

MFP

MINNESOTA FAMILY PHYSICIAN

**JULIE ANDERSON, MD, FAAFP,
NAMED MINNESOTA'S 2020
FAMILY PHYSICIAN OF THE YEAR**

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**A REKINDLED INTEREST:
PROMOTING CLIMATE HEALTH**

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**REDUCING THE BURDEN
OF LYME DISEASE**

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The logo for Children's Minnesota, featuring the word "Children's" in a blue serif font with a small blue star above the letter "i", and the word "MINNESOTA" in a smaller, blue, all-caps sans-serif font below it.



40 MAFP members attended Day at the Capitol, hosted by the Minnesota Medical Association, on March 4, joining with more than 150 physicians, residents and medical students from across Minnesota.

Photo credit: Minnesota Medical Association photographer Kathy Forss

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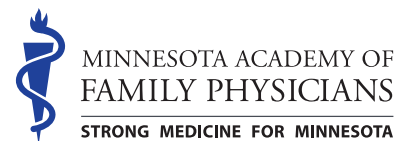
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FAMILY MEDICINE STANDS FAMILY MEDICINE STRONG

By **Renée Crichlow, MD, FAFP**
MAFP President



Here we are. Every day is different. Every hour, we get different information. By the time I write this, I do not know where we may be in the pandemic. But I know who we are. We are family medicine doctors. We are trained in every aspect of medicine. We are the people who can be on the front lines everywhere. And that is who we are, and that is what we do.

We are there in our outpatient clinics, on the telephones, on the virtual visits, keeping our chronic illness patients as healthy as possible and out of the hospitals so that our hospital friends, who are also us, have the best chance to take care of the people who need it most. I don't know where we are right now, so I'm going to tell you about what I do know now. I will tell you that I do know about family doctors

across Minnesota who are standing up for their communities. I will tell you that I do know about people who, at their own risk and at risk to their families, are standing up every day to care for their communities. I will tell you that I do know about every one of us who's just trying to do their best.

I am going to give a shout out to as many people as I can, and I know I'm going to miss a lot of you. The people who are doing the right things at the right time the best they can. The stories that will be told about the time of COVID-19 may not include any of us. But every single one of us knows that we will have done our best.

I'm going to start with the Little Falls ECHO folks, Dr. Kurt Devine and Dr. Heather Bell. Every week, they bring us together to learn more about what's going



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.

The Minnesota Family Physician (MFP) is the official publication of the MAFP. Contact the MAFP at 952-224-3875 or Lisa Regehr, lisa@mafpa.org.

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Edition 14

on with COVID-19. Every week, we gather on one of the largest Zoom meetings in the entire state to spread information, share understanding, and support each other. CHI St. Gabriel's Health Project ECHO, MAFP, Minnesota Department of Human Services, Stratis Health, University of Minnesota Department of Family Medicine and Community Health and many other organizations working together to make sure Minnesota physicians and clinics and hospitals are as prepared as possible to care for our communities, our patients, and each other.

I'm going to give a shout out to all those people, all those family medicine docs, who, when they were told that they were going to be furloughed, instead of sitting it out, called their nearest hospitals and signed up to be hospitalists. I am giving a

shout out to every single one of you who woke up today, put on your scrubs and your mask, and showed up. I don't know how this ends. I know that it does end, and I know the only way out is through. And I know that I believe in every single one of you. We are not just medicine. We are not just family. We are family medicine. And Family Medicine Strong is exactly what is needed right now. At the MAFP, we are here for you. We are fighting for you. We will do everything we can to keep the lights on and the PPE coming. I love this specialty. I believe in us. And I believe in you. The MAFP is member-driven, member-led and Family Medicine Strong. The only way out is through, and we are going to get through this together.


I am proud of you. Let's do this.



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.



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Carrie Link, MD, faculty member and medical director of the University of Minnesota Medical Center Family Medicine Residency at Smiley's Clinic, received the Twin Cities Medical Society Clinical Care Award.

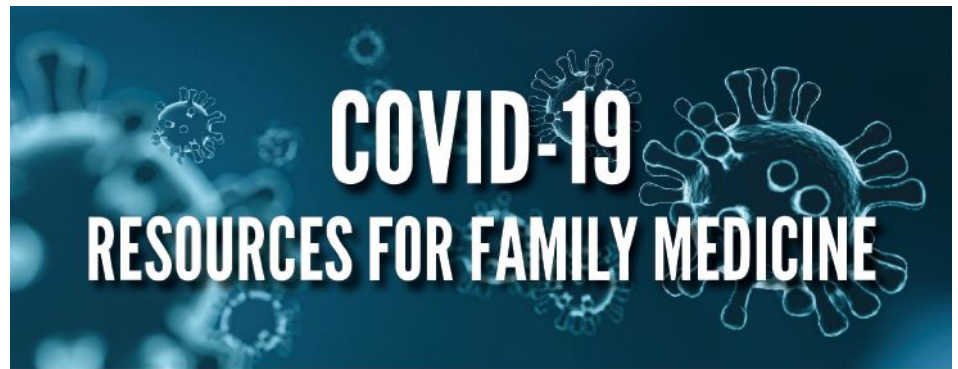


Andrea Westby, MD, FAAFP, contributed to the EveryONE project's Implicit Bias Training Guide, which promotes awareness of implicit bias among primary care physicians and their practice teams and provides resources for instructing health care professionals on how to reduce its negative effects on patients.



The AAFP Strolling Through the MATCH guide features wisdom from our very own **Ben Meyerink, MD**, PGY 3 at Mayo Family Medicine Residency Program.

Leif Solberg, MD, HealthPartners Research Foundation, was featured in the *Twin Cities Medicine* March/April 2020 Luminary column, which honors esteemed colleagues who have contributed significantly to Twin Cities medicine.



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- Minnesota Department of Health

National organizations:

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JULIE ANDERSON, MD, FAAFP, NAMED MINNESOTA'S 2020 FAMILY PHYSICIAN OF THE YEAR

by Emie Buege, a Twin Cities freelance writer

The Minnesota Academy of Family Physicians (MAFP) named **Julie Anderson, MD, FAAFP**, of St. Cloud, Minnesota, the 2020 Minnesota Family Physician of the Year.

This award is given annually to a family physician who personifies the highest ideals of family medicine: compassionate, comprehensive patient care and involvement in the community.

A PIONEER IN DELIVERY OF FAMILY MEDICINE

MAFP President **Renée Crichlow, MD, FAAFP**, said, “Dr. Anderson has been and continues to be a pioneer in the delivery of family medicine. It is an honor to know her and be her friend.”



Julie Anderson, MD, FAAFP, with a patient in her clinic.



Julie Anderson, MD, FAAFP, Family Physician of the Year

Anderson has been practicing family medicine in St. Cloud for more than 15 years. In 2018, she started her own clinic, Simplicity Health. She wanted to provide personalized, patient-focused care while limiting the red tape for both doctor and patient and being transparent about health care pricing.

Anderson said, “When you practice in a small clinic, you can be nimble. I like the flexibility in my schedule, and life is less stressful without the drag of unnecessary administrative pressures. For example, we were the first clinic in Central Minnesota to offer car visits for COVID-19 screening and virtual visits to our patients.”

Her clinic accepts traditional health insurance and offers direct primary care services where patients pay a monthly fee for membership.

Anderson reports that Simplicity Health was the first in her region to offer direct primary care. She said, “This model allows folks with a high deductible or employers with high premiums to get health care for a reasonable fee that limits third-party intervention. It avoids placing the fear of a bill over the fear of a health condition. I have always been an advocate of reducing the cost of health care.”

A STRONG PATIENT-DOCTOR RELATIONSHIP

More than 35 of Anderson's current patients, individually, nominated her for this award. While they each shared personal stories of how the care Anderson has provided them and their families has made a difference in their lives, they were unified in their appreciation of a strong patient-doctor relationship, where they have felt truly heard, seen and valued.

Patient comments included: “Dr. Anderson is the epitome of what family medicine is supposed to be. She treats the person, not just the disease. She goes above and beyond. She always cares!”

Anderson echoes the importance of the doctor-patient relationship and says that the quintessential family physician is someone who cares for all ages, all types of diseases and ailments and is a trusted expert in their community.

“No other specialty offers this type of personalized continuity and breadth of care,” said Anderson.

A LEADER AND AN ADVOCATE

Anderson has also been a leader in the medical community, both locally and nationally.

Currently, she is president of the American Academy of Family Physicians (AAFP) Foundation, the philanthropic arm of the AAFP; the AAFP Senior Delegate from Minnesota; a member of the MAFP Legislative Committee, Foundation Board of Directors and Leadership Development Committee.

She has testified at a Senate Committee on Health hearing on nurse practitioner scope of practice as well as before the Minnesota House and Minnesota Senate Health and Human Services committees on direct primary care and prior authorization.

“I learned very early in my career that if you aren’t at the table, you could be on the menu,” said Anderson, “Who better than family physicians to communicate the health concerns of a community? When I met with my local government officials a few years ago about Tobacco 21, it was controversial, but generated a lot of conversations about when and how a city can implement positive change to improve health. We have these conversations with our patients every single day. Advocacy can happen in the office or on a larger stage; at the end of the day, our goal is to create a healthier community.”

A PRESENCE IN THE COMMUNITY

Anderson is also active in her local community, including volunteering at Place of Hope Clinic, mentoring high school students interested in medicine, providing health education at community events and more. She has also been a medical contributor to the St. Cloud Times and is a violinist at her church.

Being active and present in the community is really important to Anderson. She believes family physicians are an underutilized

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(L-R) Michelle Karsten, MD, Glenn Nemec, MD, Julie Anderson, MD, FAAFP, Lauren Williams, MD, MAFP Chief Executive Officer Maria Huntley, CAE, MAM, and Emma Erickson, MD, visit Senator Tina Smith.

resource in communities and have a lot to offer in terms of service, care and education.

“We have such a large breadth of training. I love seeing family physicians spread their knowledge on larger platforms,” said Anderson.

A TRUSTED RESOURCE AND NAVIGATOR

Anderson grew up in a small town where everyone knew everyone. She wanted to be a family physician to be a trusted resource for her community.

She said, “I wanted to serve patients who would stop me in the grocery store and ask about a rash. Patients who have a trusted relationship with their family physician understand and appreciate our value.”

She went on to say, “As medicine has changed over the century, the idealism of the general practitioner has faded. We now live in a complex health care system with many specialties and non-physician providers caring for patients. I can understand that some don’t really know what we do as family physicians anymore. The way I like to explain it is that we are the modern-day health care navigators for our patients. We help patients find answers in a complex delta of rivers and streams. We are equipped with the tools to help patients find their way. I am just so proud to be part of such an awesome specialty.”

*And we’re so proud to recognize **Julie Anderson, MD, FAAFP**, as the 2020 Minnesota Family Physician of the Year. Thank you, Dr. Anderson, for your extraordinary commitment to your patients, community and the specialty of family medicine.*

Anderson is board certified by the American Board of Family Medicine and an alumnus of the University of Minnesota, where she completed both medical school and a rural family medicine residency.

She is married to Bradley Anderson, MD, an ophthalmologist at St. Cloud Eye Clinic. Together, they have two boys: Elliot (age 17) and Owen (age 14).

ABOUT THE MAFP ACADEMY AWARDS

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

Nominees for Family Physician of the Year must hold Active membership in the MAFP. A panel of previous recipients selects up to six finalists to recommend for final voting by the MAFP Board of Directors. The Board of Directors then names awardees after reviewing nomination letters and credentials.

This year, 35 members of the MAFP were nominated for the 2020 Minnesota Family Physician of the Year Award, the Academy’s top honor. Finalists included **Heather Bell, MD** (Little Falls), **Carrie Link, MD** (Minneapolis), **Julie Meyer, MD** (Willmar), and **Himanshu Sharma, MD** (St. Paul).

Fun fact: 95% of this year’s nominations were by patients.

**LEARN MORE ABOUT THE AWARDS AT
MAFP.ORG/AWARDS.**

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In addition to the Family Physician of the Year Award, the Academy honored members for teaching, research, leadership and advocacy.



FAMILY MEDICINE EDUCATOR OF THE YEAR

Andrew Slattengren, DO, FFAFP, is our Educator of the Year.

Slattengren is a family physician and assistant professor at the University of Minnesota Medical School. He currently serves as the

associate program director and director of osteopathic education for the University of Minnesota North Memorial Family Medicine Residency. Family medicine residents have described Slattengren as an educator who is approachable, intentional and patient.

“Dr. Slattengren is an amazing mentor and exemplifies lifelong learning and work-life balance. He has always pushed me past my comfort zone into the ‘learning zone’ to be a better provider and better person,” said third-year family medicine resident **Laura Robitschek, DO**.



INNOVATION & RESEARCH AWARD

William Roberts, MD, MS, FFAFP, is the recipient of the 2020 MAFP Innovation & Research Award. Roberts is a family physician, professor and accomplished researcher in sports medicine. His body of research

has focused on endurance medicine, heat stroke, running injury, concussion and ice hockey injury. He’s regarded as a thought-leader in marathon medicine, and his research on marathon injury and heat-exercise injury prevention and management is considered seminal to the field.

*The MAFP Academic Affairs Committee chair, **Angela Smithson, MD, MPH**, who is also a colleague of Roberts, said, “Dr. Roberts’s incredible and lengthy breadth of knowledge in sports medicine is world-renowned, particularly regarding marathon and endurance medicine and concussions. His expertise has resulted in patients from all over seeking his knowledge and experience, including professional athletes, Olympians and local high schoolers. He continues to support our inner-city high school athletes every week.”*



FAMILY MEDICINE RESIDENT OF THE YEAR

Ebiere Okah, MD, is our Family Medicine Resident of the Year. Okah, a resident at the University of Minnesota North Memorial Family Medicine Residency, has been described by her nominators as a

passionate, dedicated and fierce role model. She is a leader and advocate for health equity.

“Dr. Okah has shown excellent leadership and initiative in challenging the way race is used clinically and in research. She has become a local expert about the use of race in medicine and furthered her knowledge by completing a research program at the Robert Graham Center. She is a powerful example of what family doctors can do with dedicated advocacy and passion,” said University of Minnesota North Memorial faculty mentor **Andrea Westby, MD, FFAFP**.



MEDICAL STUDENT LEADERSHIP AWARD

Kyle Lau is the recipient of the 2020 Medical Student Leadership Award. Lau is a medical student at the University of Minnesota and has been described by his nominators as an innovator, a mentor and a leader. In 2019, Lau was inducted

into the Gold Humanism Honor Society and named a Pisacano scholar by the Pisacano Leadership Foundation, an honor given to medical students who demonstrate the highest level of leadership, academic achievement, communication skills, character and integrity. He was also selected to participate in the Paul Ambrose Scholars Program, a public health leadership symposium for students, and the Twin Cities Medical Society Dr. Peter Dehnel Public Health Advocacy Fellowship, where he organized a food insecurity workshop for medical students.

***Lisa Regehr**, the MAFP director of student, resident and professional education, had this to say: “Kyle has been a strong leader and amazing champion for family medicine. He joined the MAFP his first year of medical school and currently serves as our student director. He has also been a delegate at our House of Delegates and the American Academy of Family Physicians Student Congress, where he led the Minnesota student delegation through the resolution/policy-setting process and supported students who were bringing resolutions to the Congress.”*

Lau has matched to the Lancaster Family Medicine program in Pennsylvania.

ROAD TRIP

by Maria Huntley, CAE, MAM, Chief Executive Officer

We are always looking for opportunities to connect with our members. Leveraging today's technology has allowed us to make it easier for us to engage our members in a variety of offerings. Our last board meeting was on March 14—right as the COVID-19 outbreak was starting to accelerate in Minnesota. It was amazing that, just days before the meeting, we were able to pivot to a virtual meeting, and that the only effort needed to make that happen was to send an email and cancel our breakfast order. We proceeded to have a very engaging and meaningful meeting. How about that? We live in the future!

Over this past year, the staff and leaders of the MAFP have prioritized getting out to visit our members. We want to see the communities they serve, the clinics and hospitals they work in, and their faces when we talk to them. So we did what any reasonable Minnesotan would do: We started the MAFP Road Trip in January (last year) and February (this year). Don't worry; I grew up in Northern Minnesota, so I do all the driving.

The opportunity for us to connect with our members this way has been not only fun, it has allowed us to hear the stories and experiences of our members and bring them back to inform the work that we're doing on behalf of all of you. While there are certainly some common themes (especially prescription prior authorization), we are also hearing some of the challenges that our members face in their communities.

We wanted to share with you the experience of our most recent Road Trip.

WEDNESDAY, FEBRUARY 5

6:00 am: Maria picks MAFP President Renée Crichlow MD, FAAFP, up at her home. We agree that Maria will drive and Dr. Crichlow will tweet our experience.

9:00 am-First stop: St. Gabriel's Health in Little Falls. We arrive just in time to participate in the innovative and impactful Opioid ECHO that Drs. Heather Bell and Kurt DeVine were hosting for a group of PA students at Augsburg College. We're joined by Dr. Christopher Bell and have the opportunity to discuss the incredible MAT program that they have developed



Maria Huntley, CAE, MAM, takes a selfie with Drs. Kurt DeVine and Heather Bell, who were preparing for their opioid ECHO.

in their community. (If you're ready to set up a program in your community, please let us help connect you with their resources.)

Noon-Next stop: Lunch in the cafeteria at the Sanford Bemidji Medical Center with board member Dr. Suzy Human and Dr. Maria Statton. I have the opportunity to develop a new relationship with a member. I'm encouraged to think about what the Academy can be doing to support members who are later in their careers and the impact on their communities when they start to retire.

4:00 pm: We arrive in Canada—I mean Roseau, home of Polaris and some of the kindest family physicians I know. We're welcomed into the home of Dr. Bob Anderson, where we share a lovely dinner and great conversation. It's great to see such a strong team of family physicians serving that community.



Front Row (l-r): Jessica Simmons, MD, Maria Huntley, CAE, MAM, Renée Crichlow, MD, FAAFP, and Bob Anderson, MD.
Back Row (l-r): Rachel Busko, MD (Altru FMRP), Chibuikwe Anokwute, MD, Chris Little (U of M medical student), Ken Wright and Ron Brummer, MD.

THURSDAY, FEBRUARY 6

5:30 am: I walk into the parking lot of our hotel in Roseau to 30+ snowmobiles. I assume the riders of said machines are sleeping at the hotel, not something I've seen before. Dr. Crichlow and I hop back into my car. As we drive along the Canadian border, we start to see, one by one, snowmobiles driving along the ditch. I assume they're people on their way to work. Now, that's my kind of rush hour! As we pull into International Falls, we drive by a high school where we see students with backpacks arriving by snowmobile.



Robin Ramquist, Business Owner/Office Manager, Renée Crichlow, MD, FAAFP and Scharazard Gray, MD.

8:30 am: While in International Falls, we meet with Dr. Scharazard Gray. His practice is focused on supporting patients suffering from addiction using MAT as a tool. We're inspired to hear the long history of his practice in that community and the stories of the patients he's helping.

12:30 pm: I'm so excited to show off my hometown of Grand Rapids on our next stop! After a tour of my childhood homes, we land at Grand Itasca Clinic. We're welcomed by eight of our members, each of whom share a story with us from the past month of a joyful experience with a patient.

3:00 pm - Final stop: Aitkin – Riverwood Health. We again meet with eight of our members (one joining us via satellite from McGregor) and learn about their clinic and the community they're serving. It's a perfect final visit on our February 2020 road trip.

ROAD TRIP

We learned a lot from our members. It was affirming to know that the MAFP's three strategic priorities (primary care investment, a healthcare workforce plan and health equity) align with what we're hearing.

The MAFP is member-led and member-driven. Drop us a note if you'd like us to incorporate your community into one of our future road trips (after the COVID-19 crisis passes, of course). We'd love to hear from you!

"The MAFP is our membership. Getting out to Little Falls, Bemidji, Roseau, International Falls, Grand Rapids and Aitkin gave us a chance to listen to our members. Listening to Minnesota's family physicians share their patients' stories and needs face-to-face was priceless." – **Renée Crichlow, MD, FAAFP**

*Fun fact – We have four members named Dr. Bell. Three of them live in Little Falls!



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A REKINDLED INTEREST: PROMOTING CLIMATE HEALTH

AN INTERVIEW WITH MACARAN BAIRD, MD, MS



MAFP Director of Advocacy and Engagement **Jami Burbidge, MAM**, recently spoke to **Macaran Baird, MD, MS**, Professor Emeritus, University of Minnesota Department of Family Medicine and Community Health and former CEO of UMPHysicians, about his involvement in the organization Health Professionals for Healthy Climate (HPHC). HPHC is a group of doctors, nurses and other health care professionals working to improve human health by promoting climate health. Their mission is to “inspire and activate the health care community to address climate change through interprofessional education, clinical practice, and public advocacy.” Dr. Baird shared his interest in environmental advocacy and what he sees as the role of the family physician in this work.

WHAT LED TO YOUR INVOLVEMENT IN HPHC?

Dr. Phil Peterson introduced me to the group just as I announced my planned retirement after 15 years as head of the University of Minnesota Department of Family Medicine and Community Health. I learned that HPHC had been working to educate health professionals and the general public about the current and future health effects and overall impact of climate change. Climate change is now the biggest long-term threat to our future health and well-being, and public attention to the topic is vital as we strive to adapt and take actions to avert its worst effects. HPHC’s work rekindled my interest in and commitment to both local and global environmental health challenges, which began when I was in college. I turned down my first admission to the University of Minnesota Medical School in 1970 to study air pollution after helping organize the first Earth Day at Macalester College. However, when I was not allowed to focus my PhD thesis on the impact of air pollution on the weather, I reapplied to medical school, as I had completed a master’s degree in environmental health. Once introduced to HPHC, I returned to my original environmental interests and, in retirement, am focusing on climate change education and related public policies.

WHAT DO YOU SEE AS THE ROLE OF THE CLINICIAN/HEALTH PROFESSIONAL IN ENVIRONMENTAL ADVOCACY?

First, we must be alert to the increasingly frequent illnesses and overt mental health disorders our patients are experiencing as our local climate warms and becomes wetter, with more frequent and violent storms. Various biting insects and other organisms are extending their range to this area and are carrying infectious diseases with them. Lyme disease, heat related injuries, several gastrointestinal illnesses transmitted by mosquitoes and storm-related physical and emotional trauma are gradually becoming more common. Young people, especially, are becoming anxious or depressed as they sense an uncertain future, as global warming may impact their future careers and sense of well-being.

Second, we have a responsibility to educate the public about the seriousness of climate change, to help all of us learn to make choices that are less damaging to our environment and climate, to help lead efforts to develop public strategies that limit our human contributions to climate change, and to adapt, as we must live with unavoidable changes in how and where we live. Physicians are assumed to be knowledgeable about health-

related science and will be asked by patients about these climate related topics. It is important for us to maintain our credibility by being well informed and, possibly, publicly active in facing this huge challenge.

DO YOU HAVE ANY ADVICE FOR OTHERS INTERESTED IN THESE TOPICS? HOW DO THEY LEARN MORE AND/OR GET INVOLVED?

Physicians and other health professionals can visit the website for Health Professionals for a Healthy Climate (hpforhc1.org) or contact the group via hpforhc1@gmail.com to get involved. Students can join Student Health Professionals for a Health Climate (SHPHC). These groups include physicians, nurses, public health professionals, mental health professionals and others in the health professions. We hold periodic meetings; sponsor local and statewide conferences; exchange ideas, publications and government reports via email, listservs, publications, blogs and other social media channels. There is a summary of the worldwide scientific discussion about climate change in the 2019 Intergovernmental Panel on Climate Change (IPCC) Special Report (www.ipcc.ch/2019). HPHC also advocates for climate related legislation and public policies.



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REDUCING THE BURDEN OF LYME DISEASE



Elizabeth L. Maloney, MD, President, Partnership for Tick-Borne Diseases Education
Family Medicine Physician, Wyoming, MN

Lyme disease is an expensive illness, especially when patients present with late manifestations or remain symptomatic following therapy.^{1,2} Nationwide, annual direct medical costs could reach 1.3 billion dollars.¹ Direct medical costs increase significantly when therapy fails to return patients to their pre-Lyme baseline.¹ The bulk of Lyme-related costs are due to indirect medical costs, nonmedical costs and lost productivity. These costs increase with long-standing disease.²

Despite the financial burden, Lyme disease is a research disadvantaged illness. Clinical trial evidence is generally scant and/or of low quality and, because antibiotic therapy relies on generic drugs, there is limited pharmaceutical interest in conducting additional clinical trials. This paper reviews the trial evidence and offers innovative, evidence-based strategies for managing patients with known blacklegged tick bites or early Lyme disease.

MANAGEMENT OF BLACKLEGGED TICK BITES

Blacklegged tick bites acquired in Minnesota carry a significant risk of Lyme disease. When possible, physicians should estimate the risk of a specific bite by multiplying the transmission rate for the tick's attachment time by the *Borrelia burgdorferi* infection rate in the population that the tick came from.³

However, both variables are subject to significant uncertainty.³ While a 2018 study of 64 Minnesota sites found that 24% of nymphs were infected with *B. burgdorferi*, site-to-site infection rates varied considerably, from 0-64%.⁴

Estimating attachment time is also problematic.³ The longer an infected tick is attached, the more likely it is to transmit Lyme disease. This relationship is nonlinear; a small increase in the attachment time can significantly increase the likelihood of transmission. In a mouse model, the transmission probability for attachments of <24 hours was quite low, rising to 13% at 48 hours, 50% at 60 hours, 80% at 72 hours and 94% at repletion/96 hours.⁵

A simplified approach is to assume that partially engorged ticks in Minnesota carry a substantial transmission risk. A large post-tick bite prophylaxis study that likely had nymphal infection rates comparable to the average rate in Minnesota found that 9.9% of bites from partially engorged ticks produced an erythema migrans (EM) rash at the bite site.⁶

Management decisions regarding antibiotic prophylaxis of asymptomatic bites should weigh: 1) the risk of Lyme disease from a given bite, 2) the time interval from bite recognition to initiation of therapy and 3) patient values regarding disease prevention and antibiotic exposure. The sole cost-benefit study of antibiotic prophylaxis assumed a two-week doxycycline protocol and concluded that prophylaxis was cost-effective when the risk of infection was 3.6% or higher.⁷ Ideally, prophylaxis should begin within 48 hours of a bite. In a mouse model, prophylaxis was ineffective if begun more than 48 hours post-bite.⁸ Patient values regarding the use of antibiotics are heterogeneous; not all would desire prophylaxis.⁹ Additionally, serologic testing at the time of a bite is inappropriate; negative results would not rule out *B. burgdorferi* exposure and positive results would be indicative of previous, not current, exposure.

The common practice of employing a single, 200 mg dose of doxycycline for prophylaxis should be reconsidered. This approach is based on a single study with a flawed design.³ The six-week observation period was too short to determine whether treatment prevented late disease and the primary endpoint, development of an EM at the bite site, missed 3 cases of early Lyme disease in symptomatic subjects who seroconverted but lacked an EM rash. Thus, the claimed efficacy applies to prevention of the rash but not prevention of Lyme disease,³ which is the goal of post-bite prophylaxis.

Physicians should consider using a multi-day regimen of doxycycline but the supporting evidence is limited. Although three human trials using 10 days of penicillin, amoxicillin or

doxycycline failed to demonstrate treatment efficacy, this was likely due to very low infection rates in the placebo arms.⁹ Studies in mice found that single dose doxycycline was only 50% effective but 19 days of doxycycline, despite being present at levels far below its MIC, was 100% effective for preventing Lyme disease;^{10,11} —even when mice were exposed to ticks concurrently infected with *B. burgdorferi* and *Anaplasma phagocytophilum*.¹¹ A 5-day post-exposure course of doxycycline was found to prevent relapsing fever, which is caused by a different *Borrelia* species.¹² Given the scientific uncertainty, clinicians and patients should use shared decision-making to select a prophylaxis option that best aligns with the patient's values and goals.

MANAGEMENT OF EARLY LYME DISEASE

Early Lyme disease, when promptly diagnosed and appropriately treated with antibiotics, is curable. To reduce diagnostic and treatment delays, Minnesota physicians should maintain a high index of suspicion for Lyme disease. In Minnesota, 76% of confirmed cases had an EM rash.¹³ Most EMs are solid colored; less than 20% have the classic “bull’s-eye” pattern.¹⁴ In addition to the EM rash, common manifestations include flu-like symptoms such as fever, chills, headache, myalgias and arthralgias. Given that ~25% of patients lack an EM, physicians should thoughtfully consider Lyme disease when evaluating patients for a “summertime flu” or a suspected spider bite. Detailed questioning regarding potential exposure to blacklegged ticks or a family history of a tick-borne disease is required.¹⁵ Physicians should be mindful that cases of early Lyme also occur in the fall, when adult ticks are biting. Because the antibody response to the infection may take weeks to develop, serologic results are often falsely negative. Therefore, testing is discouraged.¹⁶

Patients with an EM rash should receive 20 days of amoxicillin, cefuroxime or doxycycline. In the absence of contraindications, doxycycline is the preferred agent because it is also active against *A. phagocytophilum*. The supporting evidence is of low quality.⁹ Of the eight prospective, comparative trials conducted in the US,¹⁷⁻²⁴ two had noncompletion rates in excess of 40%.^{20,24} The remaining six used endpoints that allowed patients with persisting symptoms to be categorized as successes and/or employed statistical methodology for handling dropouts that is prone to overstating treatment success.^{17-19,21-23} Thus, treatment efficacy is likely to be lower than the 85-95% rates that were originally reported. In comparison, a 2013 observational study demonstrated that 3 weeks of doxycycline failed to return 40% to their pre-Lyme baseline at 6 months post-treatment, including 11% who had ongoing symptoms and functional decline and 25% who had ongoing symptoms alone.²⁵

Recommendations for shorter durations are not supported by the US trial evidence. None of the US trials used fewer than 20 days of amoxicillin or cefuroxime.¹⁷⁻²⁴ Two trials investigated 10 days of doxycycline.^{18,24} One had a noncompletion rate of almost 50%²⁴ and 36% of subjects in the other trial were retreated.¹⁸ While European trials have reported success with shorter durations, findings from European trials may not be generalizable to US patients because *B. afzelii*, the principal cause of EM in Europe, is less likely to cause disseminated disease than *B. burgdorferi*.²⁶

Clinicians should consider extending the duration of therapy for EM patients who present with multiple EM lesions, neurologic symptoms or severe symptoms as investigators found such subjects were at increased risk of treatment failure.¹⁷⁻²⁰ Treatment failure was also increased in subjects who were ill at the completion of therapy;^{19,21} thus, follow-up contact is necessary to verify the resolution of all signs and symptoms. Given that investigators retreated some subjects who remained ill or relapsed,^{18,19,21,23} clinicians should do the same.

There is no trial evidence regarding the treatment of early non-EM Lyme disease. Such patients generally receive the same regimens used to treat patients with EM rashes.

CONCLUSION

Management of individual cases of known blacklegged tick bites and erythema migrans rashes should be based on case-specific details as different circumstances carry varying degrees of risk. Given the scientific uncertainty regarding therapeutic efficacy, the risks and benefits of all options should be discussed with patients in the setting of shared decision-making in order to arrive at a therapeutic plan that fits both the clinical circumstances and the patient's goals and values.

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VIRTUAL HOUSE OF DELEGATES

Saturday, June 13, 2020 9:00 am – 3:30 pm

All MAFP members are invited to stream this annual business session to deliberate on resolutions and elect the MAFP Board of Directors.

SPEAK UP, SPEAK OUT

A resolution is a written motion to set a specific policy and/or direction for the MAFP. Members submit resolutions prior to the annual House of Delegates meeting, where delegates, comprised of representatives from local chapters, deliberate on them. Visit mafp.org/resolutions for how-tos on resolution writing, submitting your resolution, and to see a summary of actions on current resolutions.

Resolutions are due by June 3.

BE A DELEGATE

Want to become a delegate? Contact **Jami Burbidge, MAM**, jami@mafp.org, Director of Advocacy and Engagement. Students and residents, contact **Lisa Regehr**, lisa@mafp.org Director of Student, Resident and Professional Education.




GET INVOLVED


Registration is free for delegates and non-voting attendees. Register online at mafp.org/HOD2020. Registrations are requested by June 3. Online registration will remain open through June 10.

SHARE YOUR EXPERIENCE

Tweet your insights, discoveries and experiences. Use the event hashtag #MAFPAdvocacy and follow us @MNFamlyDocs.

HOW A RESOLUTION BECOMES MAFP POLICY

<h3>1. RESOLUTION SUBMITTED</h3>  <p>An individual or chapter submits a resolution, with supporting information and a call to action, through MAFP's online form.</p>	<h3>2. SPEAKER REVIEWS</h3>  <p>Resolutions are reviewed against current and previous policy by the Speaker of the House and MAFP staff.</p>	<h3>3. RESOLUTION INTRODUCED</h3>  <p>The resolution is introduced at the House of Delegates, preferably by the author.</p>
<h3>4. TESTIMONY HEARD</h3>  <p>Testimony is heard in support or opposition of the resolution.</p>	<h3>5. RESOLUTION REVIEWED</h3>  <p>The resolution is referred to the reference committee for review and recommendation.</p>	<h3>6. DELEGATES VOTE</h3>  <p>Delegates vote on the resolution.</p>
<h3>7. RESOLUTION ADOPTED</h3>  <p>If the resolution is adopted, it will guide the time, energy, and resources of MAFP staff and leaders. Work will begin to address the resolution.</p>	<h3>8. WORK REVIEWED</h3>  <p>Work on resolutions is reviewed at each board meeting, with an emphasis on accountability.</p>	<h3>9. ACTIONS PRESENTED</h3>  <p>Actions around resolutions are presented at the annual House of Delegates meeting.</p>

 MINNESOTA ACADEMY OF FAMILY PHYSICIANS
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INTRO TO ADVOCACY



FOR MEDICAL STUDENTS
FAMILY MEDICINE RESIDENTS
AND FAMILY DOCS

MINNEAPOLIS
SAT., JANUARY 25, 2020
8:00 AM - NOON

ROCHESTER
TUE., FEBRUARY 4, 2020
6:00 - 8:30 PM



At Minneapolis Intro to Advocacy, United Family Medicine resident **Sarah Carlson, MD**, and fellow **Kate Howard Kathan, MD**, collaborated with University of Minnesota North Memorial resident **Anne Doering, MD**, to share their experience of meeting with legislators.



Small group storytelling session at Minneapolis Intro to Advocacy.



Representative **Tina Liebling** spoke on the Minnesota Legislature and how family physicians can inform policy at the Rochester event.

Minnesota medical students, family medicine residents and practicing family docs gathered for our free Intro to Advocacy workshops in January and February to learn more about advocacy messaging, tools and resources, while connecting with like-minded peers.

MINNEAPOLIS WORKSHOP

We heard from a number of powerhouse members:

- MAFP President **Renée Crichlow, MD**, FFAFP, welcomed attendees.
- **Alice Mann, MD, MPH**, a family physician in the Minnesota House of Representatives, discussed the role physicians can play in advocacy and policy-making.
- Recent University of Minnesota Medical School graduate **Sameena Ahmed-Buehler** led an interactive session on the importance of story and narrative leadership.
- University of Minnesota faculty **Nicole Chaisson, MD, MPH**, talked about delivering your message through letters to the editor.

- University of Minnesota resident **Rose Marie Leslie, MD**, whose use of TikTok has gained national media attention, shared tips for leveraging social media.
- United resident **Sarah Colson, MD**, and fellow **Kate Howard Kathen, MD**, collaborated with University of Minnesota resident **Anne Doering, MD**, to share their experiences meeting with legislators.
- MAFP Alternate Resident Director **Paul Stadem, MD**, talked about the MAFP House of Delegates and the impact of resolutions.

ROCHESTER WORKSHOP

In February, we held our first Intro to Advocacy at Mayo Clinic Alix School of Medicine.

We heard about passion, advocacy and leadership:

- **Representative Tina Liebling (26A)** spoke about the Minnesota Legislature and how family physicians can inform policy.
- Family physician **Alex Sharp, MD**, talked about advocating for your patients and profession and drew a

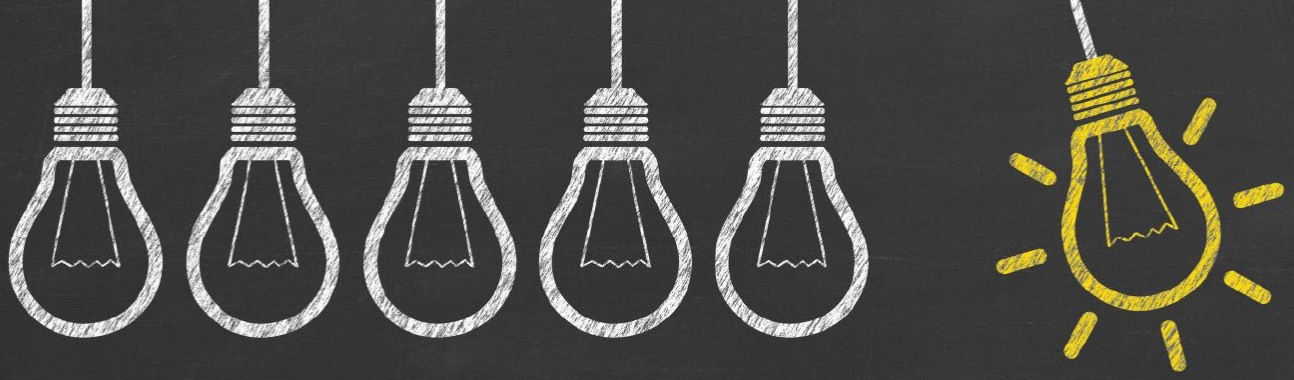
connection between advocacy, purpose and burnout prevention.

- United fellow **Kate Howard Kathen, MD**, shared information about the ways the MAFP can support members in advocacy.
- **Lynn Lillie, MD**, shared her experiences as a family medicine leader and how to get involved in physician leadership.

At both events, advocacy resources were provided by **Jami Burbidge, MAM**, MAFP Director of Advocacy and Engagement, and **Lisa Regehr, Director of Resident, Student and Professional Education**, presented opportunities for residents and students to get involved in leadership.

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1 opening presenter: **Rebecca Shlafer, PhD, MPH**, on *The Effects of Incarceration on Families*

16 podium presentations

23 posters

2 projects of greatest interest determined by senior researchers.

Is Medication Reconciliation Improved with Patients Bringing in their Containers? – **Kurt Angstman, MD, Gregory Garrison, MD, Joe Herges, PharmD, and Nathaniel Miller, MD**, Mayo Clinic Rochester Family Medicine Residency Program.

Veggie RX: Connecting Communities Through Food – **Anne Keenan, MD**, Faculty, University of Minnesota, St. John's Family Medicine Residency Program, in collaboration with **Joan Pennington, Pakou Hang, Mee Cheng, Annette Anderson, Tom Kleven, MD, Gao Hang, Jim Letts, MD, John Swanholm, Kaysa Xiong, Luke Leblanc, MD, Jenny Song, Sue Letourneau** and **Therese Genis**.

1 Innovation & Research Award Recipient:
Bill Roberts, MD, MS, FAAFP



Opening presenter **Rebecca Shlafer, PhD, MPH**



Resident **Ebi Okah, MD**, presenting on *Colorblind Racial Ideology Is Associated with an Increase in the Use of Race in Medical Decision Making*

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continued from page 21



Kathleen Culhane-Pera, MD, Teresa Quinn, MD, Don Pine, MD, FAAFP and Diane Madlon-Kay, MD, FAAFP



Bill Roberts, MD, MS, FAAFP, recipient of the 2020 Innovation & Research Award



University of Minnesota Medical Students **Hannah Pearson**, **Sarah Benton** and **Baani Singh** presenting their poster *Postpartum Needs Assessment at Smiley's Family Medicine Clinic*.

10 AMAZING SPONSORS – THANK YOU!

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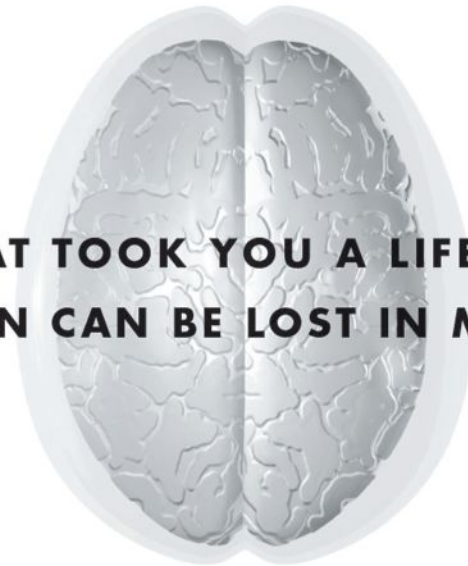
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NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Lisa Seeber, MD**, Virginia, has transferred from Alaska.
- **Peter Swann, MD, FAAFP**, Minneapolis, has transferred from California.
- **Laura Nelson, DO**, Blaine, has transferred from Florida.
- **Darin Brink, MD, FAAFP**, St. Paul, has transferred from Foreign AFP.
- **Jorge Capdevila, MD**, St. Paul, **Lucy Kurtz Eikevik, DO**, Excelsior, and **Sara Monahan, DO**, St. Paul, have transferred from Illinois.
- **Kendra Finn, DO**, North Mankato, and **Thomas Finn, DO**, North Mankato, have transferred from Indiana.
- **Randy Asman, MD**, Side Lake, has transferred from Iowa.
- **Gail Griffin, MD, FAAFP**, Excelsior, has transferred from Maryland.
- **Mark Berntson, MD**, Pequot Lakes, **Vanessa Dufault, MD**, Warren, and **Amanda McMahan, MD**, Ortonville, have transferred from North Dakota.
- **David Rushlow, MD**, La Crescent, and **Tswjfw Vang, DO**, Hugo, have transferred from Wisconsin.

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Khaled Aziz**, Rochester
- **Gabrielle Cummings**, Rochester
- **David Finkel**, Rochester
- **Joanne Song**, Rochester
- **Jacqueline Zayas**, Rochester

Ross University School of Medicine

- **Hassan Abdinur**, St. Paul

Sackler School of Medicine, Tel Aviv University

- **Leora Allen**, Mendota Heights

University of Minnesota Medical School

- **Sarah Benton**, Golden Valley
- **Dominique Earland**, Minneapolis
- **Kate Geschwind**, Minneapolis
- **Nadia Luong Van**, Shakopee
- **Kayla Murphy**, Marshall
- **Zahrah Shakur**, Minneapolis

University of Minnesota Medical School – Duluth

- **Carolyn Lussenhop**, Alexandria
- **Matthew Moritz**, Duluth
- **Alexandra Ostfeld**, Duluth

IN MEMORIAM

- **Foster Donald Bucher, MD**, Starbuck
- **Kenneth Carter, MD**, Granite Falls
- **Daniel Conlon, Sr, MD**, Richfield
- **Bradley Johnson, MD**, Plymouth
- **Merle Mark, MD**, St. Louis Park
- **Martin Weems, MD**, Maple Grove

The *Uniformed Family Physician* is mailed to over 95% of all uniformed family physicians from all 7 branches of the armed forces throughout the United States and abroad. The Uniformed Family Physician journal is the USAFP official publication and continues to serve the organization as the major communication source providing members with public relations, legislative and membership information.

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ADVOCATING FOR PRIMARY CARE DURING COVID-19 & BEYOND



We want to provide family physicians across Minnesota with the tools and resources to reach out to legislators, the media and your communities about how the COVID-19 pandemic is impacting family medicine and primary care. Use the following talking points, story/messaging tips and additional resources.

WHAT IS THE ASK?

The Minnesota Academy of Family Physicians urges policy makers, health systems and payers across Minnesota to take the necessary steps to preserve, build and advocate for a strong primary care infrastructure, especially now during the COVID-19 pandemic. We seek a value-based delivery and reimbursement model, which recognizes the importance of chronic care management, preventive care and wellness care. During the COVID-19 pandemic, primary care practices should be provided a prospective fee to care for patients to avoid worsening the situation on the frontlines.

WHAT ARE THE KEY POINTS?

- Flaws in our fee-for-service-based healthcare system are being amplified under the weight of the COVID-19 pandemic. The current system rewards provision of more services vs. efforts to prevent patients from

getting sick in the first place—overvaluing procedures and interventions and undervaluing management of chronic conditions, prevention and wellness care.

- Investment in continuity primary care will help keep patients as healthy as possible and out of emergency rooms and hospitals.
- We need to continue to deliver high quality, cost-saving primary and emergency care during the COVID-19 pandemic, and that cannot be done without the proper financial infrastructure and support for our front line healthcare workers and clinics.

WHAT'S YOUR STORY?

- Stories change hearts and minds. Share your experiences and frustrations. Put your patients at the center.
- Share how you have or your clinic/community has been impacted by COVID-19 preparations and/or restrictions.
- Tell how you have stayed connected with your patients.
- Share what healthcare issues you have seen exacerbated by this new reality.

HOW MIGHT YOU SHARE THIS MESSAGE?

Telling your story to your local newspaper through a letter to the editor is a great way to start. Make sure you begin

the letter by stating your main point and then support it by sharing your experiences and/or ideas (what's the problem, what's the solution). Most newspapers will have a word-count maximum, so be mindful of the length and keep your text short and sweet. View a sample letter to the editor at bit.ly/mafplettertoeditor.

WANT HELP?

Need help accessing our resources or getting started on advocacy? Have a story to share that we can help amplify? Email Jami Burbidge, MAM, our director of advocacy and engagement, at jami@maf.org.

See additional resources on this topic on our blog at mafadvocacy.org under Advocacy Resources in the menu.



YOU ARE THE CHAMPIONS



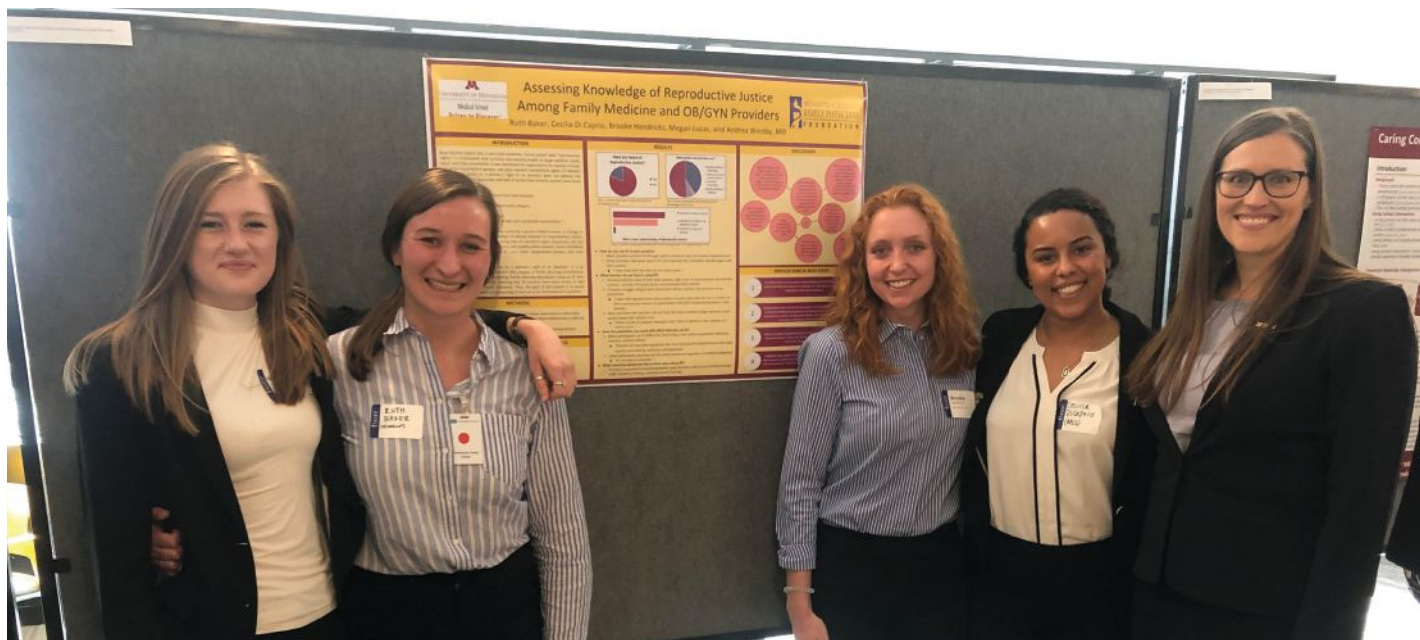
To our heroes on the frontlines of healthcare for what you are doing each and every day.



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STUDENTS AND RESIDENTS BUILD CONNECTIONS WITH PATIENTS



(L-R) Megan Lucas, Ruth Baker, Brooke Hendricks, and Cecilia Di Caprio, University of Minnesota Medical School; and Andrea Westby, MD: *Assessing Knowledge of Reproductive Justice Among Family Medicine and OB/GYN Providers.*

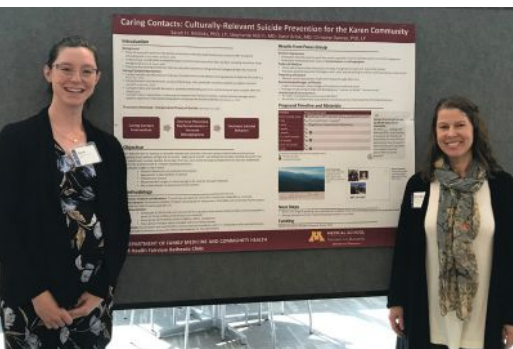
While you are reading this article, student and resident members are busy working to improve patient care all over Minnesota. The next generation of family physicians are leading innovative projects and research addressing community health care needs that impact Minnesotans every day—projects like dental care for people who are homeless, the use of race in medical decision making, educating seniors about end-of-life conversations and fall risk assessments, to name a few.

Almost \$100,000 has been awarded since 2015 by the MAFP Foundation to student and resident scholars who

use their grants to purchase project supplies, statistical data reports and gift cards for patient focus groups. Charitable donations from members like you are what make these patient care projects possible.

We invite you to become a donor today to support even more student- and resident-led projects that improve the health of Minnesotans. Visit mafp.org/donations to give online or contact **Lynn Balfour** at lynn@mafp.org or 952-224-3872. Thank you, members.

The projects pictured here were all funded by the MAFP Foundation.



Sarah Addicks, PhD, LP, and Christine Danner, PhD, LP, (presenting on behalf of Stephanie Aldrin, MD), University of Minnesota: *Caring Contacts: Culturally-Relevant Suicide Prevention for the Karen Community.*



Katie Guthrie, MD, and Ngoc Pham, MD, United Family Medicine FMRP: *Mile in My Shoes: Impact of Running Group on Homeless Residents in St. Paul, MN.*



Tim Ramer, MD, FAAFP, Justin Penny, DO, MA, Diane Madlon-Kay, MD, FAAFP, and Nicole Chaisson, MD, University of Minnesota Medical Center Family Medicine Residency: *Childhood Immunization Refusal and Temperature.*



COMING UP NEXT

- COVID-19 ECHO**
Tuesdays and Thursdays
online
maf.org/covid-19-echo
- Rural Health Livestream: Course Designed for Rural Health Physicians**
May 14-16
online
<http://bit.ly/2Pu5dRQ>
- House of Delegates**
June 13
9:00 am - 3:30 pm
online
- AAFP National Conference**
July 30 - August 1
Kansas City, MO
- Intern Social & Scholarship Event Incoming Residents**
September 12
Surly Brewing Company
- Scheid Hall
Minneapolis, MN
- Performance Navigator Workshop Cardiometabolic Conditions**
September 24-26
Hyatt Regency
Minneapolis, MN
- Dest(IN)ation CME**
October 1
online - Enduring CME
- Virtual KSA: Hypertension**
October 4
online
- AAFP FMX**
October 13-17
McCormick Place Convention Center
Chicago, IL
- Family Medicine Midwest**
November 13-15
McNamara Alumni Center,
University of Minnesota
Minneapolis, MN



We ask questions everywhere we go, yet at the doctor's office, we clam up. Ask questions. For a list of 10 everyone should know, go to AHRQ.gov.



Questions are the answer.

Called to Care

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