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MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

By Dania Kamp, MD, MAFP President

An Honor to Serve You

It is such an honor to serve as your President this year. There are BIG THINGS happening at the Academy right now, and it is exciting to work with such a dynamic, creative hard-working staff. As you can see, we launched our new magazine this month in an effort to better serve our members, with more news pertinent to family physicians, and ongoing updates about our Academy's activities.

Exciting changes are also coming to the Spring Refresher, but the focus remains on providing quality CME to our members. Our MAFP Foundation is also undergoing some restructuring. Now more than ever, it is up to us to support our Foundation and its commitment to our residents and students — the future of our specialty.

I continue to be appreciative of the efforts of all our members who serve on MAFP committees and the Board, who work hard to represent you and serve as a voice for our profession and our patients. Under the direction of our new EVP Maria Huntley, the Academy is really working to make sure that your membership is relevant and valuable to you. We appreciate any feedback, comments, suggestions, and engagement from you, our members.

The past few weeks have been busy with planning the legislative agenda for the current session, for both MAFP and in conjunction with the Minnesota Medical Association (MMA). I encourage you to mark February 15 on your calendar for our annual Day at the Capitol in conjunction with MMA. Your MAFP legislative committee has been hard at work prioritizing our areas of focus this year. We will again direct some of our efforts to prior authorizations and the multitude of administrative burdens we face daily in our practices.

Another key piece of health policy the Academy has been involved in has been working to change state regulations regarding mining projects. From our House of Delegates last year, a resolution was proposed to require a human health impact assessment for mining projects in Minnesota. We had the opportunity to meet with representatives from the state Environmental Quality Board last summer. Several Academy members and I were then able to present to the full board in October at a well-attended public meeting. It is exciting to see grassroots advocacy in action; advocacy for our members continues to be one of the key pillars of our strategic plan and an area we strive to provide value to you as a member.

In a time of political uncertainty and change, it is reassuring to know that the Academy is in good hands with our current staff and leadership. We are well-situated to navigate a changing political and health care landscape, and to continue to be a voice for you, and to serve your needs as a family physician.

Enjoy our new magazine and our feature story on the Bounce Back Project. As your president, I encourage you to remember to take care of yourself as you take care of others. Remember to pause and reflect, to find moments of joy in your practice and in your personal lives. Thank you again for the opportunity to serve you.

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

Representing more than 3,100 family physicians, family medicine residents and medical students, the Minnesota Academy of Family Physicians (MAFP) is the largest medical specialty organization in Minnesota. It is the state chapter of the American Academy of Family Physicians (AAFP), one of the largest national medical organizations in the United States, with more than 103,000 members.

The MAFP promotes the specialty of family medicine in Minnesota and supports family physicians as they provide high quality, comprehensive and continuous medical care for patients of all ages.

The *Minnesota Family Physician* (MFP) is the official publication of the MAFP. Contact MFP at 952.224.3873 or tara@mafp.org.

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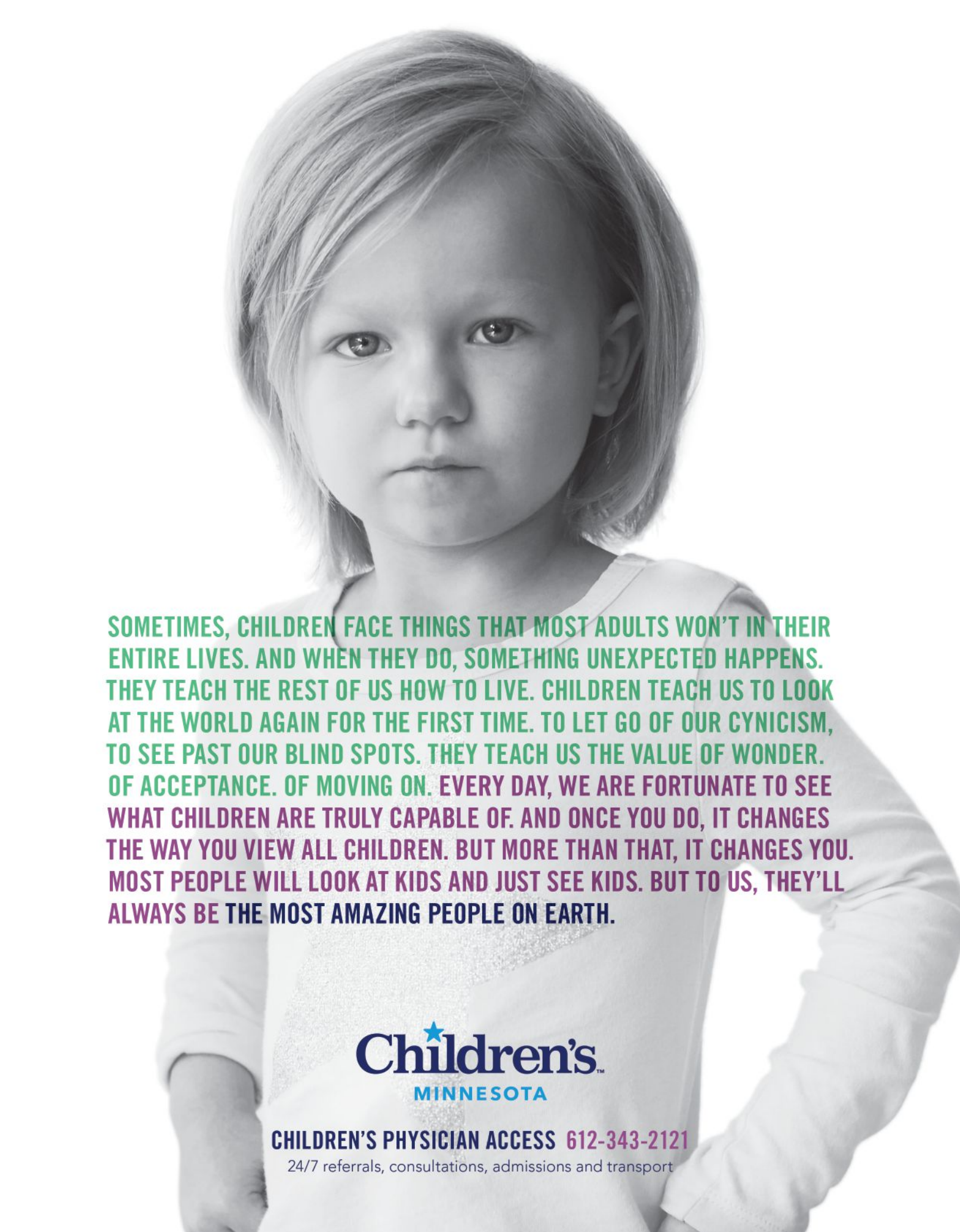
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THE COURAGE TO LEAD

By Maria Huntley, CAE, MAM
MAFP Executive Vice President

It has been eye opening for me to consider the role of courage in our culture as I have embarked on the journey of providing staff leadership to the Minnesota Academy of Family Physicians (MAFP). Every person will define courage through the lens of their own experience, but here's a definition that resonates with me when I think about my personal journey with leadership:

Courage is defined as the ability to do something that frightens one.

I first paid attention to leadership in college when I enrolled in a general leadership class. I was ready to walk away with a step-by-step guide on how to be a leader, but I quickly discovered that leadership doesn't work that way. Instead it is a role in which individuals have the ability to influence a situation. Whether you believe leadership is a natural behavior, a learned behavior, or something in between, I have found it to be a concept that I pay attention to in all aspects of my life.

Let's fast forward from my college days to a time when I was teaching the leadership portion of a five-day Certificate in Association Management course for a group of nonprofit professionals. For this part of the course, I was given just seven hours to help the group explore the role of leadership in their careers. This experience opened me up to more tangible leadership topics like decision making and conflict management. As we discussed different decision making approaches and conflict management tools, a consistent theme weaved through our conversations — it takes courage to lead.

Fast forward to my introduction to the MAFP. As many of you know, I joined MAFP following a legacy staff leader who was retiring after 30 years of service to the organization. I found myself to be in territory that I hadn't been in professionally for some time. I don't know that I would use the word "frightened" when I think back to my first day on the job, but probably a synonym of that word would be appropriate. The Board of Directors had put their trust in me to be their fearless staff leader. There was a lot of important work to do to keep the MAFP thriving and relevant. Courage, buckle up!

Early on I learned that courage would come more easily at the MAFP for a couple reasons:

1. My predecessor gifted me a very healthy organization from an operational perspective — there was no crisis to address or fire to put out; and
2. There was a strong group of physician leaders in place to support and guide the work I was about to embark on with the staff.

This solid foundation and support network allowed the entire leadership to swiftly move into a strategic planning process that would provide me the direction I needed to focus my time, energy and resources to best support our mission. This very process — the ability to think strategically and thoughtfully about the future — takes courage because it involves change.

If you are like most people, you love the idea of change until it starts to affect you personally. I was told many years ago that if I wanted to be a strong leader, I better get comfortable with change. As a friend of mine put it, "There's no comfort in the growth zone and no growth in the comfort zone."

I am here to report that your MAFP leadership has no shortage of courage. I have had the privilege to stand next to this passionate group of physician leaders as we explore what is next for our members and family medicine.

Over the past year, our board meetings have dedicated time for "strategic discussions" that allow us to focus and prioritize what is most important for the organization, from streamlining operations to improving our governance structure. We do this by asking what is working and what is not working, looking at how other chapters are approaching these things and watching trends in other membership-based organizations. These discussions are at once difficult, thought provoking and meaningful. They ensure we live up to our commitment to focus our resources on being relevant to you, our members.

As I approach my second anniversary with MAFP, I am grateful for our culture of courage and the opportunity to work with such brave Family Medicine "super heroes" every day. As you can see from some of the other topics in this issue, there is much work that needs to be done for our members: Opioids. Resiliency. Immunizations. Prior Authorization. Health Care Reform. MACRA. Workforce. We are going to be looking for more courageous member leaders to work through these important initiatives with us.

Do you have the courage to lead? Would you like to have a more strategic role to play as a member? I would love to hear your ideas via email at lead@mafp.org. MP

2016 CONGRESS OF DELEGATES REPORT FROM ORLANDO

By David Hutchinson, MD
MAFP Delegate to the AAFP

I write from Orlando, having just finished representing Minnesota at the annual Congress of Delegates of the AAFP. Each congress is inspiring in its own way. The resolutions debated always provoke thought, and the passionate care that I see for our well-being as physicians and people, and for the well-being of our specialty of family medicine, is always energizing and restorative.

This family of delegates, and others who come to the Congress, know that being with each other, watching and learning from each other, is truly antidote to burnout.

We assessed and elected new officers here, as we do each year. This process is grueling for the candidates, and full of intrigue and deliberation for the rest of us. Our new board members and President-Elect are well-positioned and well-prepared to serve.

While we were here, Maria Huntley, our second-year EVP, was thrilled to learn that the MAFP was awarded yet another grant, from the AAFP Foundation. This is a real testament to re-energized work for us in Minnesota through the efforts of Maria, Lynn Balfour, Deputy Executive Vice President, and the leadership of the MAFP Foundation.

This year, we heard testimony on over 60 resolutions aimed at directing the organization and the work of its commissions (Organization and Finance, Education, Governmental Advocacy, Health of the Public and Science, Practice Enhancement). These included resolutions regarding such specific issues as:

- Intra-organizational diversity support
- Re-examination of single payor health system options
- Advocacy for major changes in the Maintenance of Certification process
- New curricular emphasis suggestions for students, residents, and CME programs, (such as Point-of-Care Ultrasound skill development)
- Debt relief specifically for family medicine preceptors and faculty
- Medicaid coverage for emergency contraception and ACIP-recommended vaccines
- Access adequacy for reproductive health care for the incarcerated
- Minimum wage increases as a tool to fight health disparities
- Interoperability between state prescription drug monitoring programs
- Patient access to pharmaceuticals in cases of monopoly
- Development of educational and practice toolkits for members around social determinants of health
- Elimination of sugar-sweetened beverages from supplemental food assistance programs
- National public education regarding gun violence
- Limitations on direct-to-consumer advertising
- Proper valuation of family physicians in value-based practice and payment models
- Expansion of primary care authority in DOT exams for patients with chronic conditions
- Limitations on and specific requirements for use of Prior Authorizations by payors
- Payor coverage of medically prescribed foods for infants, and for autism therapies
- Support for independent practices

Big issues this year, resulting from conversations in Reference Committee hearings, officer and board member candidate speeches and question-and-answer periods, encompassed concerns for:

- Translating medical student interest into student CHOICE of family medicine
- Burnout prevention and physician wellness
- Payment reform and the impact of MACRA as a mechanism of value-based compensation
- The importance of organizational diversity and
- Member desire for change in the ABFM's Maintenance of Certification process.

As always, through exposure to these debates and to the processes of the Congress, the extensive work by the AAFP on behalf of all of us, all year long, in many arenas, was abundantly evident.

And, as always, I myself have been especially touched this week by time spent with the Minnesota delegation: delegate Dr. Kurt Angstman, alternate delegates Dr. Julie Anderson and Dr. Daron Gersch, MAFP president Dr. Dania Kamp and president-elect Dr. David Bucher, and our EVP Maria Huntley.

Past MAFP presidents Dr. Lynne Lillie from the AAFP Board of Directors, and Dr. Keith Stelter who is currently board chair for the ABFM, were also with us, and each promises good things for Minnesota family physicians in the year to come.

All of these folks have your interests and needs at heart and in mind, in their functions and hours spent in your service. They are your passionate advocates and ambassadors for your specialty.

At this year's congress in San Antonio, we will be waging a campaign for Dr. Lynne Lillie, now beginning her final year on the Board of the AAFP, in support of her nomination as president-elect for 2017. More to come on that in the next issue of the *Minnesota Family Physician*.

Thank you again for your trust in our help with representation of Minnesota family doctors, your practices, and your communities to the member structure and the network of resources that is the AAFP. You are our heroes, and we are proud to be your voices. MP

By Dave Renner, CAE
MAFP Legislative Representative

2017 LEGISLATIVE PRIORITIES FOR MN FAMILY DOCS

With the start of the Minnesota Legislature the MAFP has established its legislative priorities for 2017.

This year session will run through the end of May 2017, and for only the second time in state history, both bodies of the legislature have Republican majorities. The House has 23 new members and the Senate has 21, for a total of 44 of the 201 legislators being new to the role. This means fresh perspectives but also a slower start as they get up-to-speed.

For the first time since 2002, there are two physicians serving in the Minnesota Legislature. MAFP member Sen. Scott Jensen, was elected as a Republican from Watertown and Sen. Matt Klein, a hospitalist who practices at HCMC, was elected as a Democrat from Mendota Heights. Both were elected by wide margins to fill Senate seats left open by retirements of incumbent legislators. Both will be serving on key health care committees this year.

The following priorities were developed with the help of the MAFP Legislative Committee and approved by the MAFP Board at its December 10, 2016, meeting:

ALL MINNESOTANS MUST HAVE ACCESS TO AFFORDABLE, HIGH-QUALITY CARE

Clearly health care reform will once again be front and center of the legislative agenda. Any reform proposals adopted must meet the following principles, as set forth by the MAFP:

- Programs must ensure all Minnesotans have access to affordable, high quality care and accessible care.
- To be effective in serving the needs of Minnesotans, health care must be based on a patient-centered, primary care model with an emphasis on prevention, care coordination and improvement of health.
- Reforms must benefit all Minnesotans regardless of income, race or ethnic background, and they should aim to narrow the ongoing health disparities that exist in Minnesota.
- Reform related to a person's health care can have a lasting impact on the lives of Minnesotans so any reform adopted must be well-tested and studied to ensure its ability to improve the health of our population.

MEDICATION PRIOR AUTHORIZATION

The MAFP continues to strongly support reforms to our medication prior authorization processes to ensure that patients receive their needed medications in a timely manner and additional transparency is provided to prescribers to reduce the administrative burdens faced daily in a physician's office. These reforms include:

- Limits on changes to a patient's formulary once they are on a medication that is working.
- Limits on the number of times a patient is forced to go through "step therapy" for needed medications.
- Disclosure prior to writing a prescription on what drugs require prior authorization and those that do not.
- Shorter timelines for initial coverage decisions and appeals.

OPIOID OVERDOSE CRISIS

The MAFP supports additional efforts to address the opioid crisis in Minnesota without adding unnecessary burdens that interfere with patient care. We are committed to educating family physicians on appropriate prescribing criteria and supporting efforts to reduce opioid misuse. Any solution adopted must include reducing barriers that assist patients from breaking addictions and additional funding for addiction treatment.

As with any priority setting process, there are many other issues that are important to family physicians. Two such issues are increasing the age to purchase tobacco products from 18 to 21 and strengthening Minnesota's childhood immunization laws. The MAFP will pursue non-legislative approaches to advance these public health efforts in 2017. MP

4 WAYS TO TAKE PART IN HPV IMMUNIZATION EDUCATION AND ADVOCACY

There are several upcoming opportunities across Minnesota to help family physicians and organizations become more effective advocates for human papillomavirus (HPV) immunizations, which can have lifesaving benefits in preventing cervical, oropharyngeal and certain other cancers.

1. SOMEONE YOU LOVE DOCUMENTARY

This documentary highlights the personal impact of HPV. To plan a community viewing, email matt.flory@cancer.org.

2. HPV NETWORK MINNESOTA LISTSERV

Co-hosted by the American Cancer Society (Minnesota Chapter) and the Minnesota Department of Health (MDH) Immunization Program, "HPV Network Minnesota" is a listserv designed to help you stay abreast of HPV vaccine research and policy developments and to make connections with others who share your interest. To join, email matt.flory@cancer.org.

3. IMPROVING HPV IMMUNIZATION RATES THROUGH AFIX

All clinics that participate in the Minnesota Vaccines for Children program are offered AFIX (Assessment, Feedback, and Information eXchange) visits periodically by MDH; clinics can choose to have these quality improvement visits focus on tactics for improving HPV immunization rates. For more information, contact the MIIC Regional Coordinator for your area by visiting http://www.health.state.mn.us/divs/idepc/immunize/registry/map.html.

4. MINNESOTA COMMUNITY MEASUREMENT (MNCM)

MNCM's Measurement and Reporting Committee approved incorporating HPV immunization rates into its current "Immunization for Adolescents" measure. MNCM plans to share this measure publicly in 2018, based on 2017 dates of service. For more information, visit http://mncm.org/updates-to-hedis-immunization-measures-proposed.

A JOURNEY FROM SURVIVING TO THRIVING

Corey Martin, MD, Describes the Life-Changing Work of the Bounce Back Project

Corey Martin, MD (second from left), and the Bounce Back Project team.

Leave it to a resourceful group of Minnesota health care providers to pursue their dream of healing their own professional community and the communities they serve. This is exactly what happened when a collaboration of physicians, nurses, and hospital leaders created the timely and innovative Bounce Back Project.

The project emerged from the loss of two of our highly-regarded Buffalo Hospital physicians — one in a motorcycle accident, and the other by suicide. The aftermath of these shocking deaths prompted our hospital community to pause and begin asking important questions about the fragility of life and how to retain the joy and purpose of practicing medicine. It also brought to light a need to attend to our own welfare and that of our health care colleagues.

As a result, a group of Buffalo Hospital physicians and leaders attended a resilience conference hosted by the Minnesota Hospital Association (MHA). The conference confirmed what we already suspected: burnout among our fellow health care professionals had reached an astonishing level. The MHA's own study this year of over 13,000 Minnesota physicians showed that nearly 60 percent were experiencing burnout due to job-related stress. These numbers were particularly high among primary care physicians.

Symptoms of caregiver burnout include feelings of depression, emotional exhaustion, and professional inadequacy as well as withdrawal from relationships. Multiple factors contribute to this. The world of health care has changed radically from the way records are kept to the demands for caregivers to see a certain number of patients in a day. Broken delivery systems increase the very costs

they are supposed to contain. Time and technology demands leave caregivers little opportunity to build interpersonal relationships with patients and with fellow members of their health care delivery teams. The list of obstacles to revitalizing job satisfaction is a long one.

Meanwhile, making a difference in the lives of others is the reason many of us chose careers in health care. We appreciate both the privilege and responsibility of entering the lives of our patients and their families during times of stress, uncertainty, and loss. We understand the value of bringing comfort and presence to the healing equation, though these values can quickly get lost in a climate of enforced productivity. Regulatory requirements, pressures to reduce costs, and being rated and measured on everything we do have become a part of everyday realities. Unfortunately, our responses to these expectations are not always wholesome.

After experiencing these tragedies in Buffalo, we began to ask ourselves: How do we begin to get off the merry-go-round? How do we become more engaged at work and at home? How do we begin to reclaim our sense of vitality, so that we can better care for others?

The MHA conference pointed us in the right direction. It gave us powerful tools designed to help us grow more resilient. Increased resilience held the key for healing both our personal and professional lives. Further, we could see that, by extension, it offered exciting possibilities for improving the health of our patients and the health of a much larger community beyond the hospital walls. Now came the work of creating a program that resonated with our audiences.

We soon discovered that, like the MHA examples, a 2015 Wright County Community Health Survey offered some surprising details about burnout levels of the community outside our hospital and clinics. Over fifty-eight percent of responders reported moderate to serious problems with bullying in school. Nearly sixty-four percent identified moderate to serious mental health problems. Some sixty percent of teens engaged in illegal drug use, while another fifty-seven percent of adults were doing the same.

Our medical community's new understanding of burnout combined with these startling public health figures provided the incentive to grow the Bounce Back Project in ways that would reach both groups —interconnected lives in need of tools, teaching, and support structures to improve their health, boost their happiness, and increase their overall quality of life.

Backed by abundant research from respected academic institutions including Duke and Harvard universities, Penn State, and the University of Houston, we knew that Bounce Back could make a real difference, and it has. The project launched in the Fall of 2015. Bryan Sexton, PhD, Associate Professor at Duke University's School of Medicine, traveled to Buffalo, Minnesota to introduce a simple strategy to hundreds of individuals from the Buffalo and Monticello areas. At bedtime, write down *Three Good Things* in your life every day for two weeks. Dr. Sexton's studies show that this practice produces results as powerful as anti-depressants and can last for six months.

Since then, Bounce Back has provided a broad range of interventions that are showing encouraging results. Just over a year old, Bounce Back has reached more than 6,000 health professionals and community members with evidence-based happiness presentations and practices. These include simple and effective exercises such as random acts of kindness, gratitude letters, resilience training, resilience travel, adaptive leadership, and building social connections.

The Bounce Back Project has also embraced the work of Brené Brown, PhD. Dr. Brown's research at the University of Houston Graduate College of Social Work has produced a body of work titled *Daring Greatly*, in which she shares her findings on vulnerability, courage, worthiness, shame, and resilience. We have collaborated with her to introduce *Daring Greatly* insights to physicians, nurses, local high school educators and many others within our community. Phoenix Learning Center, an alternative high school within the Buffalo community, has integrated *Daring Greatly* principles into its curriculum. Buffalo High School is about to do the same.

Our connections with the medical community have enabled us to pilot a mentorship program for physicians and managers, as well as an

BOUNCE BACK
promoting health through happiness

WHAT YOU CAN DO NOW

- Try *Three Good Things* for 30 days
- Initiate discussions about burnout at your site
- Attend the Bounce Back Project session at the 2017 MAFP Spring Refresher

WHAT'S IN STORE FOR THE BOUNCE BACK PROJECT IN 2017

- Leadership & resilience training
- Mindfulness training
- *Daring Greatly* in high school classrooms

adaptive leadership education series offered to our own leaders and front line staff. These connections also allowed us to collaborate with multiple health care organizations to plan a recent CME (Continuing Medical Education) conference on physician burnout, *Moving from Surviving to Thriving, A Health Care Provider Resilience Conference*.

Year two of the Bounce Back Project will include additional programs and measurements of success in both communities. We look forward to introducing leadership training and seminars on mindfulness. We're excited that one hundred and twenty Buffalo High School teachers are preparing to deliver Dr. Brown's *Daring Greatly* themes of courage, worthiness, vulnerability, and resilience to their students. We already see improvements in our hospital staff members' lives and in the lives of those for whom we provide care and service.

We live in a time when considerable value has been attached to rugged individualism. Don't cry. Don't risk revealing your authentic self. Win often. Crave much. Do well. Attain more. Wear the brave mask or whatever mask disguises your essential self. This kind of individualism can crush the heart of community by dismissing it, along with the social connections it provides, as irrelevant and time-consuming. Yet dismissing community as irrelevant and unproductive means dismissing the gathering places where we exchange ideas, learn, celebrate, and support one another.

Bounce Back has given us proven methods to positively impact the lives and health of many. Informed by research and honest assessment of our communities' needs, we expect to see genuine improvement of both groups as they move toward increased happiness and vitality in their lives and work.

This has been life-changing work for me that demands to be shared if we expect the climate of health care and our communities to improve. Please join me at the MAFP Spring Refresher April 20-21, 2017, to learn more specific practices to improve your resiliency and your life.

Dr. Martin has been an MAFP/AAFP member since 2005. He enjoys fishing and traveling as well as spending time at his farm with his wife and three children.

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PART OF THE SOLUTION

A Look at How Family Physicians Are Tackling the Opioid Problem

Even as they have come to grips with the fact that the nation is in the midst of a prescription-drug-fueled opioid overdose epidemic, family physicians have had to face an uncomfortable reality: They have written many of those prescriptions. Yet as they have recognized they're part of the opioid problem, they've also realized they need to be part of the solution.

Toward that goal, family physicians have been rethinking how they treat patients with chronic pain, developing new protocols and processes to prevent drug-seeking and diversion, learning about addiction and medication-assisted therapy and working to change local, state and national policies. Here's a look at what a few Minnesota family physicians are doing to confront what many consider to be the public health challenge of our time.

IMPROVING PRACTICE

For most of his career, Ely family physician Joseph Bianco, MD, FAAFP, was not thinking of opioids as a public health threat. Although he knew they were dangerous, he saw them as an appropriate treatment for patients who were dealing with pain. "Even ten years ago, we were still under the false assumption that narcotics were something that were part of best practices in treating chronic pain," he says.

That began to change a few years ago as the information about opioid abuse and overdoses began to surface. As director of primary care for Essentia Health, an integrated health system headquartered in Duluth, MN, Bianco was one of several leaders tasked with looking at the new information. State data showed the problem was severe in Northern Minnesota; compared with other parts of the state, there

were larger amounts of prescription opioids out in the population and the accidental overdose death rate was higher. "We saw this as a crisis that we needed to address, and quite quickly," he says.

Essentia formed an opioid steering committee, and as a member, Bianco delved into the health system's own data. There were growing problems with patients who were taking narcotics—more hospitalizations and opioid use disorder. There were inconsistencies in how physicians were prescribing opioids.

Bianco helped develop an educational series for Essentia providers. He was involved in creating new practice standards for prescribing, including setting dose limits and amounts. And he supported a move to report back to physicians what they and their peers were prescribing. "We looked at this not as punitive, but as learning," Bianco says. Since then the amount of opioids used throughout the health system each month has decreased by 44 percent.

While working to change practice standards at Essentia, Bianco also served on a workgroup for the Institute for Clinical Systems Improvement (ICSI) that was creating new guidelines for assessing and treating pain. As part of that work, Bianco reviewed literature on team-based care, shared decision making and integrative medicine as it relates to pain. He brought back what he was learning to Essentia. "I'd say the ICSI work group augmented what we [at Essentia] did," he says.

Bianco's next step will be to gain a Suboxone waiver so he can better help patients struggling with addiction. And he'll be encouraging other family physicians to do the same. Bianco acknowledges he's learned a great deal in the last few years, but he believes all physicians need to learn about opioids as well as about pain and addiction. "It was initially good intentions that went awry," he says of what led to today's opioid problem. "We're all accountable for making the corrections."

TRAINING RESIDENTS ABOUT ADDICTION

Robert Levy, MD, does not hesitate to respond when he's asked what family physicians ought to know about opioids and addiction. "What would be great is for family physicians to have a basic understanding of the addictive potential of opioids, to know how to screen for opioid use disorder, to know how to screen for developing the risk for opioid use disorder and to screen for diversion. And then what to do if they're concerned that someone's addicted to opioids — what's the next step?" he says in one breath. Then he adds, "It would be great if they also incorporated into their practice a form of medication-assisted treatment."

These are things that Levy, an assistant professor of family medicine and community health at the University of Minnesota, is teaching family medicine residents at the U's North Memorial program. Levy himself learned much of what he knows five years ago, when he decided to do an addiction medicine and pain management fellowship at Hazelden Betty Ford Foundation. In 2012, he became certified in addiction medicine. About 30 percent of his practice now involves working with patients with addiction disorders.

Levy says he's trying to instill the idea that addiction is a chronic disease that in most cases can be managed in the outpatient setting. He's encouraging residents to get a waiver so they can prescribe Suboxone. He estimates that 80 percent of the residents at North will take the required training.

Levy is working to ensure the residents under his watch are equipped to help addicted patients they meet in the clinic. "The truth is, like any other chronic disease, the vast majority of treatment

Joseph Bianco, MD

Robert Levy, MD

Lynne Lillie, MD, FAAFP

Julie Anderson, MD

should occur in the primary care setting," he says. "Only when those treatments get advanced, complex, do you need to pull in an addiction specialist."

MAKING POLICY

On a Saturday afternoon just two weeks before the holidays, Lynne Lillie, MD, FAAFP, was sitting in a Kansas City airport, waiting to catch a flight back to her home in Rochester, MN, where she sees patients at Mayo Clinic. This day was one of about 90 last year that she was on the road, due to her role as a member of the Board of Directors of the American Academy of Family Physicians (AAFP).

One of the issues that has taken up her time during her tenure on the board is opioids. The AAFP has worked closely with the American Medical Association, Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA) on the issue. It has issued new policy positions on pain management and opioid abuse, and substance abuse and addiction that reflect new science about pain and the risks of opioids. And it has also created tools and training to help its members with safe prescribing of opioids and the diagnosis, treatment and prevention of substance abuse and addiction.

Lillie explains how 20 years ago, the Joint Commission, CDC and others pushed physicians to do a better job of treating chronic pain, to consider it a vital sign. In response, physicians began prescribing opioid medications more liberally. Now, the pendulum is swinging back the other way, and the policy goal is to balance the need to adequately treat pain with recognition of the risks and harms of using opioids.

Lillie points out that one in five office visits involves family physicians, and thus they have an integral role to play in solving the opioid problem. She says they need to be involved at three levels: with state and national regulations; in process improvement in their practices; and personally—to keep up to date with the latest medical knowledge on safe prescribing.

With 40, 50 or more lives a day being lost to prescription drug overdoses, she says, we're facing a significant public health threat. "It definitely is one that the medical community needs to be addressing."

EDUCATING THE PUBLIC ABOUT TREATMENT

The opioid epidemic became real for St. Cloud family physician Julie Anderson, MD, when a 24-year-old patient came to her addicted to opioids and wanted to get into treatment. She had been trying for four months. Two weeks before she was scheduled to start a program, the young woman overdosed. "She came to me to get into a facility because she recognized she had a problem," Anderson says. "It's too late for her."

Anderson saw in the young woman not only the devastating impact of the opioid epidemic, but also the inadequacy of her community's resources for dealing with it. "There are just not enough facilities and providers," she says.

She thought it was something that needed to be discussed community-wide, so she brought the issue to the health reporter at her local newspaper, the *St. Cloud Times*. In November, the paper ran a long article exploring the barriers to treatment for drug addiction, debunking myths about addiction and offering information on medication-assisted therapy.

Anderson says talking with reporters is something she regularly does. "I kind of see it as a way to lend a credible voice to medical issues. We're well-trained to be able to provide that voice." She notes that until she brought up the idea of treatment, the media focus had been mostly on the problem of over prescribing. "That's understandable, as that's where most get started on opioids," she says. "But there's more to the story." MP

For more resources on opioids, including an AAFP position paper and policies, please visit www.mafp.org/opioids.

THE "CHANGE ELECTION" HAPPENED... NOW WHAT?

By Shawn Martin
AAFP Senior Vice President of Advocacy, Practice Advancement and Policy

"Wish we could turn back time,
to the good ol' days
when our mama sang us to sleep
but now we're stressed out."
– Twenty One Pilots

I chose the above verse because it captures so many emotions that have nearly paralyzed our nation for the past 18 months. During the past year, each of us has probably wished at some point that we could just crawl into bed and hide under the covers. AAFP President John Meigs, M.D., wrote an excellent editorial in AAFP News last week in which he captured the wide range of emotions aligned with the election and its outcome.

Nov. 8 brought to a conclusion one of the most aggressive and divisive elections in our nation's history and certainly the most negative campaign of the modern political era. Although the results of the election have spawned mixed reactions, it is now clear who will lead our government for the next four years. There is much work to do, but I would suggest that there already was much work to do on Nov. 7.

In the early morning hours of Nov. 9, after securing more than 270 Electoral College votes, Donald J. Trump became president-elect Donald J. Trump. On Jan. 20, he will be sworn-in as the 45th president of the United States of America.

A few hours after President-elect Trump delivered his speech to the nation, accepting the results of the election, his transition team received a letter from the AAFP congratulating him and outlining our priorities for the next four years. Our advocacy work with the 45th president and his administration started before sunrise on Wednesday, Nov. 9 and will continue for the next four years. In our letter, we outlined five policy priorities and pledged our commitment to working with the new administration to develop and implement policies that would achieve those priorities. Here are those five priorities:

- health care for all;
- delivery system and payment reform;
- health care affordability;
- primary care physician workforce; and
- promotion of prevention and wellness.

On Jan. 3, when the 115th Congress convenes, Republicans will have majorities in the Senate and the House. These majorities are smaller than those in the 114th Congress, but they are working majorities. Those margins coupled with Trump's victory mean the federal government will be under unified Republican control for at least the next two years.

We are entering a legislative session that has the potential to fundamentally reshape our nation's health care system and safety-net programs. In addition, we likely will see policies proposed in Congress that will challenge many long-standing AAFP policies related to health care coverage and access, women's health and public health programs.

It is impossible to predict with any accuracy what will happen in this Congress. As I have said many times in the past few days, "campaigning is easy, governing is hard." The process of drafting and enacting policy is much more involved and time consuming than candidates imply during campaigns.

However, we do have a decent understanding of policies that the Trump Administration and the 115th Congress likely will focus on. The following are five issues that we see as items in focus for 2017:

Patient Protection and Affordable Care Act — The full repeal of Obamacare has been a priority for the Republican Party since 2010. To quote Vice President-elect Mike Pence, "We will repeal Obamacare lock, stock and barrel." This point of view is shared by a majority of House and Senate Republicans. Despite campaigning on the full repeal of the law, Trump has begun to nuance his policy position on the law. In an interview with *The Wall Street Journal*, he suggested that he would be willing to keep certain parts of the law.

Repealing the ACA outright is, in reality, improbable. Any such action would unravel the insurance market and create a financial crisis for individuals and businesses. Therefore, we will see efforts to replace certain policies and, possibly, create new programs that would extend access to health care coverage — think health savings accounts and high-risk pools.

Despite the complexity of repealing the ACA, I am confident that the ACA will be altered and damaged in a significant manner on Jan. 20 or shortly thereafter.

MACRA—The Medicare Access and CHIP Reauthorization Act was approved by overwhelming bipartisan majorities in the House and Senate. In fact, 91 percent of the House and Senate voted for this law. Additionally, reducing the cost of health care remains a priority. Due to the continued focus on costs and the bipartisan support the law secured, MACRA will continue to be implemented.

There may be slight modifications to improve the law, but these changes needed to be made regardless of who won the election. The AAFP continues to make available valuable resources on MACRA, and I encourage you to review the options available to you under the Pick Your Pace program that is available for 2017. Remember, if you participate in the program at any level in 2017 you will not face negative payment updates in 2019.

Medicaid—The Medicaid program, like the ACA, has been a priority for Republicans for the past several years. Speaker Paul Ryan, R-Wis., has developed and advanced an alternative to the current federal-state partnership funding formula that would utilize a state-by-state per-capita cap to fund the program. This is different than the more traditional "block grant" proposals advanced by Republicans in the past, but the two proposals would significantly alter the Medicaid program, essentially turning the program over to individual states and eliminating the current role of the federal government in the program.

I anticipate that Medicaid will get significant legislative attention in 2017. I am not confident that Republicans can rollback Medicaid expansion or change the underlying funding formula, but I am confident that they will pursue these changes aggressively.

Administrative simplification—Trump discussed the negative impact of regulation on businesses throughout the campaign. Although his comments were not specifically focused on health care, we see an opportunity to potentially reduce the administrative burden of participating in the Medicare and Medicaid programs under his administration. A priority for the AAFP will be a reduction in documentation guidelines for physician services under Medicare.

Workforce—The issue of physician workforce did not come up during the campaign, but we see opportunities. Republican majorities are largely a result of rural and exurban communities, predominately in the south and west of the Mississippi River. These communities are more likely to face physician shortages as compared to urban and suburban communities on the East and West Coasts. I don't see workforce as a top-tier issue, but it is a place where we will be pushing hard.

On Jan. 23, 2009 President Obama stated, "Elections have consequences." This statement was true then, and it is true today. We, as a nation, experience political disruption every few years. The specific consequences of this year's elections are unknown, but the AAFP is not resigned to being a passive participant in the next four years. We see opportunities to shape our specialty's future, and we will be grinding the policy levers daily to ensure that family medicine and patient-centered policies are front and center. MP

Shawn Martin is responsible for overseeing the AAFP Division of Government Relations and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care in Washington, DC, as well as the Division of Practice Advancement at the AAFP headquarters in Leawood, KS. In this role, he directs legislative and private sector advocacy on issues such as physician payment and medical liability reform.

2016 FAMILY MEDICINE MIDWEST

Premier Meeting for Residency Programs and Medical Students

The fifth annual Family Medicine Midwest Conference (FMM) was held October 7-9, 2016 in Indianapolis, IN. The event combines scholarly work and research presentations, community-based practice and best practice sharing, and promotes cooperative and collaborative health care innovation. There was a residency and fellowship fair, "Speed Date Our Specialty" session, poster presentations and pre-conference sessions for this year's 387 physicians, resident and medical student attendees.

MAFP member Andrew Slattengren, DO, faculty at North Memorial Family Medicine Residency and Chair of the Family Midwest Foundation, took part in planning the 2016 conference.

"This event gives me the opportunity to hear about practice innovations that are being implemented by other family medicine physicians in the Midwest," he says. "The structure of the meeting allows me to have follow-up discussion with these innovators so I can further understand how I could incorporate similar concepts at my practice site."

Eleven Minnesota medical students attended on scholarships funded by the MAFP and its local chapters as well

Andrew Slattengren, DO, and Laura Miller, MD, at the FMM "Speed Date Our Specialty" session. Photo courtesy of the University of Minnesota DFMCH.

as universities, health systems, foundations, and individuals. Also in attendance were 18 resident physicians, family physicians and other medical professionals from Minnesota.

Minnesota physicians and students presented 15 educational sessions at the event.

FMM 2017 will take place October 6-8, 2017, in Rosemont, IL. Watch for updates, call for presentations and registration details at **http://www.iafp.com/fmm**.

MARK YOUR CALENDAR

Day at the Capitol
February 15, 2017
Minnesota State Capitol, St. Paul, MN

AAFP Ten State Conference
February 17-19, 2017
Hard Rock Hotel Chicago, Chicago, IL

MAFP Research Network Annual Meeting Dinner*
March 3, 2017
University Club of St. Paul, St. Paul, MN

MAFP Innovation & Research Forum*
March 4, 2017
HealthPartners, Bloomington, MN

MAFP House of Delegates
April 19, 2017
The Depot Minneapolis, Minneapolis, MN

MAFP Spring Refresher*
April 20-21, 2017
The Depot Minneapolis, Minneapolis, MN

SAM (KSA) SESSION EACH DAY + NEW MVP CELEBRATION ON THURSDAY!

AAFP Annual Chapter Leadership Forum/ National Conference of Constituency Leaders
April 27-29, 2017
Sheraton Kansas City Hotel at Crown Center, Kansas City, MO

AAFP Family Medicine Congressional Conference
May 22-23, 2017
Washington Court Hotel, Washington, DC

AAFP National Conference of Family Medicine Residents and Students
July 27-29, 2017
Kansas City Convention Center, Kansas City, MO

MAFP Summer Conference*
August 18-19, 2017
Arrowwood Resort & Conference Center, Alexandria, MN

AAFP Congress of Delegates
September 11-13, 2017
Grand Hyatt, San Antonio, TX

AAFP Family Medicine Experience (FMX)
September 12-16, 2017
Grand Hyatt, San Antonio, TX

Family Medicine Midwest Conference
October 6-8, 2017
Hilton O'Hare, Rosemont, IL

**For more details and to register, visit www.mafp.org/events*

By Britta Reierson, MD

FINDING CONNECTION AND CALM AT WORK

Last November, I came across an article from the Association of American Medical Colleges titled *The Missing Link: Connection is the Key to Resilience in Medical Education* by three residents — including two in Family Medicine — Kathleen M. McKenna MD, MPH; Daniel A. Hashimoto, MD; and Michael S. Maguire, MD and their attending faculty William E. Bynum IV, MD, National Capital Consortium Family Medicine Residency in Fort Belvoir, VA.

Like anything on the topic of resilience these days, it caught my eye.

The article opened my eyes to a different focus. One that makes so much sense.

Rather than focusing so much energy on resilience strategies to improve life outside of work, we should pay more attention to the role of belonging and connection at work.

This way of looking at resilience resonates even more when you consider that most of us spend more hours a week at work than at home. Because of this reality, we need to seek ways to stay resilient and energized while at work, discovering "connectedness" and calm in our workplaces.

I encourage you to find the above article online and read it in full, but I've included below some excerpted highlights that I hope will be meaningful for you (note the article focuses primarily on how to find this connectedness in academics, however we as practicing physicians can transfer these recommendations into our practice and lives):

- *Resilience is generally thought of as our long-term ability to respond to adversity in a healthy and adaptive manner, growing and thriving rather than simply enduring and surviving. It is considered to be a dynamic construct that evolves over time and requires "wholehearted engagement with — not withdrawal from — the often harsh realities of the workplace."*
- *Both individual and social factors contribute to resilience, and connectedness to those around us has been shown to be one such factor. "Social resilience" describes the ability of a group to endure stress in an adaptive manner through mutual trust and bonding among its members.*
- *In medicine, group membership, or "being part of the club," can serve as a much-needed safety net when adversity overwhelms a learner's individual resilience.*
- *The path to enhanced resilience in medical education begins by prioritizing the need for human connection and belonging. It is through the mutual understanding of each other's histories and values that authentic human connection occurs.*
- *For example, upon formation of a new clinical teaching team, members might be given the opportunity to share a life story, unique characteristic, fear, or recent success about which other team members are unaware. This simple act of sharing would stimulate deeper connection among team members and explicitly highlight the diverse team assets through which mutual respect, inclusion, and belonging can thrive.*
- *Wellness initiatives aimed at achieving work–life balance in medical education often focus on improving personal connections and quality of life outside of work, suggesting that this is where wellness is best found. Although connections and wellness outside of work are very important, the key to professional resilience is to find wellness through the work we are privileged to do as physicians and the connections that we make with both our patients and our colleagues.*
- *Effective "work–life balance" initiatives should highlight the connection — not the competition — between work and life, with the goal of achieving simultaneous personal and professional satisfaction.*

In my own life and career, I have struggled to maintain balance between my innate obligation to my job and patients, and to my family, friends and wider community. But I feel the gap getting narrower. I feel it in the deep connection I have to my colleagues and organization. This stems from those interpersonal relationships and a believable and valued organizational mission and vision. I feel supported, and because of this, have a renewed energy and love of my practice. As I am more resilient at work, I have found more happiness, balance, and energy at home for my family.

I have a whiteboard in our office space at the clinic. Every week I post a new inspirational quote and invite others to add their own. Clinicians, nurses, and staff have used this as a sounding board for connecting to each other. My favorite week was the week of "I am grateful for…" I loved to see that the most popular postings were, not only love of family and friends, but also of our supportive team, awesome job, and purpose at work.

How refreshing it is to be reminded of this "connective tissue," an aspect unique to being at work. I think we can all be invigorated by this fresh take on resilience: diverting our focus from the search for calm outside of work and discovering connectedness and calm in our workplaces. MP

Dr. Reierson is as member of MAFP's Communications and Member Services Committee. She has been an MAFP/MAFP member since 2002. Away from work, she loves spending time with her husband and daughters, running, traveling, hockey, skiing, gardening, playing percussion in a band "Pocket Full of Soup" and playing marimba.

CONVERSATION STARTER

What could your practice/clinic do to create a feeling of connected-ness?

Weigh in at www.mafp.org/ideas or email tara@mafp.org

FAMILY MEDICINE TOUR DE FORCE

Deb Dittberner, MD, has been an MAFP member for more than two decades. In 2013, her daughter, Emma Sieling, joined her in pursuit of a career in family medicine. Dittberner currently serves as Director of the MAFP Park Region Chapter. Seiling currently serves as Student Director for the MAFP Board of Directors.

Emma Sieling, MS4, and Deb Dittberner, MD

HOW MANY PROVIDERS IN YOUR PRACTICE?

DD: I am the Chief Medical Officer of a system of over 90 physicians and advanced practice providers in Alexandria, MN, called Douglas County Health Care System. Within the system I practice at Alexandria Clinic alongside 16 awesome family physicians and many other physicians and advanced practice providers.

ES: I'm just a student!

HOW LONG HAVE YOU BEEN PRACTICING?

DD: 21 years! I moved to Alexandria the day after my youngest child was born on June 13, 1995, and

OTHERS KEEPING IT IN THE FAMILY

Saleh Zayed, MD, University of Ottawa Health Service, Ottawa, Ontario has four sons — three have followed him into Family Medicine. The youngest is interested in medicine and just started college. Two sons are MAFP members here in Minnesota. Pictured left to right: Hudaifa Zayed ("coming soon"), **Moaweya Zayed, MD**, University of Minnesota Medical Center (Smiley's) FMRP; Saleh Zayed, MD; Haroun Zayed, MD, University of Ottawa FMRP, Ottawa, Ontario; and **Sufian Zayed, MD**, Mayo Clinic — Mankato Eastridge Clinic.

started practicing medicine later that summer. I have loved the journey here.

ES: I'll be graduating from the University of Minnesota Medical School on May 5th!

DO YOU USE TWITTER? FAVORITE HASHTAG?

DD: Yes! A lot!! @drdebmd #herbiethelovepug and #FMRevolution

ES: Yes! @emsieling #FMRevolution

WHY DID YOU CHOOSE FAMILY MEDICINE, WHAT'S YOUR FAVORITE ASPECT OF IT, AND WERE YOU INSPIRED BY ANYONE?

DD: We had a family doctor growing up. He even came to our home for visits on the east side of St. Paul. In medical school, I loved the broad scope of Family Medicine and doing OB (still doing OB!). I believe the specialty you end up joining is similar to the Sorting Hat at Hogwarts. The specialty chooses you and Family Medicine chooses well balanced doctors that have a passion for the humanity of medicine. I was inspired in medical school by my mentor, Pat Fontaine, MD.

ES: I was inspired by growing up with an awesome dynamic perspective of science mixed with humanities from my mom and dad (a doctor and a teacher). This encouraged an interest in Family Medicine early on in life and medical school, but I wanted to keep my options open in case something else drew my attention during clerkships. I ended up LOVING every rotation that I've been on, and Family Medicine is a good combination of different walks of life and kind of a mix of many specialties — I knew it was the answer for me.

HOW CAN WE ATTRACT MORE MEDICAL STUDENTS TO FAMILY MEDICINE?

DD: Interact with the students! I just received a text message from one of the students I have mentored since high school. He just found out today that he got into the U of M Medical School in Duluth. My heart is full. I'm so proud of him. He wants to be a Family Medicine doctor in Alexandria!

ES: I believe illustrating the vast opportunities within Family Medicine and having good, passionate, happy family physicians to role model and demonstrate various options for future practice is the best way for students to envision their lives and a potential career in Family Medicine. (It worked for me!)

WHAT WOULD YOU DO (FOR A CAREER) IF YOU WEREN'T A FAMILY DOC?

DD: Most likely a college teacher.

ES: I think I would definitely be a teacher.

WHAT WOULD YOU MOST LIKE TO TELL YOURSELF AT AGE 13?

DD: I would probably give myself a pep talk and tips about the path I would take and struggles I would face as a woman in science, medicine and leadership. (But would I listen at 13?)

John Wilkinson, MD, and **Elizabeth Wilkinson Cozine, MD,** both practice at Mayo Clinic Health System. The father-daughter team partners with the MAFP to facilitate group SAM (KSA) sessions that members need to meet ABFM's Family Medicine Maintenance of Certification Self-Assessment Activities requirement.

First cousins **Ashley Bishop, MD**, and **Sonia Karimi, MD**, share more in common than DNA: both graduated from St. Olaf College and the University of Minnesota Medical School, and went on to residency at Allina United Family Residency. Bishop is a third-year resident and Karimi practices palliative care full time at Allina Health.

ES: "Pain heals. Chicks dig scars. Glory… Lasts forever." Or more likely, "It may not seem like it now, but all the hard work is totally worth it."

WHAT'S THE ONE THING YOU CAN'T LIVE WITHOUT?

DD: I could definitely live without an electronic medical record but that wasn't the question… So the answer would be beer. I love beer and "It's proof that God loves us and wants us to be happy" (Ben Franklin).

ES: Homemade ice cream, hands down. Or store-bought ice cream. Or soft-serve ice cream. You get the picture.

WHERE IS YOUR "HAPPY PLACE"?

DD: Surrounded by family, especially my husband and children anywhere — visiting, laughing and being.

ES: The gym. Or hanging out on the couch with my fiancé, Colin, and my dog, Gertie, catching up on *Survivor* and *Amazing Race* episodes.

WHAT'S ONE GOAL YOU HAVE FOR THE YEAR?

DD: Last year's was to always use my own bags when shopping anywhere. AND I DID IT! 2017 will be a clinical goal, to create a strong team at work with my Care Coordinator, LPN, RN and Physician's Assistant to promote our own well being as well as our patients' through teamwork.

ES: I have three…get better at recycling, eat more vegetables and have a successful transition into residency.

TELL US SOMETHING THAT MIGHT SURPRISE US ABOUT YOU.

DD: I play Pokemon Go and I'm at a very high level, higher than most teenagers :)

ES: I've replaced a part on my car all by myself after watching a YouTube video. #girlpower

MY MAFP

IN THE NEWS

Residents **Jay-Sheree Allen, MD**, Mayo Clinic residency program, and **Lauren Williams, MD**, University of Minnesota North Memorial residency program, were appointed to AAFP Commissions on October 26, 2016. Allen will serve on the Commission on Continuing Professional Development and Williams on the Commission on Quality and Practice; their terms began December 15, 2016.

Macaran A. Baird, MD, MS, announced his retirement as Head of the Department of Family Medicine and Community Health from the University of Minnesota Medical School.

Kathy Brooks, MD, retired as director of the University of Minnesota's Rural and Metro Physician Associate Programs (RPAP and MetroPAP). Nancy Baker, MD, is acting interim director.

Daron Gersch, MD, FAAFP, was reelected Mayor of Albany, MN, on November 8, 2016; Gersch was also reelected Chair of the Rural Health Advisory Committee at the Minnesota Department of Health.

Amanda Hinrichs, DO, Carrie Link, MD, Anna Larson, DO and others at University of Minnesota Medical Center FMRP had their project "Improving Primary Care for Transgender and Gender Nonconforming (TGNC) Patients in an Urban Family Medicine Residency Clinic Through Research, Education, and Access" accepted for presentation at the US Professional Association for Transgender Health Conference in Los Angeles, CA.

Scott Jensen, MD, FAAFP, was elected to the MN State Senate on November 8, 2016.

Kola Okuyemi, MD, MPH, Director of Program in Health Disparities Research at University of Minnesota DFMCH, received a $1.5 million NIH renewal grant for cancer-related health disparities research.

NEW TO THE "LAND OF 3,000 FAMILY DOCTORS"

MAYO CLINIC SCHOOL OF MEDICINE STUDENTS
Irena Balzekas, Rochester
Megan Heeney, Rochester
Scott Heiner, Rochester
Vytas Karalius, MPH, Rochester
Catherine Knier, Rochester
Dileep Monie, Rochester

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL — DULUTH CAMPUS STUDENTS
Gabriel Amon, Willmar
Megan Conlon, Duluth
Daniel Coquyt, Duluth
Mariah Dahmen, Duluth
Carter Duncan, Duluth
Olivia Eckhoff, Duluth
Rhiannon Guzman, Duluth
Kylie Jans, Granite Falls
David Jonason, Duluth
Philip Kuball, Duluth
Sara Kullberg, Duluth
Merideth Lathrop, Duluth
Luke Loegering, Duluth
Emily Lund, Duluth
Daniel McGuire, Duluth
Nathan Nelson, Duluth
Jennifer Notch, Duluth
Emma Ostby, Duluth
Carly Ritchie, Cloquet
Anna Samuel, Duluth
Logan Smestad, Duluth
Casey Smith, Duluth
Brandon Smith, Duluth
Shawn Stafki, Duluth
Sam Stokes Cerkvenik, Duluth
Erica Swenson, Duluth

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL — TWIN CITIES CAMPUS STUDENTS
Omar Adow, Duluth
Mathew Angelos, Minneapolis
Jeremiah Atkinson, Minneapolis
Colleen Bell, Minneapolis
Nicole Cairns, Rochester
Chen Chen, Minneapolis
Erin Dodd, St. Paul
Ryan Fuchs, Minneapolis
Anne Gair, Coon Rapids
Rachael Grundman, Duluth
Brenda Her, Maplewood
Christopher Jennen, Hermantown
Brendan Kiefer, Red Wing
Maren Murray, Duluth
Kyle Pribyl, Duluth
Rebecca Spurr, Minneapolis
Robert White, Minneapolis
Nancy Yang, Minneapolis

RECENTLY RELOCATED
Tazeen Fatima Al-Haq, MD, Virginia, and **Katharine Parker, DO**, St. Paul, have transferred from Illinois.

Trent Christensen, MD, Otsego, has transferred from North Carolina.

James F. Conniff, MD, MPH, Duluth, and **Jeffrey S. Miller, DO**, Woodbury, have transferred from Wisconsin.

Joanne Genewick, DO, St. Peter, has transferred from Iowa.

Andrew Houghton, MD, Rosemount, has transferred from Connecticut.

Graham A. King, MD, Mankato, has transferred from California.

Christine A. Morley, MD, Minneapolis, has transferred from Indiana.

Katherine Oyster, MD, St. Paul, and **Stephen Smith, MD**, Virginia, have transferred from Michigan.

Elena Spector, MD, Plymouth, has transferred from Arkansas.

Sean Wherry, MD, Clearwater, has transferred from the Uniformed Services AFP.

Mootaz Subhi Said Younis, MD, MBBS, Rochester, has transferred from Texas.

GRANT RECIPIENTS

The following students received Innovation Grants from the MAFP Foundation in Q4 2016: **Natasha Gallett, MS1**; **Leif Olson, MS1**; and **Nancy Yang, MS2**. Research Grants were also awarded to these residents during the same timeframe: **Erica Gathje, MD**; **Helen (Nelli) Thomas, MD**; and **Megan Keuler, MD**.

IN MEMORIAM

1. **Masha Allah Hemmati, MD**, of Brainerd, passed away June 13, 2016, at age 61.

2. **William G. Heegaard, MD**, of Alexandria, passed away August 28, 2016, at age 89. Born in Minneapolis, he had a 60-year career in Alexandria, where he became known as "Old Doc Heegaard" — teacher and mentor, the guy who delivered thousands of babies, performed thousands of surgeries and loved his adopted town. In retirement Heegaard and his wife traveled the world serving multiple stints in Cambodian refugee camps and health clinics in India and the Caribbean. He is survived by his wife of 66 years, four children and ten grandchildren.

3. **Leong (Lee) Y. Hom, MD**, of Fergus Falls, passed away April 30, 2016, at age 93. His medical career spanned 43 years in Minnesota; first in Monticello, then Battle Lake, and finally Fergus Falls. He was a founding member of the Fergus Falls Medical Group, PA, which later became the physician component of Lake Region Healthcare system. Hom is survived by his wife of 67 years, four sons, nine grandchildren and two great-grandchildren.

4. **Brynjulv Kvamme, MD**, of Wayzata, passed away in 2016.

5. **Neil L. Macheledt, MD**, of Anoka, passed away March 16, 2016, at age 91. Macheledt is survived by four children and nine grandchildren.

BE RECOGNIZED!

Member news and information to be included in the My MAFP section of the *Minnesota Family Physician* should be sent to tara@mafp.org.

Join us, won't you?

2 days away to refresh, recharge and *relax*.

HOUSE of DELEGATES

Wednesday
April 19, 2017
The Depot Minneapolis

SPRING REFRESHER

Thursday & Friday
April 20-21, 2017
The Depot Minneapolis

MVP CELEBRATION

Thursday Evening
April 20, 2017
The Depot Minneapolis

THANK YOU TO OUR EXHIBITORS AND SPONSORS

Acute Care, Inc.
Affiliated Community Medical Centers
Allina Health
American Diabetes Association
Amgen
Astellas Pharma US, Inc.
AstraZeneca
AstraZeneca Diabetes
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Call Scheduler by Adjuvant
Child and Teen Checkups
Children's Hospitals and Clinics of Minnesota
Cuyuna Regional Medical Center
Douglas County Hospital
The Emily Program
Essentia Health
Fairview Health Services
Gilead Sciences
Gillette Children's Specialty Healthcar
Gundersen Health System
HealthEast
HealthPartners
Hennepin County Medical Center
Institute for Clinical Systems Improvement
Janssen Pharmaceuticals
Mayo Clinic
MDH Newborn Screening
Medical Advanced Pain Specialists (MAPS)
Melrose Center
Merck & Co.
Merck Vaccines
Midwest Dairy Council
Minneapolis Heart Institute at Abbott Northwestern Hospital/Part of Allina Health
Minnesota Adult & Teen Challenge
Minnesota Medical Association
Minnesota Ovarian Cancer Alliance
The Mother Baby Center
National Alliance on Mental Illness Minnesota (NAMI)
National Dizzy and Balance Center
National Medical Resources
North Memorial Health Care
NovaCare Rehabilitation
Novartis
Novo Nordisk Pharmaceuticals Inc
Park Nicollet
Pfizer
Pfizer Vaccines
Physicians Diagnostics and Rehabilitation Clinics
Sanofi
Sanofi Pasteur
Shriners Hospitals for Children - Twin Cities
St Croix Hospice
Stratis Health
Teva Respiratory, LLC
Twin Cities Medical Society's Physician Advocacy Network
UCare
U.S. Army Healthcare
Wapiti Medical Staffing

Registration now open @MAFP.org

Elizabeth Straub, Peter Teravskis and Salman Ikramuddin, MS2s, University of Minnesota Medical School, Class of 2019

The MAFP Foundation funds creative and ambitious projects that lead to innovative solutions to challenges faced by patients and family physicians. Each issue we feature a winning project. Grants are offered quarterly. Apply at **www.mafp.org/grants**.

U OF M MEDICAL STUDENTS ANALYZE THE FOOD DESERT IN NORTH MINNEAPOLIS

In October 2016, the MAFP Foundation awarded Salman Ikramuddin, Elizabeth Straub and Peter Teravskis, second year medical students at the University of Minnesota Medical School - Twin Cities, a $1,000 Innovation Grant to analyze the "food desert" in North Minneapolis and determine what family physicians can do to counsel patients living in similar communities with limited access to healthy food choices.

MORE ABOUT THE PROJECT

How did you come up with the idea?

"We developed the idea for the project in response to receiving mixed evidence about the status of North Minneapolis as a food desert. We wanted to put forth a concerted effort to try and better understand the region and the real challenges faced by its residents in regard to food access."

Where are you at right now and what's next?

"Currently we are recruiting participants for our first focus group. We are hoping to use focus group methodology to best capture the urban dynamic playing out in the neighborhood."

What was it like when you heard you got funding from the MAFP Foundation?

"We were really excited! It was a real first for us! We hope to use the money to shed some light on the problem of food-access in North Minneapolis."

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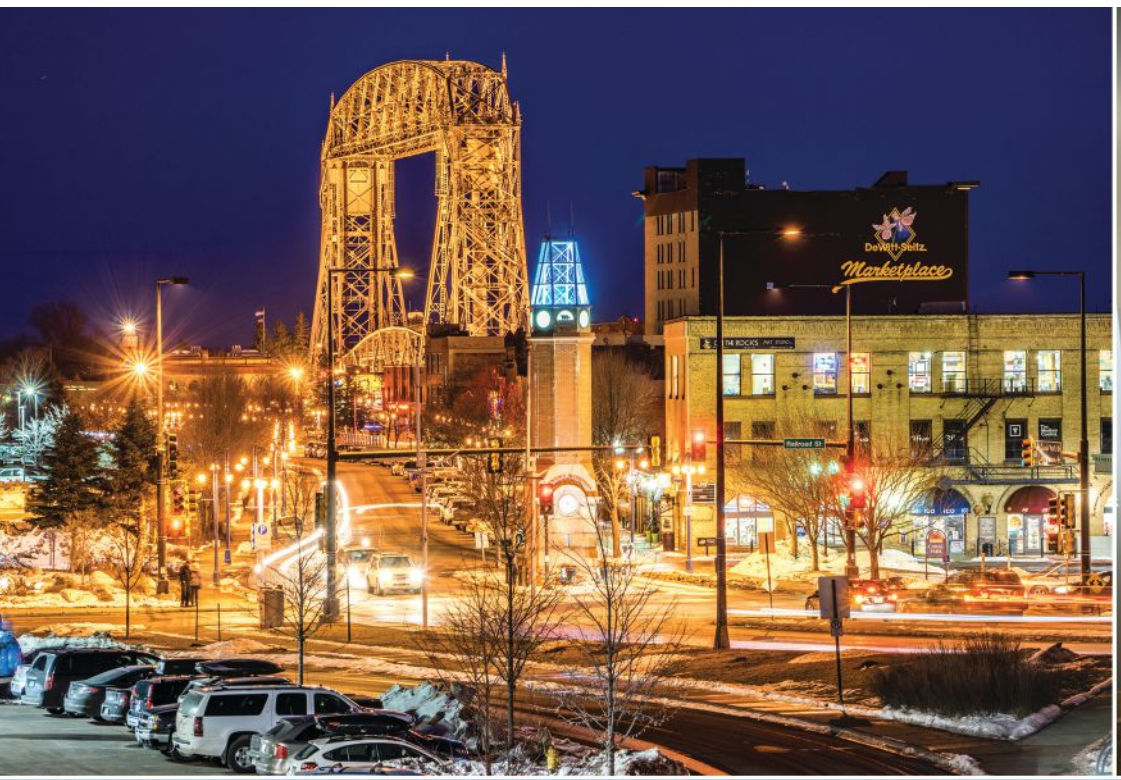

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