



Operation I.O.W.A. Phase II: Tactical Action Build-Out

PRESENTED BY
 IOWA MEDICAL SOCIETY



OVERVIEW

In December 2024, the Iowa Medical Society (IMS) launched Operation I.O.W.A. (Innovative Opportunities for Workforce Action), a statewide summit convening more than 60 physician leaders, health care executives, and community stakeholders. That effort, now referred to as Operation I.O.W.A. Phase I, produced a comprehensive report of 24 recommendations to address Iowa's critical physician workforce shortage through both legislative and non-legislative solutions. Key findings from Operation I.O.W.A. Phase I include: Increasing Graduate Medical Education (GME) residency training slots, breaking down financial barriers for students, and ensuring more time with patients and less on paperwork.

Following the release of the Phase I recommendations, IMS advocacy efforts secured historic wins by passing bipartisan legislation to invest \$150 million to expand GME residency slots, doubling the rural health care loan repayment fund to \$8 million, and securing passage of the most expansive prior authorization reform in recent memory. The report itself and the tangible progress in advancing these initiatives ensure physician voices are central to conversations on recruitment and retention—laying important groundwork for the next stage of this initiative.

Operation I.O.W.A. Phase II represents the tactical framework of this effort. Building on the priorities identified in Phase I and leveraging the progress already made, this report outlines specific, actionable strategies to:

- + Increase residency slots in Iowa and recruit 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.

By aligning stakeholders across education, health systems, policymakers, and communities, Phase II moves beyond broad recommendations toward coordinated implementation. The physician workforce challenges facing Iowa remain urgent and complex—but with sustained action and shared commitment, Operation I.O.W.A. Phase II charts a path toward lasting solutions for patients, physicians, and the health care system as a whole.



EARLY PIPELINE RECOMMENDATIONS

OPERATION IOWA PHASE II OBJECTIVES	TACTICS
<p>1. Increase Residency Slots in Iowa</p> <p>Take action to ensure approval of increased residency slot funding at the federal level</p>	<ul style="list-style-type: none"> + Reinforce the importance of Iowa's State Plan Amendment for new residency slots to policymakers through coalition building and continued federal advocacy efforts + Increase health system leadership's active recruitment of medical students to do their residencies in Iowa + Conduct research to determine incentives and barriers for physicians to serve as preceptors for new and existing residency programs – use results to inform policies and practices for increasing the number of physician preceptors
<p>2. Foster Medical Student Mentorship</p> <p>Improve mentorship and preceptorship between physicians and medical students in the state</p>	<ul style="list-style-type: none"> + Create a list of physicians willing to mentor, visit high schools, and offer shadowing experiences to potential future medical students + Develop “Toolkits” outlining best mentor/mentee practices at the various levels of education and development + Establish a mentor program, pairing mentors and mentees based on levels of education, specialty interests, geographic location, and experience + Promote networking and community building between IMS members through various engagement opportunities
<p>3. Increase Recruiting for Early Physician Career Pipelines</p> <p>Identify, strengthen, and support Iowa's early medical education pipelines</p>	<ul style="list-style-type: none"> + Work with high school counselors, undergraduate advisors, and medical school admissions offices to increase medical school applications and improve the admissions process + Collaborate with organizations working to develop future health care professionals to increase high school student consideration and interest in medicine as a career + Conduct statewide audit of medical school pipeline programs + Identify successful programs in other states that attract and retain talent, and adapt their effective strategies to Iowa
<p>4. Expand Medical School Training Programs for Rural Iowa</p> <p>Increase access to and opportunities for rural medical school training</p>	<ul style="list-style-type: none"> + Provide incentives and opportunities for pre-medical and medical students and residents to train in rural communities + Support existing rural medical student training opportunities + Explore the creation of three-year medical school tracks for a select group of students in specific specialties + Increase outreach and engagement with rural communities and areas with low medical school application rates in Iowa



MID-CAREER RECOMMENDATIONS

OPERATION IOWA PHASE II OBJECTIVES	TACTICS
<p>1. Improve Reimbursement Rates for Physicians and Competition among Health Care Payors</p> <p>Advocate for improved Medicaid and Medicare reimbursement rates for physician services and promote competition among health care payors</p>	<ul style="list-style-type: none"> + Educate government officials on the importance of meaningful Medicaid and Medicare reimbursement rates to impact recruitment and retention + Promote competition and transparency in Iowa's private health insurance market + Equip physicians with skills to effectively deliver messages and personal stories when speaking with leaders about reimbursement and competition + Utilize social media and other communication channels to elevate reimbursement issues and challenges as well as the accompanying remedies + Explore a "Report Card" system on insurance companies that measures key metrics related to reimbursement, transparency, administrative burden and physician wellbeing
<p>2. Promote Physician Leadership Development for the Future of Medicine</p> <p>Prepare physicians for leadership positions through training and development opportunities</p>	<ul style="list-style-type: none"> + Increase physician involvement in decision-making to improve physician work environments in all settings and decrease physician relocation out of Iowa + Advocate for health systems to provide physicians with protected time for professional and leadership development opportunities + Identify existing leadership programs and explore the possibility of IMS creating a physician-led leadership development program + Explore existing programs, in and out of state, for improving work environments and reducing burnout, including funding opportunities for system-based and private practice burnout prevention programs
<p>3. Develop Dynamic and Nationally Competitive Recruitment Practices</p> <p>Encourage recruitment efforts that incorporate the comprehensive needs of physicians</p>	<ul style="list-style-type: none"> + Determine comprehensive and meaningful incentives for recruiting physicians beyond compensation (housing, childcare, loan repayment, spousal opportunities, leave options, etc.) + Facilitate discussions between private practice and independent physician groups with insurance providers about physician compensation challenges and opportunities + Communicate and work with employers to implement comprehensive recruitment and retention strategies, collaborating with partner organizations as appropriate + Advocate for health care organizations to provide physicians with fair compensation, protected time, and reasonable productivity targets



LATER-STAGE RECOMMENDATIONS

OPERATION IOWA PHASE II OBJECTIVES	TACTICS
<p>1. Eliminate Administrative Burden</p> <p>Eliminate non-clinical burdens for physicians</p>	<ul style="list-style-type: none"> + Identify administrative burden, such as credentialing and continuing medical education, that currently discourage physicians from continuing to practice or create barriers for physicians returning to practice or changing roles + Identify opportunities for integrating AI to address administrative burdens, with physician input and oversight + Work with relevant stakeholders to create a credentialing clearinghouse outlining each organization's requirements, and explore the creation of a statewide credentialing process to streamline the process across organizations + Streamline back to practice classes that verify a practitioner's expertise for returning to practice + Provide support to practitioners when integrating new technologies or changing practice models
<p>2. Remove Barriers to Recapture the Joy of Medicine</p> <p>Make the practice of medicine more attractive and rewarding</p>	<ul style="list-style-type: none"> + Gather information about why physicians are leaving practice (via surveys, exit interviews, etc.) + Address burnout factors contributing to physicians leaving practice + Explore restructuring compensation and tax policies to incentivize continued practice beyond traditional retirement age + Work with health systems to recognize and reward the value of experienced physicians and promote appropriate compensation
<p>3. Improve the Environment for Later Career Physicians to Continue Practice</p> <p>Make career transitions easier for seasoned physicians</p>	<ul style="list-style-type: none"> + Create personalized practice agreements that meet practitioners' scheduling needs and the organization's service needs, particularly looking at part-time and telemedicine opportunities + Centralize information (e.g. a dashboard) on available opportunities for later career physicians + Create a formal transition process that includes a goals assessment, planning, resource cataloging, and opportunities + Develop peer-to-peer mentorship resources and programs to assist physicians through career transitions

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