



**IOWA
MEDICAL
SOCIETY**

Population Health and Value Based Care 2025

Alison Lynch, MD

President of the Iowa Medical Society

Heartland Cognitive Care Collective Summit

October 3, 2025



Who We Are

Heartland Cognitive Care Collective Summit

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Iowa Medical Society

Our **mission** is 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.

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



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 Education

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

IMS programming

Doc2Doc podcast

- Advocacy

- Financial planning

- Physician mental health and wellness

- Patient safety

- Medical liability

Candor—Communication and Optimal Resolution legislation and training

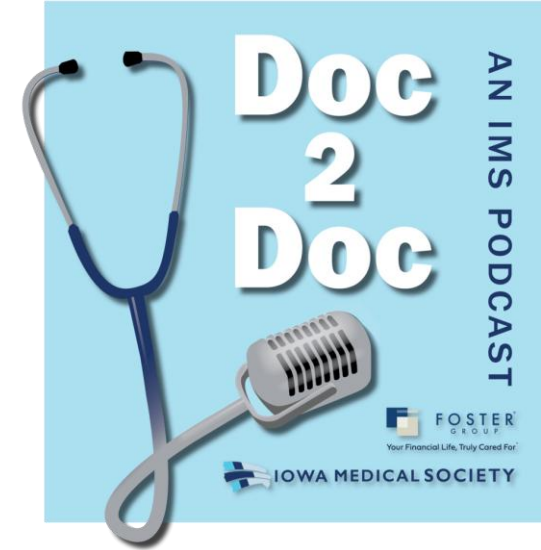
Crucial Conversations Training

Maternal Health ECHO

Continuing Medical Education and Curated Courses

- Impact of Ageing on Mental and Physical Health

- Telemedicine



Population Health

- Collaborating with Iowa family medicine residency programs to conduct quality improvement projects through learning collaboratives (e.g. hypertension management)
- Continuing medical education on screening, brief intervention, and referral to treatment; opioids and pain management; psychiatry for non-psychiatrists
- IMS Blitzes across the state to hear from members about community needs and concerns from across the state, rural/urban, private practice, CAHs, etc.



Value Based Care

- Increase physician reimbursement as well as models that incentivize value-based care
- Reduce administrative burdens that consume significant physician time and do not improve access, timeliness, and quality of care
- Enhance telemedicine flexibility and increase payment for these services

Advocacy

- Legislative Director, contract lobbyists
- Newsletter, magazine
- Strategic planning with legislative priorities
- Committee on Legislation
- Physicians Day on the Hill
- Meetings and Hill visits with Iowa's federal delegation
- Policy Forum

POLICY FORUM

Policy Request Statement 25-2-01

Submitted by: Dr. Douglas Steenblock, MD, Marshalltown, IA

Subject: Neurocognitive Disorders

Problem

As Iowa's population ages, the prevalence of dementia and other neurocognitive disorders is likely to rise as well.

Brief Background

Many inpatient psychiatric units across the state have reported difficulties with placement of patients with major neurocognitive disorders. Some of these patients have highly problematic and even violent behaviors that exceed the capacity of most nursing homes. There have been reported cases of patients who have remained on inpatient units for several months even though they no longer need that level of care. When the outflow from these units is reduced, it then in turn reduces the inflow of new admissions, thereby limiting the number of beds available and in turn causing lengthy stays in emergency rooms.

Policy Request

The Iowa Medical Society supports the establishment of add-on payments for long-term care facilities that care for patients with complex neurocognitive disorders and the allocation of funds to train practitioners to provide such necessary level of care.

Testimony Forum

Shea Jorgensen, MD

Thanks Dr. Steenblock. We had a young man with a history of TBI and subsequent mental health issues who needed long-term placement. Ultimately, there was not an appropriate facility in Iowa, and he was accepted into a neurorestorative program in Oklahoma, where he lived for more than a year. It was very frustrating for his family that we didn't have a single facility in Iowa to meet his needs.

Michael Kitchell, MD

As a neurologist, I would agree, there is a problem finding appropriate facilities in Iowa which are capable and willing to accept these patients with complex neurobehavior problems. I support Dr. Steenblock's request.

Relevant AMA Policy

Payment for Dementia Treatment in Hospitals and Other Psychiatric Facilities D-345.985, last modified at 2017 House of Delegate Interim meeting.

“Our American Medical Association will work with relevant specialty societies to promote appropriate payment for treatment for all types of dementias when patients are treated in an accredited facility, whether free-standing or part of a general medical facility, even when dementia is the primary diagnosis for admission.”



Operation I.O.W.A.

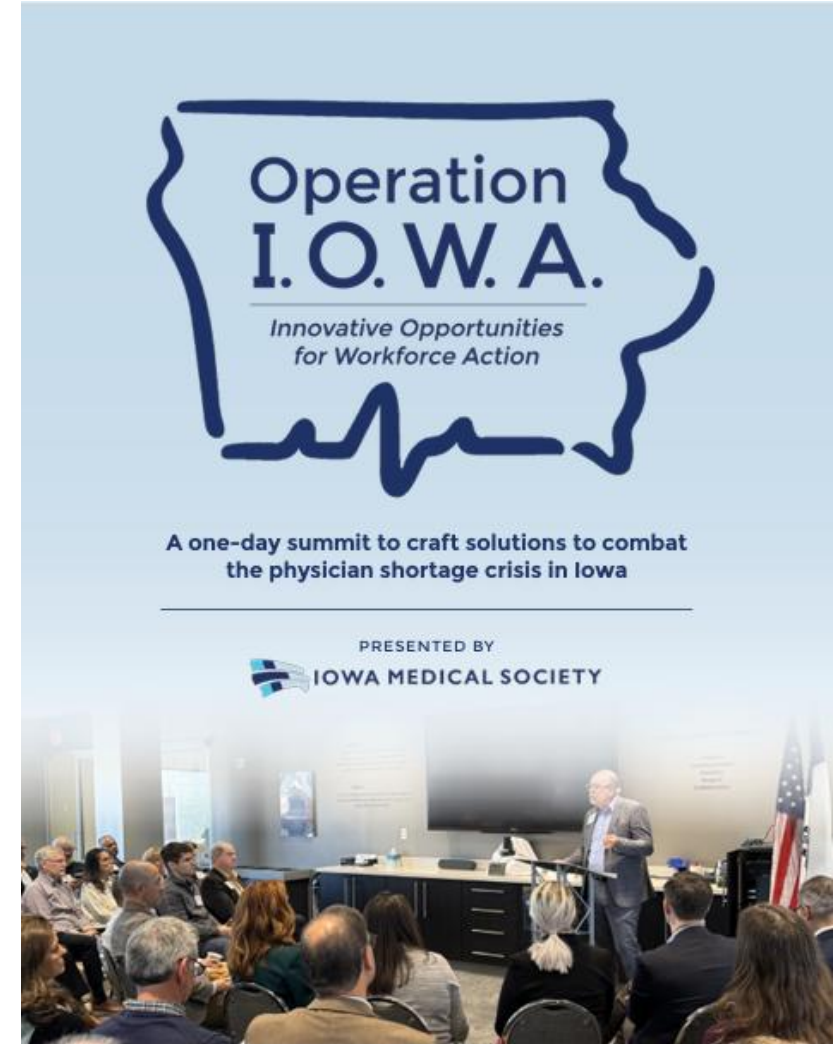
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Operation I.O.W.A. Phase I

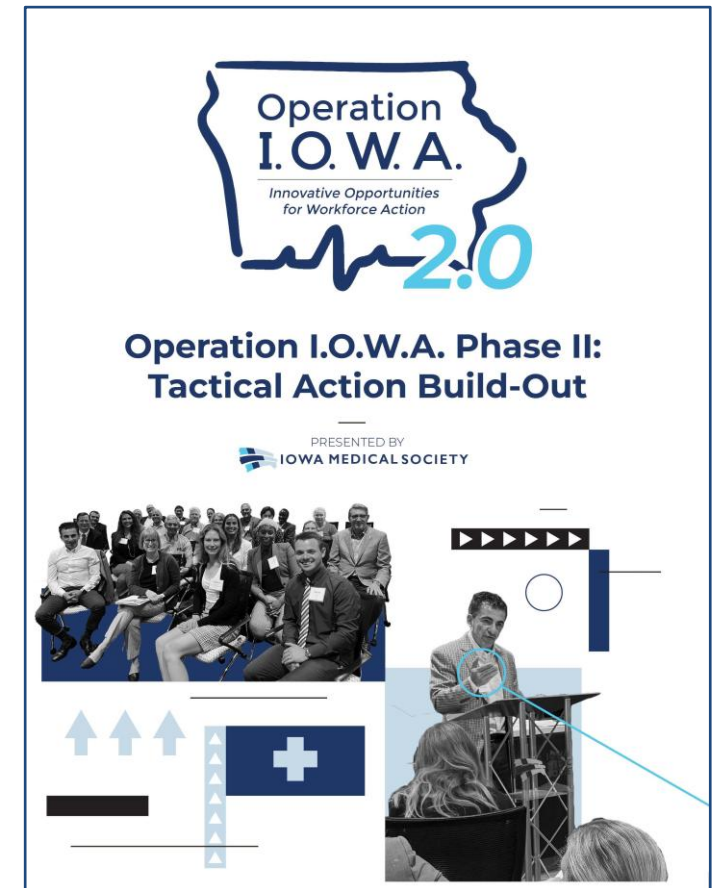
Key Findings:

- Increase Graduate Medical Education residency slots
- Breaking down financial barriers for students
- Ensure more time with patients and less on paperwork



Operation I.O.W.A. Phase II

- Increase residency slots in Iowa and recruiting for early physician career pipelines;
- Improve reimbursement rates for physicians and competition among health care payors, and promote physician leadership development for the future of medicine; and
- Eliminate administrative burden, remove barriers to recapture the joy of medicine, and improve the environment for senior physicians to continue practice.



To learn more visit:
lowamedical.org/newsroom



Thank you

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