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MFP

MINNESOTA FAMILY PHYSICIAN

East Metro Chapter President Peter Meyers, MD, MPH, testifies at the 2019 House of Delegates on Saturday, March 30.

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SPRING 2019 • VOL.3 • NO. 2

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

By Renée Crichlow, MD, FAAFP
MAFP President-elect

ACTIONS SPEAK LOUDER THAN WORDS

Actions speak louder than words. Walk your talk. Put your money where your mouth is.

We've all heard these sayings. We've also heard, again and again, that every functional and cost-effective health system in the world has primary care at its foundation. The higher the primary care investment, the better the health outcomes and the lower the cost to the overall system. Recently published studies demonstrate that higher use of primary care is associated with higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower overall mortality.

At our most recent House of Delegates this spring, members resolved that the MAFP work with the Minnesota Department of Health to determine our baseline primary care spend, using the statewide All Claims Payer Database (ACPD). Establishing this baseline will allow us to engage policy-makers and other stakeholders in moving forward with increasing the spend in primary care. States such as Oregon and Rhode Island have worked with their legislators to increase their primary care spend from the national baseline of 6% of claims to 12% of claims. In Oregon, this saved the overall system thirteen dollars for every one dollar spent. Our health systems are struggling; the whole system is too expensive, too inefficient and not as effective as it could be with improving healthcare outcomes.

The 3,000 members of the Minnesota Academy Family Physicians represent the majority of primary care doctors in the state of Minnesota. In Minnesota, the MAFP is the largest single specialty physicians' organization. Primary care investment is good for patients, our health systems and our communities. It is in the interest of MAFP members and our patients to lead the way in addressing primary care payment reform.

Our members are the boots on the ground. It's time to mobilize our resources, our members, other stakeholders and health policy decision-makers. It's time to move the conversation about the primary care spend toward the possibility of a primary care investment. I have spent time listening to our members throughout Greater Minnesota and the Metropolitan areas. I have heard expressed, over and over again (and I agree), that it's time to walk our talk and develop avenues for change. Payment reform is a common concern and a necessity for our membership and our patients. Actions do speak louder than words. We will act for our patients, for our members, for our specialty. Your voices, ideas and efforts will be needed. We want to improve health outcomes and do more than just keep the lights on. We see the problems, and we know family medicine is the answer. Changing the idea of primary care spend into primary care investment is our first step. Let's start now.

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 134,600 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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HOUSE OF DELEGATES 2019 REPORT

23 Resolutions Heard at This Year's House of Delegates

This year was another for the record books. Twenty-three resolutions were submitted by members and local chapters and heard at the House of Delegates on March 30, 2019, at The Depot Minneapolis. (The past two years have featured 22 resolutions each.) We continue to be a highly engaged Academy!

Under the guidance of Speaker of the House Andrew Slattengren, DO, Vice Speaker Deb Dittberner, MD, MBA, and reference committee chairs Nicole Chaisson, MD, Pat Fontaine, MD, FAAFP, and Tim Komoto, MD, FAAFP your 2019 House of Delegates took the following actions:

1. Transparency in Medical Care Spending – The MAFP will ask the state health department to standardize and require the reporting of the All Payer Claims Database so they can define services classified as primary care and identify what percentage of the total health care dollars in Minnesota is spent on primary care.

2. Minnesota Primary Care Investment Percentage – The MAFP will support efforts to increase the primary care investment in Minnesota. The MAFP will also review model legislation from other states with the goal of crafting similar legislation in Minnesota to mandate minimum primary care spending for health plans and present a summary to the 2020 House of Delegates to educate members about Minnesota's primary care spending and consider legislative options surrounding mandatory minimum expenditure on primary care.

3. Advocate Against Conversion Therapy – The MAFP will advocate against conversion therapy for people of all ages and encourage legislators to ban the practice of conversion therapy in Minnesota.

4. A resolution on the need for business training in physician education was not adopted.

5. Support for Public Buy-In option – The MAFP will support efforts to increase access of Minnesotans to health care utilizing a public buy-in option that does not negatively impact the viability of hospitals and clinics.

Patricia Fontaine, MD, FAAFP, Reference Committee Chair.

6. Support for Universal Healthcare – The MAFP will support and advocate for the principle of universal health care for all people in Minnesota.

7. Direct Primary Care Embedded in Health Savings Accounts – This resolution was referred to the Board of Directors: The MAFP will actively advocate for direct primary care embedded in health savings accounts as a practical model to establish a consumer-driven primary care based health care system for all Americans, including those on government Medicaid and Medicare programs, and forward this resolution to the AAFP.

8. More Information and Education Regarding the Impact of Social Media – The MAFP will request that the Minnesota Department of Health conduct an assessment of social media use and the effects of its use on our youth, and that those findings be disseminated to physicians and the public.

8A. More Information and Education Regarding the Impact of Social Media – These portions of the original resolution were referred to the Board of Directors: Our MAFP Delegation to the AAFP Congress of Delegates will bring forward this resolution for national debate and action, ask the

MMA Policy Council to consider this matter, and forward this to the MMA's AMA Delegation for national debate and action.

9. Unnecessary Burden of EMR in the Rural Setting – This resolution was referred to the Board of Directors: The MAFP will aggressively support efforts to have the "No EMR" financial penalty removed from independent rural family medicine providers/ practices.

9A. Disparate Financial Burdens Across MAFP Membership – This substitute resolution for original resolutions 9, 11, and 13 was referred to the Board of Directors: The MAFP will explore the financial burdens placed on members working in environments that include but are not limited to rural, underserved, and/or independent practices. The MAFP will also work toward mitigation of financial burdens placed by both internal and external policies, such as EMR financial penalties, membership dues, and Medicare and Medicaid reimbursement rates.

10. Building a Healthcare Workforce in Minnesota – The MAFP will work to increase the number of highly qualified family physicians in primary care shortage areas by investigating opportunities for eligible practices such as FQHCs to fund new and enhance existing Teaching Health Centers in the state of Minnesota (such as through the Teaching Health Center Graduate Medical Education (THCGME) system). The MAFP will also support state legislation to allocate separate streams of funding, independent of federal grants, to establish and support Teaching Health Centers in the state of Minnesota, given the limited amount of federal funds available for the federal THCGME.

11. Minnesota's Growing Rural Health Care Shortage – This resolution was referred to the Board of Directors: The MAFP will, as a means of meaningfully encouraging and supporting physicians willing to live and practice in rural communities, request an increase in Medicare and Medicaid reimbursements by 15% above regional norms for all rural independent family practice providers. The MAFP will also request that the United States federal government allow for the exclusion of all rural independent family medicine providers/family medicine offices from any and all federal healthcare programs, including but not limited to ACA/ MACRA/MIPS and CMS penalties for no EMR, keeping in place the standard MC/MA programs, which enable direct patient care to Medical Assistance and Medicare patients.

12. Comprehensive Primary Care Workforce Plan – This resolution was referred to the Board of Directors: The

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MAFP will build on the work previously completed by the MMA (and others) and move into the space created by the failure of the NHCWC by convening a task force made up of appropriate stakeholders (including patients) and experts to address the need for a state-based comprehensive primary care workforce plan. The MAFP will also consider advocating for a new office or department that would be established to coordinate that plan (e.g. within the Office of Rural Health and Primary Care at the Minnesota Department of Health). The task force will be asked to present its efforts and findings to this body within two years.

13. Dues Reduction for Rural Independent Practice Family Physicians – This resolution was referred to the Board of Directors: The MAFP will work with the AAFP to, as a means of encouragement and support, significantly reduce the cost of its annual membership dues, CME, and educational materials for all rural independent practice family physicians.

14. Support Legislation that Promotes Improved Adolescent Vaccination Rates – The MAFP will support legislative action in Minnesota to allow adolescents age 14 years and older to consent for themselves for the receipt of ACIP-approved vaccinations for their age and, under the circumstances of requesting vaccination, allow an adolescent age 14 years and older to use their private or public health insurance for said services. The MAFP will also oppose any legislative action that may restrict access to care in adolescents and minors as currently stated in Minnesota statutes.

15. AAFP Health in All Policy Development – The MAFP will present a request through the 2019 AAFP Congress of Delegates that the AAFP develop a formal policy entitled "Health in All Policies" (HiAP), where Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across all sectors and policy areas, and request that the AAFP support the recommendation that HiAP can best be accomplished by using HIA in the federal review of environmental impact statements (EIS) and environmental assessments (EA).

16. Denounce Race-based Medicine – The MAFP will end the practice of using race as a proxy for biology or genetics in their educational events and literature and seek to use the experience of racism instead of race when describing risk factors for disease. The MAFP will also provide support for the development of resources to assist members in critically

Benjamin Meyerink, MD, represents Mayo FMRP at the House of Delegates.

evaluating their use of race in research and clinical practice and for the investigation of an alternative use of race in the calculation of variables such as glomerular filtration rate (GFR), pulmonary function test (PFT), and atherosclerotic cardiovascular disease (ASCVD) risk. The MAFP will also encourage the MAFP Foundation to provide financial support, such as research grants, to researchers investigating the relationship between systemic racism and racial health disparities and bring a resolution to the AAFP Congress of Delegates on behalf of our chapter asking that the AAFP end the practice of using race as a proxy for biology or genetics in their educational events and literature, and require race be explicitly characterized as a social construct when describing risk factors for disease. ◆

17A. Interpreter Access – The MAFP will monitor, study, and evaluate legislative proposals which address healthcare interpreter training, access, and quality standards, as well as implementation of these policies through state programs and insurance products, and act on this information when appropriate if affecting patient care.

18. Oppose Criminalization of Physicians Providing Abortion Care – The MAFP will oppose any future efforts in Minnesota to criminalize physicians for providing abortion care

and take a resolution to the AAFP Congress of Delegates to ask it to publicly oppose any law which would criminalize physicians for providing abortion care. ◆

19A. Resolution to Keep Legislators from Practicing Medicine Without a License – The MAFP will strongly discourage any interference by government or other third parties that forces a physician to present non-evidence based information to a patient. The MAFP will also advocate against state interference in the teaching and training of medical students and residents in evidence-based best practices.

20. Mental Health Disclosure on Credentialing and Minnesota Board of Medical Practice Physician License Applications – The MAFP will provide physicians and physicians-in-training information on the wording of the mental health disclosure questions on credentialing and board licensing applications, legal interpretation of these questions, and overview of likely next steps if one were to disclose mental health illness/treatment. The MAFP will also endorse the AMA policy that encourages state licensing boards to require physicians to disclose physical or mental health conditions that currently impair their judgment or would otherwise adversely affect their ability to practice medicine in a competent, ethical, and professional manner, or when the physician presents a public health danger; and that urges any state medical boards to, if they wish to retain questions about the health of applicants on medical licensing applications, use the language recommended by the Federation of State Medical Boards: "Are you currently suffering from any condition for which you are not appropriately being treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)". The MAFP will also advocate for a change in the wording of the Minnesota Board of Medical Practice Physicians License Application questions to align with AMA policy on the issue and work with clinics, hospitals, and/or governing bodies to align credentialing questions with AMA policy on mental health disclosure for state licensing.

21. Addressing the Medical Needs of an Aging Population through Family Medicine – The MAFP will seek to support increased education opportunities for medical students, family medicine residents, and practicing physicians in multiple facets of care of older adults and explore offering specific CME in older adult and dementia care for residents and practicing physicians.

22. Future House of Delegates Location – The MAFP will consider rotating future House of Delegates sites between the Twin Cities metro area and cities in greater Minnesota.

23. One-Time Life Membership Dues for Minnesota Members – Starting in 2020, the Minnesota chapter will implement one-time life member dues equal to the current active member dues rate.

◆ *Will graduate to national level, heard at AAFP Congress of Delegates in September*

The NCCL Minnesota Delegation: Front: Zia Okocha, MD; Nicole Chaisson, MD; Shanda Dorff, MD, FAAFP; Middle: Lauren Williams, MD; Amanda Meegan, DO; Maria Huntley, CAE, MAM; Renée Crichlow, MD; Back: James Conniff, MD, MPH; Olusola Adegoke, MD, MPH; Jami Burbidge, MAM; Andrew Slattengren, DO.

NATIONAL CONFERENCE OF CONSTITUENCY LEADERS

The National Conference of Constituency Leaders (NCCL) is the AAFP's leadership and policy development event that empowers a select group of change makers to catalyze positive change in family medicine. The AAFP has identified five special constituencies (women, minorities, new physicians in the first seven years of practice, international medical graduates, LGBTQ physicians or physician allies) and brings representatives from these groups together for leadership training and policy development. The Minnesota Academy of Family Physicians supports a representative from each of the special constituencies to attend. The conference is an inspiring opportunity to gather with family medicine leaders from across the country and work on issues that affect you and your patients. Hear about it below in the words of some of our 2019 Minnesota attendees.

Sola Adegoke, MD, MPH

It was a wonderful experience spending time with other family physicians locally and from other states and listening and learning about the policy/advocacy priorities among the various constituencies. The opportunity to have a say in the various deliberations was exciting. Personally and professionally, the obvious passion for family medicine among the group was exhilarating. I feel NCCL has given me a broader context/framework for taking family medicine outside the four walls of my exam room and thinking more about the process of policy making and advocacy in advancing my specialty and the community that I serve.

Jamie Conniff, MD, MPH

For several years, I'd heard about NCCL from other family physician-advocates—always in a tone of awe, as if NCCL were a promised land for passionate, idealistic strategists who are focused on building a health care system that better serves our patients, physicians and healthcare staff. And that's exactly what NCCL is! When I realized that I could attend as a Minnesota delegate, I jumped at the chance. After 60 whirlwind hours of brainstorming, resolution-writing, testifying and voting on proposals to improve family medicine and the system in which it operates, I came away with more energy than I had when I arrived. I especially valued the opportunity to speak in support of constituencies that have historically been silenced, including people of color

(we passed a resolution that started in Minnesota, calling for an end to race-based medicine!) and LGBTQ people (we passed several resolutions promoting the education and practice of gender-affirming care!). I learned so much about advocacy at NCCL—knowledge that I can use here in Duluth, in greater Minnesota and on a national level to advocate on behalf of my profession and my patients. I'm very grateful to the MAFP for giving me this opportunity, and I'm looking forward to more NCCLs in the future.

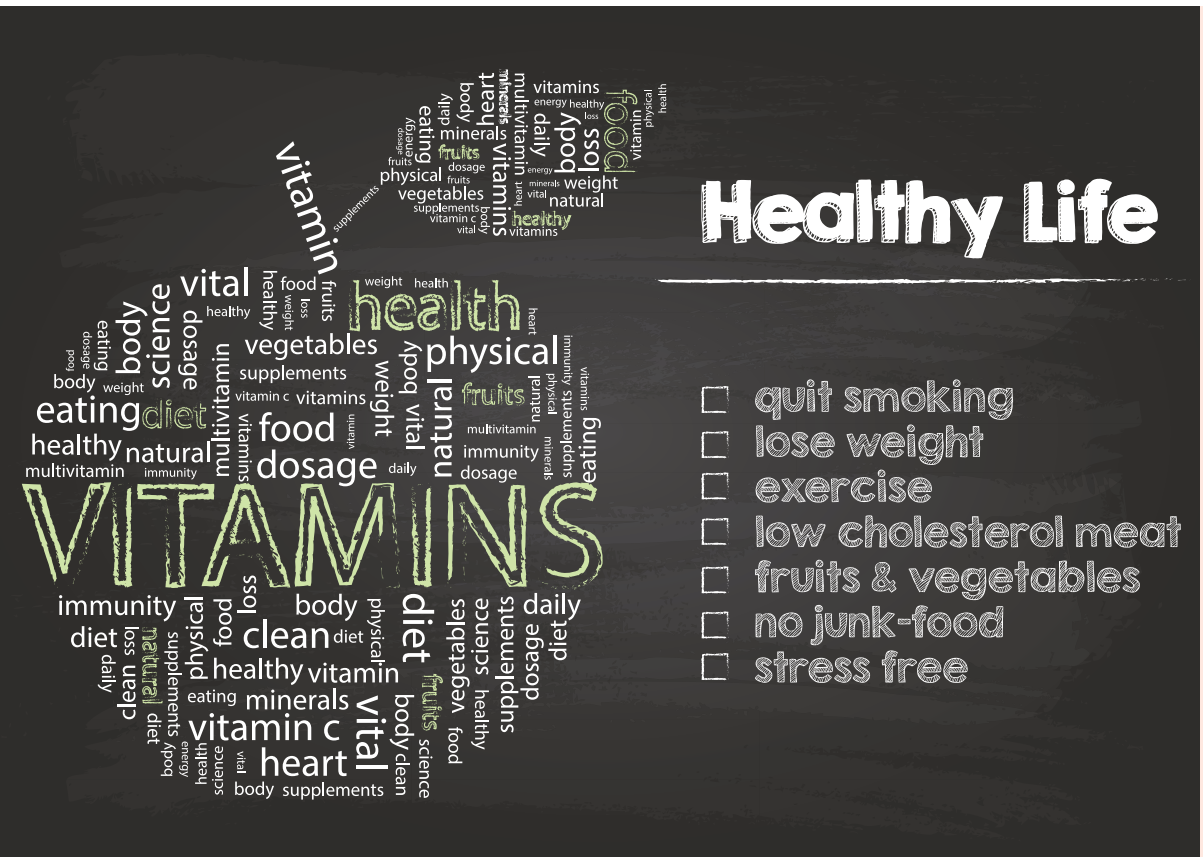
Zia Okocha, MD

Attending NCCL had been suggested to me in residency but seemed too daunting, and I couldn't wrap my head around the resolution writing or parliamentary procedure. Now it's a mandatory part of my advocacy training. I attended the MAFP House of Delegates about one month earlier and served on a reference committee, which I thought was beneficial in preparing me to more actively participate in NCCL. And I'm glad I attended both! Parliamentary procedure isn't that bad! Neither is resolution writing. This is a great way to get involved at the state and national level in order to move the Academy in a direction you would like to see.

This experience has increased my interest in being involved in my state Academy and other advocacy work. I look forward to being a more active member in the future. Moreover, I've met a number of inspiring individuals from across the country with whom I hope to stay in contact.

Overall, this was a great experience and I would recommend that others try it on for size!

SO YOU WANT YOUR PATIENTS TO LOSE WEIGHT, SLEEP BETTER AND QUIT DRINKING AND SMOKING? EVIDENCE-BASED RESOURCES FOR FAMILY PHYSICIANS



Stephanie A. Hooker, PhD, LP, MPH, Licensed Psychologist and Postdoctoral Fellow at Broadway Family Medicine
Katie Loth, PhD, MPH, RD, LD, Assistant Professor and Registered Dietitian at Broadway Family Medicine
Samantha Ngaw, MD, Family Medicine Resident, Broadway Family Medicine
Marc Uy, MPH, Research Assistant, University of Minnesota DFMCH
Jean Moon, PharmD, BCACP, Associate Professor and Clinical Pharmacist, Broadway Family Medicine
Kathryn Justesen, MD, Assistant Professor and Program Director, Broadway Family Medicine
Michelle D. Sherman, PhD, LP, ABPP, Professor, Board Certified Couples and Family Psychologist, and Director of Behavioral Health, Broadway Family Medicine Residency Program

UNIVERSITY OF MINNESOTA DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

In the last century, chronic diseases, including heart disease, cancer, stroke, diabetes and respiratory diseases, have risen above communicable diseases as the leading causes of mortality in the United States.[1] However, when causes of these deaths are recoded based on behavioral risk factors, approximately 40% of deaths in the US are attributable to modifiable health behaviors, such as poor diet, physical inactivity, tobacco use, alcohol consumption, poor adherence to medications and insufficient sleep.[2] Despite clear recommendations and public health campaigns regarding healthy behaviors, many Americans continue to engage in unhealthy practices, such as not getting enough physical activity[3] and smoking cigarettes.[4] As we know, common sense is not common practice for many of us. How many people never drive above the speed limit, eat the recommended number of fruits and vegetables every day and limit screen time to less than two hours a day?

Fortunately, numerous brief behavior change interventions have been found to be effective in primary care settings[5] such as increased physical activity levels in patients who received physical activity prescriptions from their physicians, increased tobacco cessation and medication adherence among patients who received motivational interviewing, and decreased

alcohol consumption in primary care patients who received brief behavioral interventions (see Hooker et al.[6] for a discussion of specific interventions). Primary care is an ideal setting in which to address these modifiable behaviors due to easy access to care, the continuity across time and stages of health/illness and the comprehensive approach to health espoused by primary care physicians (PCPs) that enhances the development of trusting, collaborative relationships.[7]

Although clinical practice recommendations urge PCPs to address health behaviors consistently in outpatient visits, research suggests that minimal time is actually dedicated to discussing healthy lifestyle choices. Beyond screening, PCPs spend an average of less than 1% of their face-to-face time with patients discussing preventive care, including immunizations, screenings and lifestyle counseling.[8] Further, when PCPs do broach the topic, they often only explain risk. For example, PCPs often assess frequency of tobacco use and advise patients to quit, but do not regularly offer practical cessation advice or supports.[9] This may be for multiple reasons, including limited time in visits, competing health concerns, lack of PCP confidence and self-efficacy (perceived ability to be successful) in addressing health behavior change and dearth of interactive resources for PCPs to use to engage patients during office visits.

To address these barriers, we developed a six-module curriculum (Change that Matters) to teach PCPs brief, evidence-based interventions to address common health behaviors, including sleep, physical activity, smoking cessation, medication adherence, healthy eating and excessive alcohol use. Each module includes three components; namely, didactic training (lecture and structured practice of key skills), smart phrases (to be used in the electronic medical record [Epic] to guide PCPs through how to deliver the interventions) and interactive patient handouts. The graphically-designed, patient-friendly handouts have open-ended questions and space for writing to facilitate discussions between the PCP and the patient. Specifically, handouts facilitate patient reflection on their goals, why they want to make changes and how to overcome barriers.

We are currently evaluating the Change that Matters curriculum by eliciting feedback from patients and PCPs; overall, feedback has been positive (manuscript forthcoming). PCPs cited increased confidence in addressing health behaviors, improved self-efficacy in motivational interviewing, enjoyment of working through the handout with the patient during visits, positive feedback from patients about the handouts, awareness of patients appearing empowered by the discussion/handout and appreciation of having a framework for how to address these topics. Similarly, patients expressed gratitude that the physician raised the behavioral health issue and felt empowered to take ownership of their health. Patients liked the handouts as a tool to spark reflection, help with goal setting and track progress.

The overarching goal of our project is to develop, test and widely disseminate the curriculum so any PCP can access the educational materials and the interactive patient handouts. We plan to have the materials available on a free, publicly available internet site within the next year. In the interim, interested individuals can contact Dr. Stephanie Hooker (hook0044@umn.edu) for access to the handouts. Additionally, we hope to expand the curriculum by adding behavioral health topics (e.g., depression, anxiety) and conducting a larger trial to determine if implementation of the curriculum affects patient outcomes.

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DON'T BE SHY ABOUT ASKING FOR HELP PATIENTS NEED

> *"Even in high school, I can remember being told by a vice principal that I couldn't have the schedule I created because it was all science classes, and that it was too hard. I did it anyway."*

Physician burnout results from multiple factors, and not every physician who suffers from it experiences it for the exact same reasons. But one common contributor likely is the anger and hopelessness we feel when we can't help a patient (www.healio.com).

Sure, we get tired of working ridiculous hours and spending the majority of our time doing computer-related tasks (www.forbes.com) that feel like hoop-jumping rather than life-saving. But the hit that is hard to rebound from is failure. And failure is often not within our control. I have no control over insurance formularies, no control over a patient's income or housing, and I definitely have no control over whether the patient is invested in coming to see me, regardless of how sick I think they are.

But that doesn't mean the blow is any softer when a patient has a bad outcome due to a lack of access to resources, regardless of the cause. I used to be more involved in health policy advocacy than I am now, and I always felt the motivation to do that work stemmed from the need to fix problems that I saw first-hand. Not only is it effective to tell my legislators a story about insulin prices and the Medicare doughnut hole—making them more informed voters and bill writers—but selfishly, it gives me a sense of action. I can tell the patient the next time I see them that I took their story to D.C., or to CMS during a comment period or a hearing. I don't feel I'm failing patients if I'm actively advocating for change that benefits them.

Unfortunately, I reached a point where I didn't have time to do as much advocacy work, and I also sometimes felt like although high-level health care reform needs to happen, the situation isn't going to be different tomorrow. Meanwhile, I'm left staring at a patient with diabetes who needs insulin right now but can't afford it. What has shocked me over and over again is that even other health care providers sometimes are surprised when I tell stories about patients without medicine. Yes, I work in an office with a 340B pharmacy, but guess what? That doesn't make medicine free. It makes it more affordable if you don't have insurance. But I am not exaggerating when I say that there are patients who have zero dollars for medicine.

So recently I've shifted my efforts to work on small-scale solutions. I haven't abandoned the big-picture changes that need to happen, but I also felt I needed to rethink what it takes to make an impact in my own community. I can't get Medicare-for-all approved by Congress on my own, but if I can help a patient with financial struggles get an antibiotic prescription filled so they don't die from pneumonia, then I've done my duty. It's not enough to diagnose someone with pneumonia, prescribe the correct treatment and send them to the pharmacy; if they can't afford the treatment, then I've accomplished nothing.

Although many would argue that our responsibility ends at treatment decision (because legally it does), just as many of us aren't willing to stop at the exam room door in caring for our patients.

Any teacher, supervisor or boss I've ever had will tell you that I tend to aim high. I apply for leadership positions no one else thinks I will get. I ask people to do things that might be impossible. And sometimes I win.

Even in high school, I can remember being told by a vice principal that I couldn't have the schedule I created because it was all science classes, and that it was too hard. I did it anyway.

I'm not saying I always succeed, but I definitely am not shy and don't miss an opportunity. One day I was picking my son up from school and ran into a friend who mentioned an organization offering health care grants. She suggested that I should get in touch with them if I had any ideas. Oh, I had ideas. Since getting our community health worker program up and running, my office's fitness center enrollment and usage increased. So significantly, in fact, that the equipment broke due to overuse. We don't charge patients to use the fitness center, so we didn't have a revenue stream to repair or replace equipment that originally came via a grant years ago.

I met with representatives from the Greater Kanawha Valley Foundation (tgkvf.org) to show them our facility. During the course of the meeting, I told stories about my patients and how heartbreaking it was when we started doing social determinants of health screenings. Not only were we uncovering food and housing insecurities, we were asking questions that we didn't have a means to address.

I ended up applying for grant funding not only to make our fitness center functional again, but also to help address some of the social determinants of health indicators, specifically electricity and medication costs. As I said before, it isn't enough to prescribe the treatment if the patient can't utilize it. Oxygen, nebulizer machines and insulin all require electricity. I have resourceful patients who find ways around this by storing all but a few doses of insulin at someone else's house or running extension cords for insanely long distances from a neighbor to power an oxygen concentrator. But I have others who literally go without. Despite what most people think, there are not enough programs to help everyone. And those without will live shorter lives because they lack what most of us take for granted as basic necessities.

We are just starting to use our grant money. This week, the treadmills are supposed to arrive for our fitness center. We were able to get someone's electricity turned on, and we have helped pay for quite a few medications that patients were just going to go home without.

These interventions only affect one person, or family, at a time, and the resources will run out once we spend the $15,000 allotted for medication and electricity bills. But each day that we are able to provide someone with a blood thinner they were going to skip for a month, or provide a family with a place to exercise — a place that also has heat, water, a shower, etc. — I feel like I've done far more than any trip to Washington could accomplish.

This all was possible because of a local philanthropic organization that serves six counties in West Virginia. So, my advice to those out there feeling like they don't have a free second to stick their head up above their laptop screen: You might just find what you and your patients need if you look around. And never hesitate to ask — for anything — because someone might just tell you yes.

Kimberly Becher, M.D., practices at a rural federally qualified health center in Clay County, W.Va. Follow her on Twitter @BecherKimberly

This post originally appeared on the AAFP Fresh Perspectives Blog on Tuesday, January 29, 2019. Reprinted with permission from the American Academy of Family Physicians.

MAFP 2019 SPRING REFRESHER

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

PATIENT ADVOCACY BOOTH GRANT

A $2,500 grant from the AAFP Foundation's Family Medicine Philanthropic Consortium helped defray the cost of the three exhibit booths at the MAFP 2019 Spring Refresher.

Members were able to make face-to-face connections with staff of three patient advocacy organizations that they are not likely to meet in their practice communities due to busy clinic schedules. They learned about statewide patient support groups, cancer screening tools and access to reproductive health resources.

Staff at the three patient advocacy booths were asked to track the following three metrics:

1. Number of members who visited the patient advocacy groups at their exhibit booths: 80
2. Number of education materials distributed to members at the patient advocacy groups: 68
3. Number of conversations between members and patient advocacy staff: 65

For more information about patient and physician resources, members can contact:

American Cancer Society

National Cancer Information Specialists are available to help with patient services, resource requests or cancer information questions twenty-four hours a day, seven days a week, at 1-800-227-2345.

National Alliance for Mental Illness (NAMI)

NAMI Minnesota, 888-626-4435,
namihelps@namimn.org, http://www.namimn.org

Reproductive Health Access Project

646-895-6464, info@reproductiveaccess.org


MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
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ZEPHYR
FRIDAY
45 am
Going for GOLD: A Review of the 2018 GOLD Guideline for COPD Diagnosis, Management and Prevention with Interactive Cases and Guideline Application
10:30 am
Human Trafficking: Recognizing the Problem and Responding to Victims in the Health Care Setting
11:15 am
Pediatric and Adolescent Gynecology Updates
1:00 pm
There Is a Doctor in the House
1:45 pm
Case Studies on Type 2 Diabetes Mellitus: Focus on Cardiovascular Outcomes Trials
2:30 pm
Advance Care Planning: Benefits that Aren't Immediately Obvious
2019 SPRING REFRESHER


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MARCH 28-29, 2019

A poster session wraps up the forum.

INNOVATION & RESEARCH *forum*

On Saturday, March 2, researchers from throughout Minnesota gathered at HealthPartners in Bloomington to learn, connect and to share their findings in family medicine innovation and research. Topics ranged from the *Effect of Depression and Rurality on A1c in Adults with Diabetes* to *Improving Safety Through Systems-based Opioid Prescribing Process to Interdisciplinary Collaboration at the Residency.*

Zia Okocha, **MD**, Junior Faculty at UMN Medical Center FMRP, authored *Racism in Medicine: As Doctors, We Must Do Better* for *Rewire News,* February 26, 2019.

The National Minority Quality Forum named **Jay-Sheree Allen**, **MD**, CentraCare Health - Long Prairie, as one of 40 Under 40 Leaders in Minority Health. These 40 represent the next generation of thought leaders in reducing health disparities.

Renée Crichlow, **MD, FAAFP,** and **Deborah Dittberner, MD**, were interviewed on MPR News with Kerri Miller on Tuesday, April 2, for a program on how having a family doctor improves your life.

Jessica Fike, DO, PGY1, Mayo Clinic Family Medicine Residency, was selected for the AAFP Foundation's Emerging Leaders program.

Bob Bonacci, MD, Mayo Clinic Family Medicine Residency, received the Silver Level Program Director Recognition Award from the Association of Family Medicine Residency Directors for his dedication and performance.

The University of Minnesota was one of fifteen sites selected to participate in "*Building Better Clinical Training Experiences: A Learning Collaborative*." The U of M DFMCH, the school of pharmacy and the physician assistant program will collaborate to pilot processes and resources to reduce the administrative burden associated with allowing students to complete clinical rotations at community practices. The pilot is led by the Society of Teachers of Family Medicine and funded by the American Board of Family Medicine Foundation.

Maria Huntley, CAE, MAM, Chief Executive Officer of the MAFP, made Minne Inno's list for innovators in healthcare.
Alan Manivannan, MS2, University of Minnesota, received the 2019 Twin Cities Medical Society **Foundation's Medical Student Scholarship.**

DEGREE OF FELLOW

Three members received the AAFP Degree of Fellow on March 28 at the Spring Refresher:
Steven Pitschka, MD, FAAFP, (in absentia) of Duluth;
William Roberts, MD, FAAFP, of St. Paul;
and **John Tieben, MD, FAAFP**, of Jordan.

Established in 1971, the Degree of Fellow is an honor bestowed upon AAFP members who have distinguished themselves by their service to family medicine and their commitment to professional development through medical education and research.

2019 MAFP AWARD RECIPIENTS

Family Physician of the Year:
Kimberly Tjaden, MD, of Sartell

Educator of the Year:
Andrea Westby, MD, of Minneapolis

Family Medicine Resident of the Year:
Ryan Brower, MD, of Mankato

Medical Student Leadership Award:
Hanna Nedrud of Minneapolis

Innovation & Research Award:
Marilyn "Susie" Nanney, PhD, MPH, RD,
formerly of Minneapolis (awarded posthumously)

Tell Your Story

At the Spring Refresher, Dr. Nancy Baker sat down with David Mersy, MD, to record the story of his journey as a family physician for the AAFP Foundation's Family Medicine Oral History Program.

"I'm pleased to have served two terms as one of two members-at-large on the Center for the History of Family Medicine at the AAFP. The Center's mission is to secure documents and memorabilia that preserve the remarkable history of family medicine, at the same time using these materials to inform the future of our specialty. One of the most exciting activities in which I've participated is the Oral History Project, which allowed me to record interviews with my Minnesota family medicine mentors, Macaran Baird, MD, and David J. Mersy, MD, as well as other national figures," said Dr. Baker.

Since 1992, the Center for the History of Family Medicine (CHFM) has been actively collecting oral histories as part of their efforts to document and preserve the history of the specialty. At present, the CHFM holds oral histories in both audio and video formats. As part of the oral history project, they have also developed a list of subjects throughout the eight family medicine organizations (AAFP, AAFP Foundation, ABFM, ACOFP, ADFM, AFMRD, NAPCRG and STFM) that they have targeted for interviews.

"Having started my first practice in rural Minnesota in 1969 (the year family medicine became a specialty), it was interesting to reflect on 50 years of experience in private practice and academic family medicine as well as my involvement with MAFP, the MAFP Foundation and several organizations representing academic family medicine on the national level," said Dr. Mersy.

Showing his dedication to mentorship, Dr. Mersy was instrumental in establishing the MAFP's Summer Externship Program for medical students with a passion for serving under-resourced communities.

For information on how you can help preserve the history of family medicine through conducting oral histories, or to request a copy of a recording, please contact the Center for the History of Family Medicine (www.aafpfoundation.org). The Foundation hopes to make the collection available online in the future.

COMING UP NEXT

Welcome to Minnesota: An Event for Incoming First-year Residents
June 23, 2019
1:00 - 3:00 pm
Science Museum of Minnesota
St. Paul, MN

AAFP National Conference of Family Medicine Residents and Medical Students
July 25 - 27, 2019
Kansas City Convention Center
Kansas City, MO

Destination CME
August 17 & 18, 2019
Arrowwood Resort
Alexandria, MN

Application Deadline Research & Innovation Grant
September 1, 2019
Visit https://mafp.org/apply to learn more.

Made for Medical Students: The Family Medicine Resident Experience
September 14, 2019
9:00 am - 2:00 pm
Pinstripes
Edina, MN

Virtual KSA (topic TBD)
October 27, 2019
5:00 pm

Family Medicine Midwest
November 8 - 10, 2019
Naperville, IL

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MAFP

Advocating for Family Medicine

KIMBERLY TJADEN, MD, MPH, NAMED THE 2019 MINNESOTA FAMILY PHYSICIAN OF THE YEAR

By Emie Buege, a Twin Cities freelance writer

The Minnesota Academy of Family Physicians (MAFP) named Kimberly Tjaden, MD, MPH, of Sartell, Minnesota, the 2019 Minnesota Family Physician of the Year.

This award is presented annually to a Minnesota family physician who personifies the highest ideals of family medicine: providing compassionate, comprehensive patient care; serving the community; and being a role model.

Tjaden has been practicing family medicine in St. Cloud for 20 years. She sees patients at the St. Cloud Medical Group South Campus and is actively involved in community health education and outreach to underserved populations.

"Family physicians are the one constant in our healthcare system, the foundation of primary care. Dr. Tjaden was named the 2019 Minnesota Family Physician of the Year because she embodies the values of family medicine and is committed to serving her community outside clinic walls," said Glenn Nemec, MD, outgoing president of the MAFP.

COMPASSIONATE, WHOLE-PERSON CARE

Tjaden reports struggling in medical school to choose between the specialties of family medicine and pediatrics until she completed her rural family medicine rotation. It was there that she fell in love with caring for the whole person, from birth to death, as well as caring for multiple generations and families.

Today, her patients and colleagues describe her as compassionate, thorough and unstinting with her time and attention. One patient commented, "She looks at me as a whole person, not just one or two needs. She takes the time to listen. The care she gives is the best I have [received] anywhere."

Tjaden has a unique ability to put patients at ease, no matter what they're facing or going through. She works with patients not just to address illness but also to promote wellness. Her diligence to provide each patient with the best possible care is unparalleled.

Patrick Zook, MD, former chief of staff of St. Cloud Hospital, said, "From her first day [with St. Cloud Medical Group], she

brought new life and enthusiasm to our multispecialty practice, never reluctant to stir the pot when needed to balance out our operations and practice management. But also, from day one, patients flocked to her for her expertise, but [more so] for her easy, straightforward communication. She listens exceptionally well. Patients find plenty of healing and comfort in the midst of their woes and problems, even on her busiest days."

A MENTOR AND AN ADVOCATE

In addition to Tjaden's clinical responsibilities, she has taught and mentored family medicine residents, medical students, nurse practitioners and physician assistants.

Her medical interests include public health, women's health, preventive health, immigrant health and innovative healthcare delivery.

She has served on boards and committees for the Minnesota Medical Association, CentraCare, St. Cloud Medical Group and the Food Allergy and Anaphylaxis Network, advocating for improvements in healthcare policies and patient care.

A COMMUNITY CHAMPION

A former colleague said, "There seems to be no lines between Dr. Tjaden the [physician] and Dr. Tjaden the friend, mentor and community champion."

Tjaden is actively involved in her local community. She has served as a Girl Scout leader, youth mentor at her church, school volunteer and more.

She regularly participates in global missions, serving in under-resourced countries like Haiti and the Dominican Republic. Tjaden has also worked with immigrant and Native American communities in the U.S.

Former colleague Eunice Weslander, PAC, said, "If there is one phrase I could use to sum up Dr. Tjaden, it would be 'live generously.' She does that in all aspects of her life—with her patients, with her church, with her community. And she spreads [that generosity] around the world."

In 2019, Dr. Tjaden traveled to the Dominican Republic with Habitat for Humanity.

Community outreach and medical missions are an important component of caring for patients for Tjaden. She sees what happens in the exam room as a small part of patients' lives. She said, "The community we live in is a reflection of us. If I can do one small thing each day to improve the life of another person, especially if that person is hurting, I want to do that. I have been given so much in my life and have always wanted to give back to others. As the late Paul Wellstone said, 'We do better when we ALL do better.'"

A PUBLIC HEALTH PERSPECTIVE

Tjaden recently received her master's in public health (MPH) from the University of Minnesota.

When asked about her decision to get an MPH, Tjaden said, "I had the opportunity to serve in Haiti in 2013 with the American Academy of Family Physicians Foundation. It was a life changing experience for me! Reflecting on that, I found that I wanted to affect the health of communities, in addition to individuals. An MPH is a perfect fit with family medicine. We know the challenges that many folks face trying to attain health; adding the public health piece helps me understand that on a different level. Additionally, I can work to change the conditions that make being healthy difficult, like food insecurity, structural racism and poverty."

Congratulations to our 2019 Minnesota Family Physician of the Year, Kimberly Tjaden, MD, MPH! Thank you for your extraordinary commitment to your patients, community and the specialty of family medicine.

Tjaden is board certified by the American Board of Family Medicine. She is an alumnus of the University of Nebraska College of Medicine and completed her residency training at the Clarkson Family Medicine Residency in Nebraska.

She is married to Joe Nguyen, MD, a cardiologist at CentraCare. Together, they have two children: daughter Jaden (age 17) and son Josh (age 15).

ABOUT THE MAFP ACADEMY AWARDS

Since 1981, the MAFP has recognized its members for their hard work and

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dedication to family medicine via its own Academy Awards.

Family physicians from across Minnesota are nominated—by patients, community members, educators, learners and colleagues—for a variety of awards.

Nominees for Minnesota Family Physician of the Year must be members of the MAFP. A panel of previous recipients select up to four finalists to recommend for final voting by the MAFP Board of Directors. The Board of Directors then names the awardee after reviewing nomination letters and credentials.

FAMILY MEDICINE IS…

We asked Dr. Tjaden to describe family medicine in three words. She chose:

- **COMPASSION**
- **COLLABORATION**
- **CONTROLLED CHAOS**

This year, 30 members of the MAFP were nominated for the 2019 Minnesota Family Physician of the Year, the Academy's top honor. Finalists included **Anthony Amon, MD** (Willmar), **John Benson, MD** (Mankato), **Scott Colson, MD** (Osseo) and **Aaron Johnson, MD** (Blue Earth).

Most of the Academy Awards were presented at the MAFP Spring Refresher, held March 28 & 29, 2019, at The Depot Minneapolis.

Learn more about the awards at mafp.org/awards.

Watch our short video honoring our 2019 Minnesota Family Physician of the Year, Kimberly Tjaden, MD, MPH, at http://bit.ly/FPY2019.

THANK YOU, MEMBERS!

It was the Foundation's most successful fundraising campaign, thanks to members who donated $13,808 while attending the House of Delegates and Spring Refresher Conference in March.

Donations support innovation and research projects developed and led by student and resident members working to improve patient care.

Funds also support the David Mersy, MD, Summer Externship Program for medical students with a passion for under-resourced communities (urban or rural) to apply for a summer externship that allows the student(s) to explore the specialty of family medicine.

Grant Deadline

Practicing family physicians, residents and medical students are invited to apply for a Research & Innovation grant by September 1, 2019. Visit mafp.org/apply to learn more.

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **James Boulger, PhD**, Duluth, has been inducted as an honorary member.
- **Marc Wilkinson, MD, FAAFP**, Madelia, has transferred from Georgia.
- **Lisa Soldat, MD, FAAFP**, Minneapolis, has transferred from Iowa.
- **Sarah Astorga, MD**, Duluth, has transferred from Missouri.
- **Kirsten Morissette, MD**, Minneapolis, has transferred from Montana.
- **Nancy Morden, MD**, Minneapolis, has transferred from New Hampshire.
- **Mark Thomas, MD**, St. Paul, has transferred from New Jersey.
- **Amy Sorensen, DO**, North Mankato,and **Owen Vincent, DO, FAAFP**, White Bear Lake, have transferred from Wisconsin.

NEW STUDENT MEMBERS

INTERNATIONAL MEDICAL SCHOOLS

- **Jesse Doyle**, Hanover, Ross University School of Medicine
- **Hana Kahin**, Blaine, St. George's University School of Medicine
- **Abdul-Malik Kassim**, Rochester, American University of Antigua College of Medicine
- **Angela Robertson**, Grand Rapids, American University of the Caribbean School of Medicine
- **Samuel Sutton**, Shoreview, St. George's University School of Medicine

MAYO CLINIC ALIX SCHOOL OF MEDICINE

- **Daniel Kirk**, Rochester
- **Archna Patel**, Rochester

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL – DULUTH CAMPUS

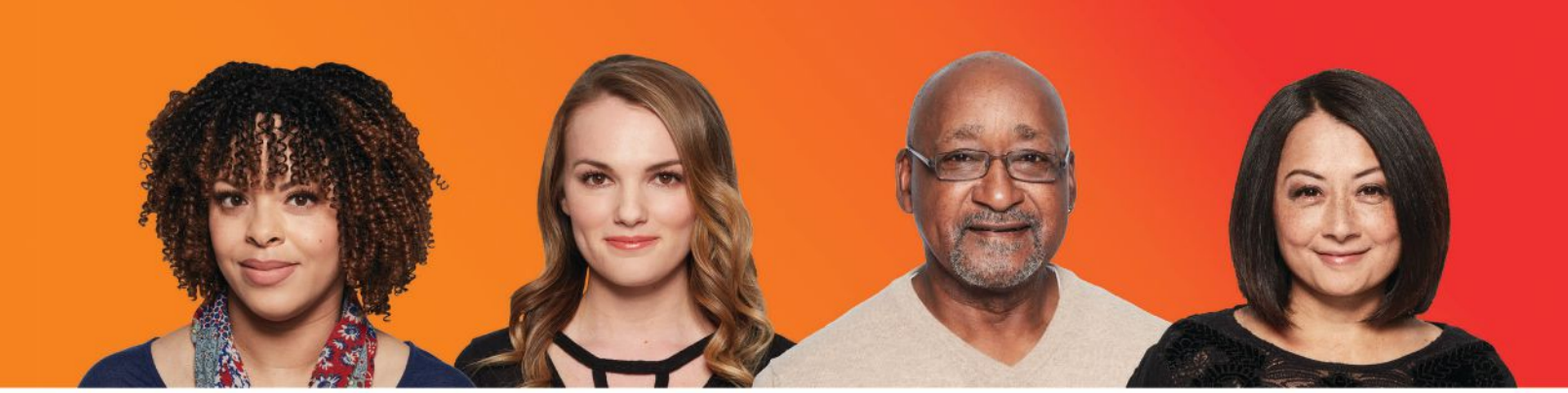
- **Alec Boike**, Crookston
- **Katherine Ehman**, Rochester

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL – TWIN CITIES CAMPUS

- **Ben Burton,** Minneapolis
- **Katherine Casty,** Minneapolis
- **Cody Dail,** Minneapolis
- **Andrew Elton,** Minneapolis
- **M Islam, MD,** New York, NY
- **Aaron Rosenblum,** Minneapolis
- **Arman Shahriar,** Minneapolis
- **Sarah Yeh,** Savage

IN MEMORIAM

Bradley Dean Johnson, MD, Plymouth



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