FALL 2018 • VOL.2 • NO.4

MFP

MINNESOTA FAMILY PHYSICIAN

REPRODUCTIVE HEALTH, REPRODUCTIVE JUSTICE, REPRODUCTIVE ACCESS

A CONVERSATION WITH NICOLE CHAISSON, MD, MPH

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Definitive Dental Care in the Primary Care Setting

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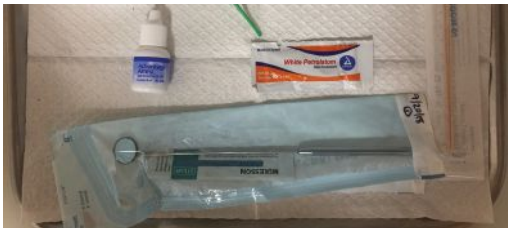

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

By Glenn Nemec, MD
MAFP President

GET OUT OF JAIL FREE (...ALMOST)

As I sit at home on an unusually crisp October evening, the elections are two weeks away. When you read this, you'll already know the results.

Wait! Don't stop reading just because of that "elections" word. This isn't going to be a charge to get out there and be politically active. If you just don't feel that that's your calling, I'm not going to ask you to force yourself. You get a "Get Out of Jail Free" card for that today, so keep reading.

If you do feel the call to be politically active, you're no longer on your own trying to apply a few tactics learned at an advocacy lecture tossed into the middle of your "real" CME. We (meaning your MAFP) have "people" now!

It's time to start trying to advance some of our agendas, like making insurance companies and PBMs tell us which similar drug will be cheapest for the patient at the same time they tell us the one we ordered isn't covered, or getting health savings accounts approved for use in paying direct primary care fees and increasing primary care spending in the state budget. If you decide the time is right for you, you need to know about Jami Burbidge, MAM. Jami is a member of our MAFP staff whose whole job is to advance our advocacy efforts. She can get you set up with a meeting with your legislator. She can arrange to have other community members there. She can help you prepare your comments so that they push the legislator's buttons. She can get her hands on research and data to back up your position on a wide variety of topics.

So think for a minute. Would you like to see your town go "Tobacco 21"? We've got people for that! Would you like your legislator to understand how tough it is to make a small practice successful with current medical assistance payments? We've got people for that, too! In addition to Jami, we have a lobbyist (Dave Renner) that we share with the MMA. Dave takes our positions on issues to legislators every day. Jami and Dave can make advocacy easy and more effective for you by doing all the hard work.

But, like I said, if you're not a politically active person, use your Get Out of Jail Free card and stay on the sidelines, knowing that our people are working at it for you.

OK, you probably knew this was coming, but you don't get away totally free. Because if you're not going to be out there doing some of the work, then you owe it to those who *are* doing it to fund them.

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 131,000 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.

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Edition 8

I get bile in my throat every time I think about the part money has come to play in modern politics and it grates on my personal ethics to be part of that. But the reality is that people listen when you bring a check, so if you're not going to go yourself, then you need to finance those who do by donating to the AAFP's FamMedPAC and the MMA's MEDPAC. (I assuage my morality by donating to the local food shelf every time I donate to a PAC; it helps with the heartburn.)

If you're not going to be active and you also refuse to fund those who are, you get what you deserve and forfeit the right to complain about it.

As I mentioned two issues ago, legislators need to start understanding that family physicians are different—and better. Now is a great time to begin their education.

BE THE CHANGE

By Maria Huntley, CAE, MAM
MAFP Executive Vice President

Leadership is a word that is frequently used, but how do we define what it means? The guiding principle we use is simple and can be injected into most anything we do: "Leadership is not about being the best. Leadership is about making everyone else better." We do this by bringing strong and passionate family physicians, residents and students from around all of Minnesota to help make things better—not only for family physicians, but for the patients and communities we serve.

The MAFP, which is the state's largest physician specialty organization, works hard to offer our members a wide variety of leadership opportunities to elevate you as you are treating patients and your communities. We do this while prioritizing the development of a diverse set of leaders who will bring different perspectives and experiences to the table.

Our commitment to our members is to honor the time that our members give to us when serving in leadership roles. It is our priority to make engagement with the MAFP meaningful and accessible to members, who often come to the table with so little time to begin with.

Throughout the year, our Leadership Development Committee convenes to help identify and fill our open leadership opportunities.

How can you plug into the work we are doing? Take a look at these opportunities and tell us where your interests lie. We will work to plug you in. To the best of our abilities, we will help you engage with the time that you are able to give. We need your voice to be part of our work.

Lead the way.

INTERESTED IN SERVING ON THE BOARD?

This past year, the House of Delegates adopted a resolution to update and modernize our governance structure. Our board of directors is now made up of six officers (serving one-year terms), nine directors who serve staggered three-year terms and two directors who serve one-year terms. Six of the director positions represent key demographics of our members: Special Constituency, New to Practice, Employed Physician, Physician Owner, Resident and Student.

WANT TO JOIN A TEAM FOCUSED ON SOME OF OUR CORE OFFERINGS? SIGN ON AS A MEMBER OF ONE OF OUR COMMITTEES.

- Academic Affairs
- Research and Quality Improvement
- CME Faculty
- Legislative

WANT TO BE IN THE ROOM WHERE IT HAPPENS?

The House of Delegates, which is our policy-making body, is a one-day commitment that is offered annually in the spring. This is the place where policy is set and decisions are made about the work the Academy will focus on and the priorities for the future of family medicine. Consider serving as a delegate at our upcoming House of Delegates—Saturday, March 30, 2019, in Minneapolis. Out of town? Add your voice to the House of Delegate's conversation on Twitter! Follow us @MNFamilyDocs and use #MAFPAdvocacy.

INTERESTED IN WORKING WITH PHYSICIAN ADVOCATES?

As a result of a resolution adopted at the 2018 House of Delegates, we have a newly-formed Health Equity Task Force. This group is actively defining what the Academy will be doing around the important health equity work that needs a family physician voice across Minnesota.

INTRIGUED BY THE WORK DONE BY THE MAFP FOUNDATION?

There are opportunities to serve on the Foundation Board of Directors and help influence decisions about the projects funded by the Foundation.

NOTHING RESONATING WITH YOU YET?

Here are additional leadership opportunities that we can help create and support you with. Please let us know where we can plug you in!

- Write articles for *Minnesota Family Physician* magazine
- Represent Minnesota at national meetings
- Meet with your representatives and maybe even testify at the Capitol
- Write a letter to the editor
- Connect with leadership roles on a national level with the AAFP

To learn more about getting involved, visit www.mafp.org or email office@mafp.org.

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We welcome your interest and the opportunity to tell you more!

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REPRODUCTIVE HEALTH, REPRODUCTIVE JUSTICE, REPRODUCTIVE ACCESS

A Conversation with Nicole Chaisson, MD, MPH

As the political tides ebb and flow, the Minnesota Academy of Family Physicians is hearing from members about the importance of ensuring that patients have access to full spectrum reproductive care. The topic came up at the 2018 MAFP House of Delegates, where two resolutions were adopted that touched on these issues. The first resolution called for the MAFP to support legislation requiring insurers that cover prescription drugs to also provide coverage of FDA-approved prescription contraceptive drugs and devices, as well as advocating for access to no-cost birth control coverage. The second resolution that was adopted seeks to increase the number of reproductive health topics at both MAFP and AAFP conferences.

The MAFP has partnered with the Minnesota Section of the American College of Obstetricians and Gynecologists and Planned Parenthood North Central States to advocate around access to contraception and to ensure that the relationship between patient and physician not be infringed upon by regulation impacting access to reproductive healthcare.

MAFP Director of Advocacy and Engagement Jami Burbidge, MAM, recently had the opportunity to connect with University of Minnesota Medical Center Family Medicine Residency Associate Program Director and MAFP Legislative Committee member Nicole Chaisson, MD, MPH. Chaisson is a committed advocate, actively engaged in educating around and advocating for reproductive health. Her perspective is an excellent example of how physician advocates can make important change for their patients—inside and outside of the exam room.

WHEN DID REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS BECOME A PASSION OF YOURS?

Honestly, I suspect that it's been of interest to me longer than I've wanted to be a doctor! I was born in 1970, right before *Roe v. Wade*. My mom gave me my first copy of *Our Bodies, Ourselves* when I was in 6th or 7th grade. And my political eyes were opened during the Reagan Era when social conservatism started finding new ways to control women's bodies. But it solidified as I entered the medical profession. I was applying to medical school when Dr. David Gunn was killed for being an abortion provider, and I was in medical school shortly after Medical Students for Choice was formed. I knew that I would become a doctor who would provide the full spectrum of reproductive services to my patients. Social activism and social justice were important to me in high school and it definitely contributed to my choice of specialty in medicine. I went to medical school for a whole host of reasons and with a lot of interests, but I really resonated with family medicine because of its roots in caring for individuals in the context of their family and communities and partnering with them through the transitions in their life. For the 50% of the patient population with a uterus, this meant learning how to empower them to be happy and secure with their reproductive choices and their own bodily autonomy during the several decades of their reproductive life.

WHAT DO YOU SEE AS THE ROLE OF FAMILY PHYSICIANS IN ADVOCATING FOR REPRODUCTIVE HEALTH?

Family physicians are proud of caring for families. We're the only medical specialty that truly cares for individuals from cradle to grave and through all the stages in between—a radical concept. We have maintained that prenatal care and family-centered obstetrics are core to our specialty. But women are not just vessels, and obstetrics is only one part of reproductive health. Planning when not to have children is equally important—and family physicians have the skills to help with that, too. They can advocate for providing expanded options in their own clinics, support their partners in the community who do provide family planning and abortion services and/or support advocacy efforts to maintain access to these services.

I'VE HEARD YOU TALK ABOUT THIS ISSUE IN THE CONTEXT OF SCOPE OF PRACTICE. TELL ME MORE ABOUT THAT.

Providing comprehensive primary care is how we're trained—inpatient, outpatient, adult medicine, pediatrics, behavioral health, obstetrics and gynecology, procedural skills, musculoskeletal care, etc. Office-based procedural skills and family planning should be essential components of both the preventive care and procedural treatment options that family medicine providers can provide. Family physicians are the main providers of obstetrical care in rural areas throughout our state. Yet access to other family planning services, particularly abortion care and office-based miscarriage management, is sometimes limited. We are also the main providers for adolescent care. Yet not all family physicians are comfortable providing, or have received training for, long-acting reversible contraception such as IUDs and Nexplanon®. These are the most effective forms of birth control out there; teens are asking for them, and we aren't always able to provide them. We should be training providers in the full scope of office-based procedures. Some individuals may want to opt out of some aspects of this training, but not offering it is limiting the type of care that we could be providing in our clinics and communities. Our patients deserve to have better access to the full-spectrum of reproductive health options. They'd like to get it from their own providers and family physicians have the skills and scope to provide these options.

WHAT OPPORTUNITIES HAVE YOU IDENTIFIED TO GET INVOLVED?

My initial involvement really came during residency. I started attending the Society for Teachers of Family Medicine Annual Spring Conference and learned about national efforts to increase access to family planning procedural training, abortion training and office-based miscarriage management in family medicine residency programs. As a new faculty, I joined the Society of Teachers of Family Medicine Abortion Training and Access Collaborative and participated in online conversations and collaboration around curriculum development to increase reproductive health training. We developed our own expanded reproductive health training at my residency program. I've worked with the University of Minnesota chapter for Medical Students for Choice as a trainer during their procedure workshops and as an informal mentor. I feel it's important for students to hear from family physicians who provide these services. More recently, I've started exploring how to be more involved in policy initiatives within family medicine

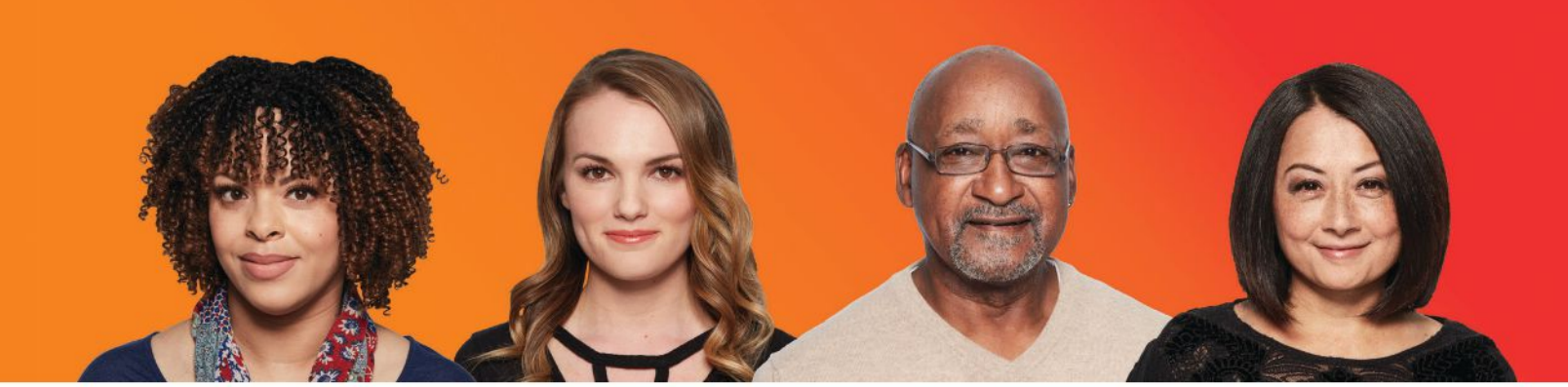
and have written resolutions for the MAFP and been a women's representative to the AAFP National Conference for Special Constituencies now known as the National Conference of Constituency Leaders (NCCL).

WHAT LESSONS HAVE YOU LEARNED AS YOU HAVE GOTTEN MORE INVOLVED IN ADVOCACY?

I'm a collaborator at heart. I spent three years in college working in housing and dining cooperatives, and building consensus is something I strive for. I also have some pretty strong feelings about reproductive health, reproductive justice and reproductive access. I acknowledge that not everyone is comfortable with all that entails and understand that building consensus about some aspects of reproductive health is difficult. I've learned that the most basic form of advocacy that I can provide is to elevate my patients' stories in order to provide context for why these issues of full-spectrum reproductive access and justice are important. I've also learned that forming coalitions with others works much better for more controversial topics than trying to stand alone.

HOW DO YOU FIT THIS WORK IN AMONGST ALL THE OTHER DEMANDS ON YOUR TIME?

Ha! This is an ongoing work in progress! When my own kids were younger, I kept my focus very local—within the residency program where I teach and the medical school where I work and online through STFM connections. But it was time for me to start thinking outside the comforts of the exam room, my residency program and my immediate community. It was exciting to write some resolutions over the last two years for the MAFP House of Delegates—an easy first step with a limited time commitment. Attending the NCCL was another quick way to learn a bit more about policy and advocacy within the AAFP. And now I'm on the Legislative Committee for the MAFP! It was important to me that I started practicing what I preach to the residents I teach. Learning exam skills and procedural skills is important and provides health care access for your patients, but stepping outside the clinic, learning and using advocacy skills, has the potential to do much more to influence the overall health of the population through evidence-based policy initiatives. That's worth working in the evening or on a weekend occasionally. Our patients deserve to have a voice AND a choice.



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DEFINITIVE DENTAL CARE IN THE PRIMARY CARE SETTING

Silver Diamine Fluoride

By Lisa Prusak, MD
Associate Program Director, University of Minnesota Duluth Family Medicine Residency Program and Assistant Professor, Affiliated, University of Minnesota Department of Family Medicine and BioBehavioral Health

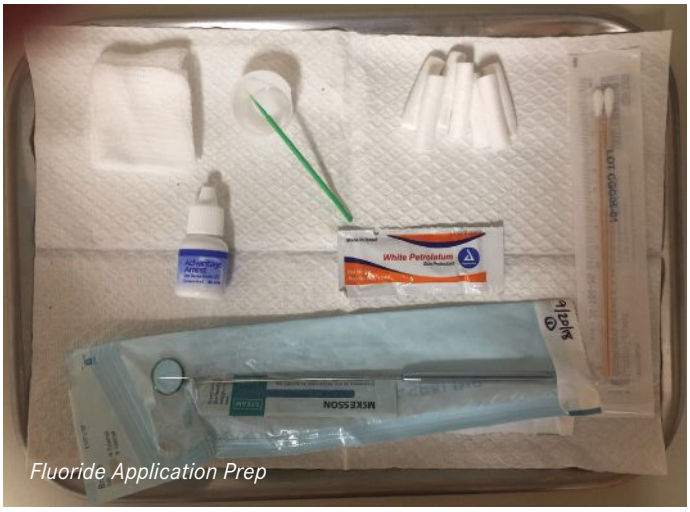
"I feel so much better already," said the woman who was referred to our family medicine residency clinic from urgent care for tooth pain. "I can breathe without pain," she said, less than one minute after Jessica (PGY 2) and I finished applying silver diamine fluoride (SDF) to her obvious cavity. "This is too good to be true," said Jessica. She was applying SDF for the first time. "This is so easy. I've got this. You can go."

Our residents are accustomed to providing a good oral exam, applying fluoride tooth varnish and discussing preventive oral care in 0- to 5-year-olds as part of the well-child visit. But the only tools we had to manage tooth pain and decay in adults were pain medication, temporary anesthetic injections and referral to dentistry, which rarely had openings for patients without insurance. With the help of a $1,000 grant from the MAFP, we began offering SDF treatment. Training was simple. Materials were inexpensive. Staff and patients are very happy with this treatment.

THE CHALLENGE

The importance of oral health as a component of comprehensive wellbeing has received well-deserved national attention.[1]

Dental caries remains the most common chronic disease in the United States, affecting almost 35% of children aged 2-5 years and most adults by the end of adolescence. Populations with lower socioeconomic status and those with special healthcare needs have disproportionately high rates of oral disease compared to the general population.[2] Poor oral health is related to a range of health problems, such as an increased risk of cancer, cardiovascular disease and possibly preterm delivery. The U.S. Department of Health and Human Services estimates there are 108 million Americans without dental insurance and 4,230 shortage areas with 49 million people without access to a dental health professional.[3]



Fluoride Application Prep

Access to dental care for the uninsured is often nonexistent. Many state programs lack any coverage for dental care. If dental care is a covered service, the reimbursement rate is often so low that dentists limit the number of patients with medical assistance (MA) they will see, or do not accept MA at all. Minnesota has the second lowest dental reimbursement rate in the nation. Community health clinics that offer dental services are overwhelmed, making the wait time untenable for painful problems like cavities requiring fillings or teeth in need of extraction.

The integration of dental and medical health care is therefore critical for people of all ages. The physician needs only a light source, tongue blade and gauze to conduct a concise oral examination that can be instrumental in helping patients to maintain their overall health.[1] The oral exam is simply incorporated into the medical visit.[4] No medical specialty is better suited to lead this integration than family medicine.

THE SOLUTION

Silver diamine fluoride (38% SDF) is an inexpensive, efficacious and easy-to-apply topical medicament that has been used for decades in other countries to treat dental caries across the age spectrum. Until now, no other option for the treatment of dental caries in the United States besides restorative/surgical dentistry has shown substantial efficacy.[5] No special tools or setting is needed. In addition, this topical treatment, which is easily applied in the office setting, obviates the need for general anesthesia, with its inherent side effects and cost. This evidence-based intervention addresses an unmet need in American dentistry and health care.[6]

MECHANISM OF ACTION

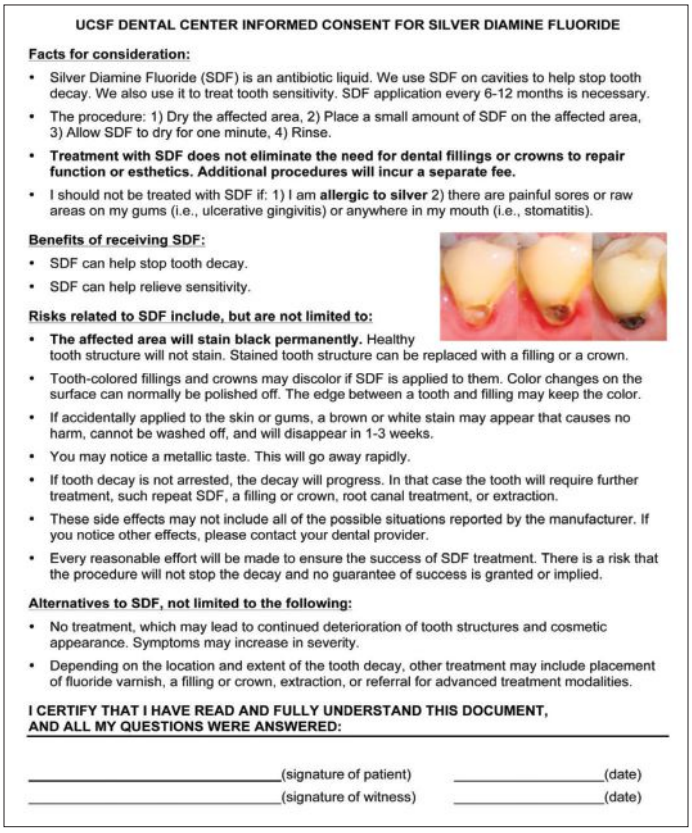
Dental caries is a complex progression involving dietary sugars, bacterial metabolism, demineralization and organic degradation. The collagenous organic matrix is exposed once a dentin surface is demineralized and destroyed by native and bacterial proteases to enable a lesion to enlarge. Upon application of silver diamine fluoride to a decayed surface, a squamous layer of silver-protein conjugates forms, increasing resistance to acid dissolution and enzymatic digestion.[5] The treated lesion increases in mineral density and hardness while the lesion depth decreases. Meanwhile, silver diamine fluoride, once applied, releases silver ions that help prevent decay in adjacent tooth surfaces, as well.[5] According to a conditional recommendation developed by the American Academy of Pediatric Dentistry from 2017, SDF is an advantageous modality based on best available evidence to date. Based on data from a meta-analysis of data extracted from RCTs and CCTs, with caries lesion arrest rates upwards of 70 percent (i.e., higher than other comparable interventions), the panel recommended use of SDF for the arrest of cavitated caries in primary teeth as part of a comprehensive caries management program. Although similar studies involving adults were not reviewed, it is felt that similar results can be anticipated.[6,3] It is recommended that SDF replace fluoride varnish in those children with active caries. In addition, SDF has a proven safety record. Not a single adverse event has been reported to the Japanese authorities since they approved silver diamine fluoride over 80 years ago. The manufacturer estimates that more than 2 million multi-use containers have been sold, including >41,000 units in each of the last three reporting years.[5]

PROCESS AND CONSIDERATIONS

Table 1: Clinical process

Materials	• "Advantage Silver Arrest" 38% SDF from Elevate Oral Care ($149.50/250 treatments) • Plastic lined cover for surface and bib for patient • Plastic dappen dish ($41.25/1000) • Microsponge applicator ($11.25/100) • 2x2 cotton gauze or cotton rolls ($22.15/1000) • Petroleum jelly • Dental mirror (opt.)
Indications	• Extreme caries risk – xerostomia or severe early childhood caries • Treatment challenged by behavioral or medical management • Patients with carious lesions that may not all be treated in one visit • Difficult to treat dental carious lesions • Patients without access to dental care
Contraindications	Silver allergy
Relative contraindications	Ulcerative gingivitis, stomatitis

Maximum dose	1 drop/10 kg per treatment – treats about 5 lesions
Considerations/ side effects	• Decayed dentin will darken to dark brown or black • Normal enamel will not stain • SDF can stain the skin much like a henna tattoo – lasting about 2-3 weeks • SDF will permanently stain fabric and surfaces • Re-application may be necessary in 2-4 weeks for additional desensitization or treatment of more than 6 lesions in a setting • Re-treatment every 6 months is recommended for prevention and continued arrest of the carious process or until the cavity can be filled
Procedure	• youtu.be/SLJTfniWtE4 • Sign informed consent, especially emphasizing the darkening of the decay using pictures • This procedure is best done with an assistant • Apply petroleum jelly to the lips and gingiva if the decay is adjacent • Isolate the tooth/teeth to be treated with gauze or cotton rolls • Place one drop of SDF in the dappen dish • Bend the microbrush in the desired shape • Thoroughly dry the area to be treated • Dip the brush into the SDF • Dab off the excess on the side of the dish • Apply by dabbing in the decayed surface until darkening begins (up to 1 minute) • Allow to dry for 1-3 minutes • Wipe off excess • Carefully dispose of all materials inside the exam gloves to avoid potential staining of other surfaces
After Care	• No limitations are listed by the manufacturer following application • Eating and drinking immediately following application is acceptable • Resuming patient's usual good oral care routine is recommended
Billing	• As there are no CPT codes for this procedure, we bill for time in E and M
Documentation	• A dot phrase including a tooth model has been designed to allow for consistent documentation



UCSF DENTAL CENTER INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

Facts for consideration:

- Silver Diamine Fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity. SDF application every 6-12 months is necessary.
- The procedure: 1) Dry the affected area, 2) Place a small amount of SDF on the affected area, 3) Allow SDF to dry for one minute, 4) Rinse.
- **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate fee.**
- I should not be treated with SDF if: 1) I am **allergic to silver** 2) there are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can help relieve sensitivity.

Risks related to SDF include, but are not limited to:

- **The affected area will stain black permanently.** Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or a crown.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off. The edge between a tooth and filling may keep the color.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.
- You may notice a metallic taste. This will go away rapidly.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.
- These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, a filling or crown, extraction, or referral for advanced treatment modalities.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL MY QUESTIONS WERE ANSWERED:

_____(signature of patient) _____(date)

_____(signature of witness) _____(date)

Example from: Horst J, Ellenikiotis H, Milgrom P. UCSF Protocol for Caries Arrest Using Silver Diamine Fluoride: Rationale, Indications, and Consent. J Calif Dent Assoc. 2016 Jan; 44(1): 16-28.

CONCLUSION

The mouth is an important indicator of health. The oral exam should be integrated into the routine assessment in the medical office.[7] Until recently, there were few tools available in the medical setting for the treatment of dental caries and pain. This has been a source of frustration for the medical provider. The FDA approved SDF in March of 2015 for reducing tooth sensitivity, and the off-label use of SDF for the treatment and arrest of dental caries is now permissible and appropriate under U.S. law. Silver diamine fluoride is a safe, effective treatment for dental caries, dental sensitivity and caries prevention across the age spectrum. Silver diamine fluoride is more effective for primary prevention of dental caries than any other available material, with the exception of dental sealants that are >10 times more expensive.[5] Although acceptance by patients in our practice has been slow, once the patient has been treated, they are remarkably grateful and return readily for further treatment. We are trying to increase awareness through guidance upon scheduling for tooth pain, poster information and education as well as through the exam process. In our community, the next available appointment for adults in the community health dental

clinic is three years out for new patients and 1-2 months for children under 17. Thus, again demonstrating the greater burden on those individuals challenged by social determinants of health. Our clinic provides a list of dental clinics accepting medical assistance payment, but most clinics have limited availability, due to poor reimbursement rates as stated by local dentists. Dental intervention in the United States has traditionally been "surgical"—drilling and filling for caries. It is curious as to why this "too good to be true" treatment using SDF has only recently been introduced in this country. Only one company markets SDF. Until access to dental care is universally available, the medical office is now able to provide care that includes oral health evaluation and more definitive treatment. The application of silver diamine fluoride helps to broaden our scope of practice in the treatment of oral conditions of decay and sensitivity. This novel treatment will improve our patient's overall health and well-being.

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AAFP NATIONAL CONFERENCE OF FAMILY MEDICINE RESIDENTS AND MEDICAL STUDENTS — August 2–4, 2018 Kansas City, MO

34 Minnesota medical students received scholarships.

167 Guests attended the Minnesota Reception at the Alamo Draft House

4 Resident and Student Delegates sent to the Congresses.

2 Residents elected to national positions: Alex Gits, MD, representative to the Society of Teachers of Family Medicine Board of Directors; Ben Meyerink, MD, Delegate to 2018 AAFP Congress of Delegates.

1 Program of Excellence Award received by the University of Minnesota Duluth Family Medicine Interest Group

THANK YOU TO OUR SPONSORS

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- CentraCare Health
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- Essentia Health
- Fairview Health Services
- Gundersen Health System
- Healthcare Associates Credit Union
- HealthPartners
- Mankato Clinic
- Mayo Clinic
- Mayo Clinic Department of Family Medicine
- Minnesota Academy of Family Physicians — Local Chapters
- Riverwood Healthcare Center
- Sanford Health
- Scenic Rivers Health Services
- University of Minnesota Department of Family Medicine and Community Health

COMING UP NEXT

Welcome to Minnesota (You Are HERE)
An event for First-Year Residents
December 8, 2019
Noon – 2:00 pm
Amherst H. Wilder Center, St. Paul

Intro to Advocacy
January 19, 2019
8:00 am - Noon
Surly Brewing Co., Minneapolis

Minnesota Medical Association FACEBOOK Live!
January 22, 2019
Noon – 1:00 pm

Innovation & Research Forum
March 2, 2019
8:15 am – 2:00 pm
HealthPartners, Bloomington

Spring Refresher
March 28 & 29, 2019
The Depot, Minneapolis

HOUSE OF DELEGATES
MOVING TO SATURDAY!
March 30
The Depot, Minneapolis

DESTINATION CME — August 17 & 18, 2018 The Inn on Lake Superior, Duluth

68 Learners

11 CME Sessions

12 Exhibitors

1 Carnival hosted by the Midwest Dairy Council

THANK YOU TO OUR EXHIBITORS AND SPONSORS

- AMAG Pharmaceuticals, Inc.
- Bayer HealthCare Pharmaceuticals
- BMO Harris Bank
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- Edina Sports + Family Medicine PA
- Essentia Health
- HealthCare Associates Credit Union
- HealthPartners
- Indian Health Service
- Janssen Pharmaceutical Companies of Johnson & Johnson
- Merck Women's Healthcare Division
- Midwest Dairy
- Minneapolis Heart Institute at Abbott Northwestern Hospital/Part of Allina Health
- Nura Precision Pain Clinic
- Pfizer Pharmaceuticals
- Physician's Diagnostics & Rehabilitation Clinics (PDR)
- Pipestone County Medical Center
- Sanford Health Physician Recruiting Office
- Sanofi Diabetes
- Scenic Rivers Health Services
- St. Luke's Hospital
- U.S. Army Healthcare

MADE FOR MEDICAL STUDENTS: THE FAMILY MEDICINE RESIDENT EXPERIENCE — September 15, 2018 Pinstripes, Edina

At this event, medical students learned about family medicine residency opportunities, practiced hands-on procedures taught by the programs and make great connections.

74 Students eager to MATCH into family medicine

17 Awesome family medicine residency programs

12 Hands-on procedure workshops

THANK YOU TO OUR SPONSORS

- Epilepsy Foundation of MN
- Tri-County Health Care

North Clinic
~Where caring is a tradition~

MAYO CLINIC

Colorado Family Medicine Residencies

CENTRACARE Health

Julie Anderson, MD, Simplicity Health St. Cloud, testified at the Health and Human Services committee hearing addressing direct primary care.

Residents **Becky Davies, MD,** and **Jesse Susa, MD,** U of M Duluth Family Medicine Residency, received the 2018 AAFP Family Medicine Cares Resident Service Award for their project *Finding Respite for Duluth's Homeless*. Dr. Susa also was awarded an innovation grant from the MAFP Foundation for *The Great CHUM Sock Exchange,* which provided warm, dry socks for the homeless.

Alex Gits, MD, resident at U of M North Memorial Family Medicine Residency, received the 2018 AAFP Award for Excellence in Graduate Medical Education.

On November 1, at the 50th session of the Minnesota Health Care Roundtable, **Timothy Hernandez, MD**, and **Scott Jensen, MD**, were among experts discussing the consolidation of healthcare.

Mike Rose, MPH

Abby Solom, *MS 3 U of M, received the Minnesota Medical Association Student Leadership Award presented by Immediate-past MMA President, George Schoephoerster, MD.*

Photo Credit: Scott Wilson, Minnesota Medical Association

The *Mankato Free Press* published a letter to the editor by **Zak Maass, MD**, resident at U of M Mankato Family Medicine Residency, on the need for trauma-informed Care following the recent testimony from Dr. Christine Blasey Ford.

Michael Rose, MPH, MS 4 U of M, was one of six medical students selected as a 2018 Pisacano Scholar. The students are selected for their commitment to family medicine, leadership skills, strong character, academic accomplishments and more.

Abby Solom, MS 3 U of M, received the Minnesota Medical Association Student Leadership Award recognizing medical students who demonstrate exemplary leadership in service to other students, the profession of medicine and the broader community.

U of M Medical Center resident **Sharon Toor, MD**, was one of eight 2017-2018 Adolescent Immunization Award recipients. Toor was honored for her work to increase immunization rates in adolescent Somali refugees.


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By Emie Buege, Freelance Writer

RUNNING, MOTIVATION & RENEWAL

Rob Johnson, MD, has been running the Twin Cities Marathon for 37 years.

For the past 37 years, more than 20 runners have toed the start line of every Twin Cities Marathon. This elite group of dedicated, determined athletes is known as the Twin Cities Marathon Charter Club.

MAFP member Rob Johnson, MD, of Eden Prairie, is a member of this exclusive group. We chatted with him ahead of this year's race about running, motivation and renewal.

RUNNING A MARATHON IS HARD WORK. IT'S MONTHS OF TRAINING. IT TAKES GUTS AND DETERMINATION. WHAT HAS KEPT YOU RUNNING THE TWIN CITIES MARATHON YEAR AFTER YEAR?

I have always liked the level of fitness I achieve in marathon training. I also found that running was the easiest fitness activity I could insert into my busy schedule of husbanding, parenting and working. Ultimately, Twin Cities in Motion [the marathon organizer] began recognizing those who had completed the marathon every year. I thought it might be fun to keep the streak alive as long as possible, especially as the numbers of the Charter Club began to dwindle.

WHAT HAS TRAINING AND RUNNING MARATHONS TAUGHT YOU ABOUT MOTIVATION AND RENEWAL?

As a physician, my "in basket" never seems to be empty, but each training run and road race I complete gives me a sense of emptying the "in basket." I also believe fitness is critical to health and optimizing one's potential. As physicians, we should be role models for a healthy lifestyle. This is my way of modeling. It takes discipline to train for a marathon; although my training probably represents my physician compulsiveness as well.

ANY MEMORABLE RACE DAYS OR TRAINING MOMENTS OVER THE YEARS?

Although it was a long time ago, Grandma's Marathon 1981 was my personal record (or fastest time) for the marathon. That will always be memorable. I ran the Boston Marathon four times. My first time running Boston was memorable, and my fourth Boston was the 100th anniversary of the race. Actually, finishing ANY marathon is memorable. My runner's high is at the finish line of a marathon.

My wife, both my sons and one of my daughters-in-law have run at least one marathon. My other daughter-in-law is running the Twin Cities 10-mile race this year. Running a four-mile training run with my granddaughter, who is a middle school cross country and track athlete, has been another milestone. All proud moments!

HOW LONG DO YOU PLAN TO CONTINUE TO RUN THE TWIN CITIES MARATHON?

I haven't decided on a stop date. Year-to-year is a good way to plan.

HAS RUNNING IMPACTED YOUR WORK AS A FAMILY PHYSICIAN? IF SO, HOW?

The most profound impact is modeling a healthy lifestyle through exercise. Also, my years of running marathons have allowed me to see a lot of injured runners. I know the training and the demands, so it's a little easier to "talk the talk" with an injured runner.

ANY WORDS OF WISDOM TO SHARE WITH ASPIRING RUNNERS?

Running is a simple mode of fitness. You don't have to run a marathon to be healthy and fit.

Dr. Jim Boulger (left) becomes an AAFP Honorary Member at the Congress of Delegates in New Orleans. The certificate was presented by AAFP Board Chair Michael Munger, MD, FAAFP.

JIM BOULGER, PHD HONORARY MEMBER OF THE AAFP

University of Minnesota Medical School, Duluth campus, faculty Jim Boulger, PhD, received the Academy's highest honor: Honorary Membership to the AAFP. This award honors persons of distinction who have rendered outstanding service to the AAFP or medical profession. Congratulations, Dr. Boulger! We are proud to have you as one of our own.

WHAT IS A TYPICAL DAY LIKE FOR YOU AT UMD?

Usually, I try to get to the office by 7:00 am or so—I want to get a good parking spot and get some paperwork (usually emails) done before everyone gets to school. Most days are spent on a number of events (lots of meetings with faculty, staff and students); some days are spent on formal classroom teaching; and some are spent working on various research projects. Current research involves assessing the practice outcomes of medical education in general and the Duluth program in particular—evaluating whether we're continuing to meet the mission set by the Minnesota Legislature in 1969 (training rural family physicians) and by the faculty in 1973 (training physicians who will care for Native American populations). In 1972, when the Duluth campus opened, there had been only eight Native Americans who had earned a medical degree in the entire country and in the entire history of the U.S. I am in the process of trying to write a history of the need for and establishment of (politically and educationally) the school in Duluth. I spent three days at the Center for the History of Family Medicine at the archives of the American Academy of Family Physicians in Kansas City this summer adding material for this work.

WHAT IS THE MOST CHALLENGING PART OF PREPARING STUDENTS TO BE PHYSICIANS SERVING IN RURAL SETTINGS?

The selection of the entering students from a remarkably competent, large group of applicants is a daunting task. But if we didn't take the right students who identify with our mission and prepare them as well as we can, we would not have the success that is so

evident. The Admissions Committee and the teaching and research faculty are all on the same page: We know, respect and believe in the need for great doctors to take care of underserved populations—Native American and rural, predominantly. We are very proud of our alumni!

The educational leadership we have had in Duluth in family medicine has been remarkable: doctors Bill Jacott, Byron Crouse, Ruth Westra, Ray Christensen, Jeff Adams, Jen Pearson, Emily Onello, etc., etc.—what a blessing for our students! And in Minneapolis, Doctors Jack Verby of RPAP, Ed Ciriacy, Bill Jacott (wearing different hats again!), Mac Baird—no wonder the University of Minnesota has produced more family physicians than any other U.S. medical school!

WE ALWAYS HEAR STUDENTS SAY THEY LOOK UP TO YOU. IS THERE SOMEONE THAT INSPIRES YOU?

Actually, given my height, they mostly look down at me! I draw inspiration from many, many people. I am blessed with a fantastic personal family. My parents were very hard-working people who instilled in all of their children the values of love, respect and caring for others, as well as the beauty of hard and honest work. My brothers and sisters are all fantastic people who model the best for their respective families and are a constant source of strength for me. My two sons and my daughter-in-law are productive and inspirational, as well—from Pete's musical prowess to Michelle's sense of balance (coupled with a great sense of humor) to my eldest son's generous and caring nature. They have all had their trials but have never lost a sense of personal and social responsibility for others.

And my life partner (old-time term = wife)… what can I say?! Dee has been so patient and supportive of all that I try to accomplish. She has always been a rock upon which I can stand to get a true bearing on which direction we should go. She is long-suffering and patient with me—and truly the best part of me. I am so lucky!

WHAT DO YOU SEE HAPPENING IN RURAL FAMILY MEDICINE?

I began writing this from a motel in Albert Lea, having spent three days on the road throughout central and western Minnesota. Literally every clinic I visited is recruiting family physicians. From the standpoint of demand, there is only one problem for family medicine: Can we increase the numbers selecting a rewarding career in family medicine? But, from the educational viewpoint, is this possible? Only 5% or so of the medical school matriculants nationally are from "rural" backgrounds. With this group of non-rural students, what are the odds that they will choose a rural career? Fewer than 10% of all U.S. MD graduates select a career in family medicine.

The reimbursement mechanisms for medicine continue to put family medicine in a less-than-favorable position. But money is only a part of the problem; money alone will not serve to recruit and retain a stable rural medical and surgical workforce. We have to admit students who are open to and favorably disposed toward practicing in underserved areas (rural, inner city) with populations in greatest need. If we take the same students into medical schools nationally that we have for the past 60 years, we will have the same workforce problems nationally. Here in Minnesota, we acted wisely 50 years ago, and the Duluth program and Rural Physicians Associate Program were the results of those actions. Gains have been made, but much remains to be done.

WHEN YOU RETIRE, WHAT LEGACY DO YOU WANT TO LEAVE BEHIND?

I think the Duluth programmatic successes in training the right kind of physicians to meet our national and state needs are a distinct and real accomplishment of the entire campus faculty and staff. I know that we will continue to serve the needs of the folks in Minnesota who are in underserved populations, and I hope that the larger numbers of physicians involved with medical education nationally will learn from the Duluth successes—and that they have the will to try to alleviate current workforce imbalances so future generations will be better served by medicine. Minnesota has created and implemented model programs that work educationally and attempt to address disparities in the training of competent family physicians. The partnership between the University and our communities has been beneficial and strong and must continue to be nurtured if our mutual goals (excellent health for everyone) are to be met.

It is time for other states to follow our lead.

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Benjamin Lai, MD**, Rochester, and **Jarrod Yamanaka, MD**, St. Paul, have transferred from California.
- **Laura Bagley, MD**, Minneapolis, and **Stephanie Larson, DO**, Minneapolis, have transferred from Illinois.
- **William Paulson, MD**, St. Paul, has transferred from Indiana.
- **Matthew Yauch, DO**, St. Paul, **Lucy Neitzel, DO**, Minneapolis, **Alexander Hubbell, MD, MPH**, Minneapolis, and **Erin Schmidt, MD**, St. Paul, have transferred from Iowa.
- **Dustie Samuels, DO**, Pierz, has transferred from Kansas.
- **Maisee Lor, DO**, St. Cloud, has transferred from Michigan.
- **Sandhita Saha, MD**, St. Paul, has transferred from Missouri.
- **Jackson Long, MD**, Andover, has transferred from North Carolina.
- **Shane Nygard, MD**, Park Rapids, has transferred from North Dakota.
- **Melissa Robey, MD**, Cloquet, has transferred from Oregon.
- **Joshua Thompson, MD**, St. Paul, and **Rahul Kapur, MD**, St. Paul, have transferred from Pennsylvania.
- **Sarah Green, DO**, Maple Grove, has transferred from Tennessee.
- **Emily Torell, MD**, Minneapolis, has transferred from Wisconsin.

NEW RESIDENT MEMBERS

- **Monique Pondy, MD**, Clio, MI

NEW STUDENT MEMBERS

MAYO CLINIC SCHOOL OF MEDICINE

- **Kaylie Evers**, Duluth
- **Alex Fredrickson**, Duluth
- **Paige Hartman**, Wadena
- **Jake Kluver,** Duluth
- **Valeria Melo**, Rochester
- **Josephine Nistler**, Duluth
- **Cassidy Peterson**, Duluth
- **Chelsey Petrich**, Duluth
- **Katie Schmitz**, Duluth
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- **Leonardo Tjahjono**, Rochester
- **Madeline Youakim**, Duluth

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL — TWIN CITIES

- **Sarah Batbold**, Rochester
- **Rebekah Fiers, BS**, Prior Lake
- **Katherine Linder**, Rochester

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL — DULUTH

- **Hannah Aho**, Minneapolis
- **Kate Anderholm,** Duluth
- **Nathan Backowski**, Flensburg
- **Alex Barnett**, Edina
- **Fred Blaisdell**, Duluth
- **Maria Bryan**, Minneapolis
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- **Madison Estell**, Rochester
- **Belinda Galeano, BS**, Rochester
- **Collin Gradin**, Little Falls
- **Blake Holbrook**, Duluth
- **James Holmquist**, Duluth
- **Stephanie Jo**, Rochester
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- **Alayna Kabanuk**, Fort Ripley
- **Jacob Krogstad**, Duluth
- **Jenna Langer**, Duluth
- **Amy Larson**, Duluth
- **Timothy Lee**, Rochester
- **Bobbi Livengood**, Duluth
- **Lauren Lussenhop**, Hermantown
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- **Ryan Manuelson**, Duluth
- **Drake Matuska**, Duluth
- **Keegan McCabe**, Duluth
- **Michael McCarthy**, Duluth
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- **Emily Osborne**, Duluth
- **Creed Ott**, St. Louis Park
- **Elisabeth Pederson**, Duluth
- **Hunter Smith**, Duluth
- **Rosalie Sterner**, Claremont
- **Hannah Thiry**, Stanchfield
- **Kristene Todese**, Rochester
- **William Trousdale**, Rochester
- **Logan Van Horn**, Duluth
- **David Vogelsang**, Rochester
- **Micaela Witte**, Rochester
- **Alex Wooner**, Duluth

IN MEMORIAM

- **Kenneth Lerdahl, MD**
- **Wayne Earl Tate, MD**

By Emie Buege, Freelance Writer

BETTER TOGETHER: MAKING A LASTING IMPACT ON FAMILY MEDICINE IN MINNESOTA

Thirty years ago, leaders of the MAFP formed a nonprofit foundation to carry out the philanthropic work of its members and improve the health of ALL Minnesotans.

Since then, the **MAFP Foundation** has been advancing family medicine, equipping leaders and leading innovations in practice-based research and clinical care.

Let's celebrate this milestone anniversary and work TOGETHER to keep moving family medicine forward.

MAKING A DIFFERENCE

Over the last 30 years, the **MAFP Foundation** has served Minnesota family doctors and their patients.

- *When chronic disease became a public epidemic,* WE partnered with clinics to offer a chronic disease self-management course for patients.
- *When there was an outbreak of pertussis,* WE started a pertussis vaccination campaign.
- *When residents spoke about the burden of their education debt,* WE created the **Arden Anderson, MD, Scholarship Fund**.
- *When students and residents requested funds for projects to improve the ways we care for patients and communities,* WE launched an innovation and research grants program.

The truth is that WE couldn't have made a difference without YOU: our members, our donors, other family docs in the trenches.

We are better TOGETHER, and we can make a bigger impact TOGETHER.

MAKING A GIFT

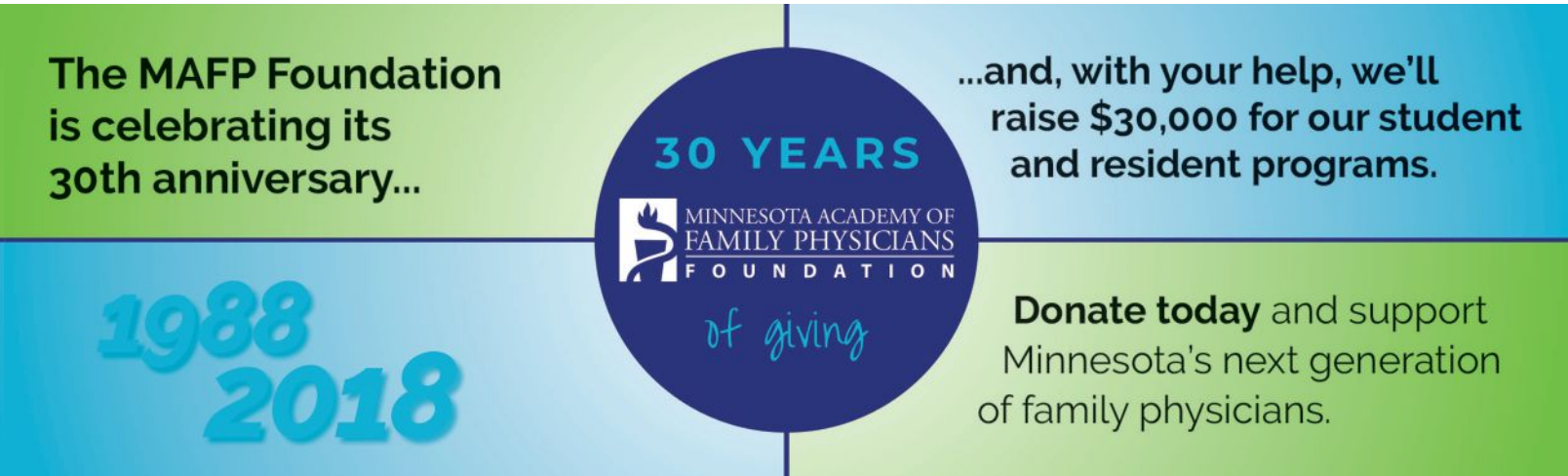
Three ways to donate:

- *Online:* Donate safely and securely via the MAFP website at mafp.org/donate.
- *Mail:* Make checks payable to the MAFP Foundation, noting 30th anniversary on the memo line. Mail checks to MAFP Foundation, 600 S. Hwy. 169, Ste. 1680, St. Louis Park, MN 55426.
- *Phone:* Call the MAFP office at 952-542-0130.

The Academy will match, dollar for dollar, every donation up to $20K received by June 30, 2019. Your gift—no matter the size—will help us maximize the match!

THE MAFP FOUNDATION EXPANDS SCOPE OF ITS GRANTS PROGRAM

Members may apply to the MAFP Foundation for innovation and research grants to fund projects in these four focus areas: family medicine research, clinical projects that improve patient care, clinic-community connections and family medicine issues, policies and challenges. Application deadlines: December 1, 2018 and May 1, 2019. Visit https://mafp.org/apply to learn more.



MAFP FOUNDATION BEGINNINGS >>>

MAFP FOUNDATION

1981 Milton Seifert, MD, MAFP officer, submitted a proposal to the MAFP executive director to create a nonprofit foundation as an arm of the MAFP.

1983 A special task force explored the creation of a foundation and recommended moving forward. The House of Delegates approved. Articles of Incorporation were drafted, but the process stalled.

1987 The MAFP board revisited the idea of starting a foundation.

1988 The MAFP board approved Articles of Incorporation and Bylaws, and Minnesota Family Health Foundation was officially incorporated.

1989 Family Health Foundation of America changed its name to AAFP Foundation; the MAFP followed suit, as a member of the AAFP Foundation Chapter Network. The MAFP Foundation was given tax-exempt status.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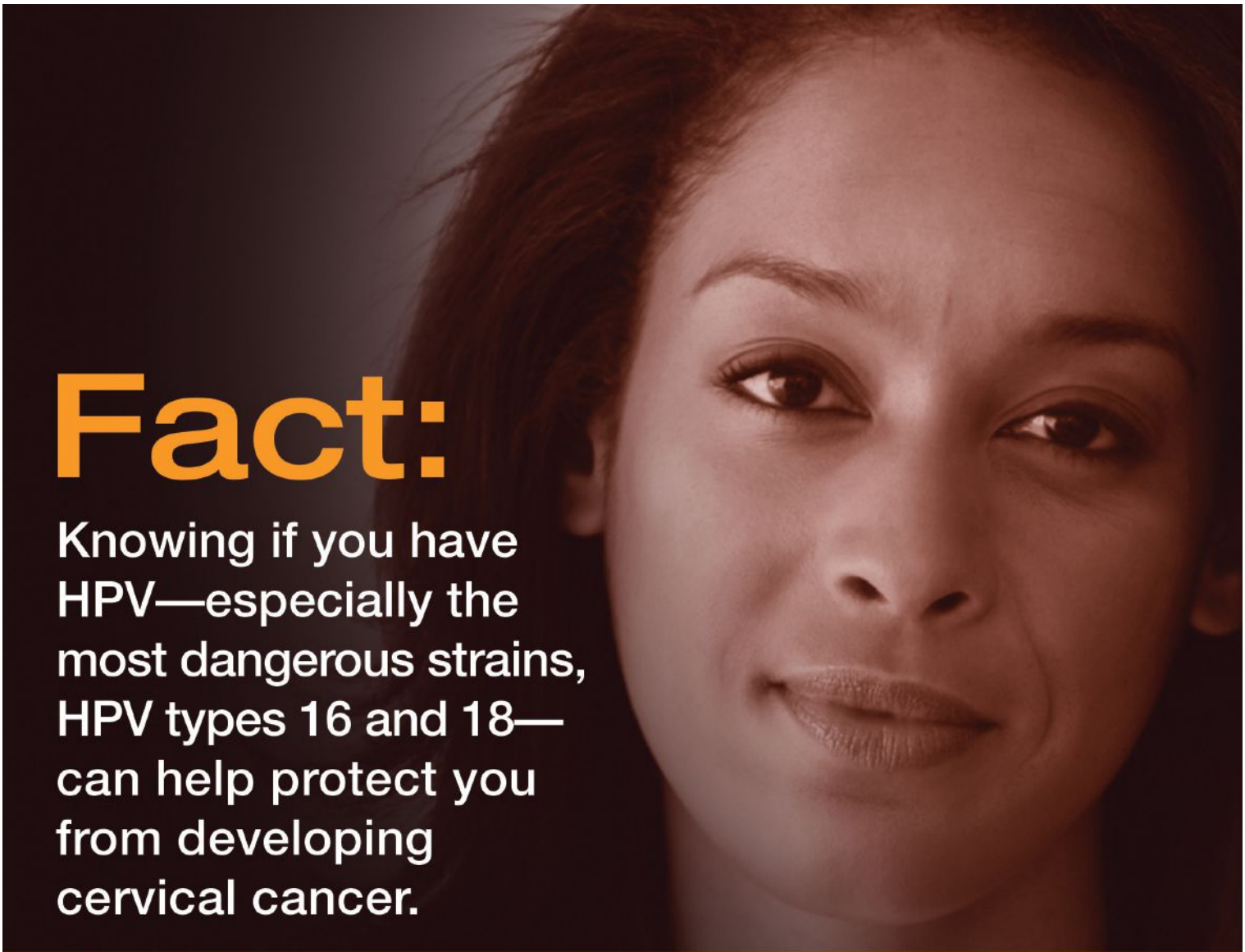

Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.

healthy women
informed. empowered.
www.healthywomen.org