMO  
Clover Health Value Based Care  
West Des Moines

**Peter Tonui, MD**

Trauma Surgery, IMS Secretary/Treasurer  
The Iowa Clinic  
Des Moines

**Emily Trudeau, MD**

Family Medicine and Psychiatry, Resident, IMS Board Member  
University of Iowa Health Care Residency  
Iowa City

**Douglas J. Van Daele, MD, FACS**

Otolaryngology  
University of Iowa Health Care  
Iowa City

**Jon Van Der Veer, DO**

Internal Medicine, Founder  
Hy-Vee Health, Exemplar Care  
West Des Moines

**Joyce Vista-Wayne, MD, DLFAPA**

Child and Adolescent Psychiatry  
MercyOne Medical Group  
Clive

**Kate Walton**

IMS Contract Lobbyist  
Eide - Walton  
Des Moines

**Humphrey Wong, MD**

Pulmonology  
MercyOne Davenport Genesis Pulmonary Care  
Davenport

**Fadi Yacoub, MD**

Internal Medicine and Nephrology, IMS Board Member  
Medical Director; Mercy Cedar Rapids  
Cedar Rapids

**Jessica Zuzga-Reed, DO**

IMS Past-President  
Pediatric Intensivist, Associate CMO and Interim CMO  
MercyOne  
Des Moines, Sioux City

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515 E LOCUST STREET, SUITE 400  
DES MOINES, IA 50309  
(515) 223-1401  
[iowamedical.org](http://iowamedical.org)