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MFP

MINNESOTA FAMILY PHYSICIAN

COVID-19 ECHO: A STATEWIDE COLLABORATION FOR PANDEMIC EDUCATION

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MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

ACUTE ON CHRONIC

by **Andrew Slattengren, DO, FAAFP**
MAFP President

I am reflecting upon why I chose a career in family medicine while sitting on the shore of Lake Minnetonka with a line in the water and my son at my side on a beautiful June morning. Moments like this have been few and far between over the last few months. In the peace, I am able to remember that, as a pre-med student, I was intrigued by the opportunity to care for a community of patients and the impact a physician could have on overall health. By the time I was a medical student, I realized that I wanted the challenge of caring for that community by addressing acute and chronic health conditions—both in the office and on a broader scale.

Well, I got what I wanted. It wasn't a fish (my boy caught all of those that morning), and it was definitely more complicated than COPD or CHF.

The chronic rural health care crisis and primary care reimbursement conditions have been acutely exacerbated by the COVID-19 pandemic, leading family physicians to work harder than ever while facing layoffs, furloughs and pay reductions for staff and self.

The murder of George Floyd seems to have finally brought to the attention of our greater society the pain and reality of racism that communities of color face every day. This, too, is an acute expression of a chronic condition that impacts the health of Minnesotans.

As we work to support the rebuild of our communities and economy, family physicians have the responsibility to reimagine and rebuild our health delivery systems, medical education and workplace cultures. Through the work of the MAFP House of Delegates this summer, resolutions ranging from ending race-based medicine to supporting virtual health visits were passed and have given our organization an agenda of action to manage the chronic conditions that have been exacerbated in recent months. We know that this is only a start and that it will take years of effort to care for our communities in a just and equitable way.

Caring for our patients throughout the course of an illness, both acute and chronic: This is the work of family medicine. I am proud of the work you are all doing for your communities and I feel fortunate that I chose the specialty that allows me to care for the people of Minnesota on so many levels and in so many settings.

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 136,700 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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Femi Akinnagbe, MD, recent University of Minnesota Medical School graduate, appeared on KFAI Radio's *Conversations with Al McFarlane,* discussing COVID-19's impact on communities of color as part of a panel that included Minneapolis Mayor Jacob Frey, Biden campaign spokesperson Symone Sanders, Miguel Ramos and Carmen Robles.

Renée Crichlow, MD, FAAFP, MAFP Immediate Past President, and **Maria Huntley, CAE, MAM,** MAFP Chief Executive Officer, were among presenters on a recent AAFP Virtual Town Hall: The Public Crisis of Racism, originally airing on Monday, June 22, 2020. Members can watch a replay of this session and earn enduring credit.

Eduardo Medina, MD, MPH (pictured), and colleagues **Rachel Hardeman, PhD, MPH,** and **Rhea Boyd, MD, MPH,** published their perspective *Stolen Breaths*, sharing their reaction to the murder of George Floyd and the dual pandemics of COVID-19 and structural racism, published June 10 in the *New England Journal of Medicine.*

A poster by **Mitchell Moe, MS3,** University of Minnesota (Twin Cities), titled *Access to Primary Care for LGBTQ Patients in Rural Minnesota* was accepted for presentation at the 2020 Virtual AAFP National Conference.

Submit your news at ***mafp.org/mfp.***

The following physicians were named as 2020 Rising Stars by *Mpls.St.Paul Magazine*: **Laura Bagley, MD,** Allina Health Inver Grove Heights Clinic; **Karen Borchert, MD**, Smiley's Family Medicine Clinic; **Meredith Bourne, MD,** Park Nicollet Clinic-St. Louis Park; **Kathryn Brown, MD,** University of Minnesota Health (M Physicians); **Chandra Cherukuri, MD, MS,** Hennepin Healthcare; **Peter Dahlstrom, MD,** HealthEast Clinic – Vadnais Heights; **Julie DeJong, MD,** Allina Health Brooklyn Park Clinic; **Emmy Earp, MD,** Park Nicollet Clinic - Carlson Parkway, Minnetonka; **Laura Ford-Nathan, MD,** Allina Health Eagan Clinic; **Joel Giffin, DO,** Allina Health United Family Medicine & Residency Program; **James Hougas III, MD, FAAFP,** University of Minnesota Health (M Physicians); **Jennifer Ische, DO,** Lakeview Clinic, Ltd.; **Micah Johnson, MD,** Allina Health United Family Medicine & Residency Program; **Emily Kidd, MD,** Allina Health Brooklyn Park Clinic; **Lucy Kurtz Eikevik, DO,** Ridgeview Excelsior Clinic; **Elycia Matushin, MD,** North Memorial Health; **Eduardo Medina, MD,** Park Nicollet Clinic; **Amanda Meegan, DO,** Park Nicollet Methodist Hospital; **Laura Miller, MD, FAAFP,** Broadway Family Medicine Clinic (M Physicians); **Tanner Nissly, DO,** Broadway Family Medicine Clinic (M Physicians); **Eva Pesch, MD,** HealthEast Clinic-Roselawn; **Susan Pleasants, MD,** St. John's Hospital; **Jason Ricco, MD,** Broadway Family Medicine (M Physicians); **Jennifer Robinson, MD,** M Health Fairview; **Charles Salmen, MD,** M Physicians Broadway Family Medicine Clinic; **Katherine Diaz Vickery, MD,** Hennepin Healthcare; **Cora Walsh, MD,** Allina Health West St. Paul Clinic; **Andrea Westby, MD, FAAFP,** M Physicians Broadway Family Medicine Clinic; **Cherilyn Wicks, MD,** University of Minnesota Health (M Physicians) and **Lindsay Williams Palaniappan, MD,** Allina Health West St. Paul Clinic.

COVID-19 ECHO: A STATEWIDE COLLABORATION FOR PANDEMIC EDUCATION

by **Heather Bell, MD,** and **Kurt DeVine, MD**
Family and Addiction Medicine, CHI St. Gabriel's Health

Over the last three years, our Opioid/Addiction ECHO has created and fostered a network of providers across Minnesota who are passionate about patient care and safety. When COVID-19 came about, it was a natural fit for us to take our platform and our expansive provider community across the state to address the complexities of this disease that was not only novel but also had become similarly catastrophic.

While we were contemplating a way to adjust our Addiction ECHO to focus on COVID-19, the **Minnesota Academy of Family Physicians** was entertaining a similar idea of an educational program that could utilize our staff and knowledge of the ECHO platform to launch a statewide educational effort. We took this opportunity to pool our resources and connections to make this become a reality. Other partners joined, including the **State Hospital Command Center, Minnesota Department of Human Services** and the **Minnesota Department of Health**, offering support and up-to-date, real-time information from the state COVID-19 command center. Organizations stepped forward to help fund this program, including **Stratis Health, CentraCare Health, CHI St. Gabriel's** and the **University of Minnesota Department of Family Medicine and Community Health,** allowing the program to get started within a week.

Recognizing that we were not "COVID-19 experts," we quickly pursued specialists from all fields from across Minnesota and even the US, who graciously volunteered their time to teach providers the most current facts, data and treatment modalities. We think the selfless response from the multiple health systems to provide speakers and collaborators, filling the information void, demonstrates what Minnesota health care has always been about: proactive, patient-centered care. The quality of the speakers on the most current and up-to-date topics of evaluation, diagnosis, treatment and long-term follow-up concerns of COVID-19 continues to inspire our attendance, averaging just under 400 participants per session. Although our part as facilitators is relatively small, we are so humbled and grateful to be a part of something that truly shows how Minnesota can come together in a time of crisis and fear.

The success of this program clearly falls with those who participate in an effort to use their knowledge to improve the health of their patients and communities. It is our hope that, as the COVID-19 pandemic continues to evolve over the coming months, people will look to this program for quality, up-to-date information as it becomes available. We want to take this opportunity to thank those who not only helped support us in the development of this project and its content but also entrusted us with leading this collaborative effort.

WATCH COVID-19 ECHOs WEEKLY

WHEN TO WATCH: Tuesdays, 12:15-1:30 pm Central.

WHERE TO WATCH: Online via Zoom.

Sign-up for weekly COVID-19 ECHO email updates at mafp.org/COVID-19-ECHO.

Continuing Medical Education Accreditation provided by the Minnesota Academy of Family Physicians and the Minnesota Medical Association.

COVID-19 ECHO CONTRIBUTORS as of July 1, 2020

Aarti Bhatt, MD, Assistant Professor of Medicine and Pediatrics, Division of General Internal Medicine, University of Minnesota: *COVID-19: The Great Revealer of Health InEquity*

Sally Almond, Office of Vital Records, State of Minnesota: *Post Mortem Care for COVID-19 Patients*

Andrew Baker, MD, Chief Medical Examiner Hennepin, Dakota and Scott Counties: *Death Investigation and the COVID-19 Pandemic*

Seth Baker, MD, Pulmonologist, Mercy Hospital: *Review of Ventilators*

Jerica Berge, PhD, MPH, LMFT, CFLE, Professor and Vice Chair for Research, Department of Family Medicine and Community Health, University of Minnesota Medical School: *UMN Family Medicine Research Division Discussion on Active COVID-19 Research Studies*

Matthew Binnicker, PhD, Virologist, Mayo Clinic: *COVID-19 Testing*

Jon B. Cole, MD, Department of Emergency Medicine, Hennepin Healthcare: *COVID-19 and the Emergency Department*

Kathryn Como-Sabetti, MPH, Epidemiology Supervisor, Emerging Infections Unit, Minnesota Department of Health: *COVID-19 Case Investigations and Contact Tracing*

Renée Crichlow, MD, FAAFP, Director of Advocacy and Policy, University of Minnesota, School of Medicine, Department of Family Medicine and Community Health; Immediate-Past President, Minnesota Academy of Family Physicians: *Understanding Equity, Disparities in COVID-19*

Kris Ehresmann, RN, MPH, Minnesota Department of Health: *Situation Update from the Minnesota Department of Health*

Jed B. Gorlin, MD, MBA, Medical Director Memorial Blood Centers: *COVID-19 Hematology Review*

Chris Hagen, PharmD, RPh, CentraCare-Long Prairie: *Medication Treatment Update*

Joe Hellie, Vice President, Strategy and Network Development, CentraCare: *Update from the Homeland Security and Emergency Management Team*

John L. Hick, MD, Professor of Emergency Medicine, University of Minnesota; Medical Director for Emergency Preparedness, Hennepin Healthcare: *Update from the Homeland Security and Emergency Management Team*

Stacy Holzbauer, DVM, MPH, Epidemiologist and Career Epidemiology Field Officer, Minnesota Department of Health: *Post Mortem Care for COVID-19 Patients*

Daniel Huff, MPA, REHS, Assistant Commissioner, Health Protection, Minnesota Department of Health: *COVID-19 Testing*

Kristen Husen, PT, Director, CentraCare Home Health & Hospice: *Home Care During COVID-19*

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COVID-19 ECHO CONTRIBUTORS as of July 1, 2020

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Anu Kalaskar, MD, Medical Director Infectious Disease, Children's Minnesota: *PMIS (multisystem inflammatory syndrome in children)*

Leslie Kollmann, CVT, BS, Minnesota Department of Health: *Long Term Care*

Jesse Kramer, MD, Dermatologist, Mercy Medical, Sacramento, CA: *Skin Manifestations of COVID-19*

Lindsey Krueger, RN, Minnesota Department of Health: *Long Term Care*

Leslie Lovett, MPH, Minnesota Department of Health: Long Term Care

Jan Malcolm, Commissioner, Minnesota Department of Health

Karen Martin, MPH, Minnesota Department of Health: *Long Term Care*

Sakina Naqvi, MD, Pulmonary and Critical Care, M Health Fairview: *ICU Survivorship, COVID-19: The Great Revealer of Health InEquity*

Amanda Noska, MD, MPH, Infectious Diseases, Essentia Health/St. Mary's Medical Center, Duluth, MN: *Infectious Disease Prevention and Control What Clinicians Need to Know*

Anne O'Connor, LNHA, Campus Administrator, Presbyterian Homes & Services: *Nursing Home Care*

Jessica Olen, MD, Welia Health: *COVID Virtual Team at Welia Health: Overview of Home Care for Appropriate Patients*

Robin Patel, MD(CM), D(ABMM), FIDSA, FACP, F(AAM), Elizabeth P. and Robert E. Allen Professor of Individualized Medicine; Professor of Medicine, Professor of Microbiology, Co-Director, Bacteriology Laboratory, Consultant, Divisions of Clinical Microbiology and Infectious Diseases, Director, Infectious Diseases Research Laboratory, Mayo Clinic: *Microbiology Overview*

David R. Pearson, MD, FAAD, Department of Dermatology, University of Minnesota: *COVID-19 Skin Related Diseases*

Karen Peterson, Regulatory Affairs and Advocacy Manager, Minnesota HomeCare Association: *Home Care During COVID-19*

Tamara Pozos, MD, PhD, Medical Director Immunology, Children's Minnesota: *PMIS (multisystem inflammatory syndrome in children)*

Gopal Punjabi, MD, Hennepin Healthcare: COVID-19: *Imaging*

Rashmi Rao, MD, Assistant Clinical Professor, Maternal Fetal Medicine, Department of Obstetrics and Gynecology, University of California, Los Angeles: *COVID-19 Preparedness for OB/MFM*

COVID-19 ECHO CONTRIBUTORS as of July 1, 2020

Coleen Reid, MD, Chief of Palliative Care, North Shore Medical Center, Salem, MA: *Palliative Medicine*

Charles Reznikoff, MD, FACP, Addiction Medicine, Internal Medicine Hennepin Healthcare; Associate Professor of Medicine, University of Minnesota: *Addiction During COVID-19*

Elizabeth Rogers, MD, MAS, Assistant Professor, University of Minnesota Medical School, Internal Medicine and Pediatrics, Program in Health Disparities Research; CUHCC Clinic: *COVID-19: The Great Revealer of Health InEquity*

Victor Sandler, MD, Associate Medical Director, Fairview Home Care and Hospice: *Physicians Orders for Life Sustaining Treatment (POLST), Symptom Management and Caring for COVID Symptoms*

Timothy Schacker, MD, Vice Dean for Research, Infectious Disease Physician, University of Minnesota Medical School: *Confusion with COVID Testing - When to Order and How to Interpret*

Linda Benjamin Soucie, MD, Mercy Hospitalists, Allina Health: *First Hand Clinical Experience*

Patsy Stinchfield, APRN, CNP, Medical Director Infection Prevention and Control, Children's Minnesota: *Pediatrics COVID-19 Epidemiology, Infection Control, and Prevention*

Sandra Stover, MD, FAAFP, Assistant Professor, Department of Family Medicine and Biobehavioral Health, University of Minnesota Medical School, Duluth campus: *Post Mortem Care for COVID-19 Patients*

Quinn Strobl, MD, Chief Medical Examiner, Midwest Medical Examiner's Office: *Post Mortem Care for COVID-19 Patients*

Aimee Sznewjais, MD, Medical Director Pediatric Hospital Medicine, Children's Minnesota: *COVID-19 Presentation in Children*

Jeannie Thompson, Director of Community Outreach & Youth Programming, Women's Shelter & Support Center, Rochester, MN: *Effects of COVID-19 on Domestic Violence*

U.S. Senator Tina Smith, (D-Minn)

Jennifer Welsh, MD, Associate Medical Director, Fairview Home Care and Hospice: *Physicians Orders for Life Sustaining Treatment (POLST), Symptom Management and Caring for COVID Symptoms*

PAYMENT REFORM AND LEADERSHIP

*A conversation with **Robert Nesse, MD***

After 39 years with Mayo Clinic, **Robert Nesse, MD,** retired on January 1, 2020. Over the years, Nesse held a variety of roles at Mayo, most recently serving as senior director for payment reform on the board of governors.

Nesse talked with us about his work on payment reform and physician leadership.

WHAT HAS MAYO CLINIC BEEN DOING WITH REGARD TO PAYMENT REFORM?

In recent years, there have been significant changes in payment models, both in the private sector and from government programs. Medicare, in particular, has worked to move their payment model from paying for volume (fee-for-service payments) to paying for value (outcomes-based payments), with legislation that includes pay for performance models, support for preventive health care services and medical homes.

Mayo Clinic is engaged in implementing the new models of care and documentation necessary to succeed in the new payment environment. Mayo also formed an accountable care organization for all of its practices in the Midwest to participate in the new programs.

I helped develop the new care models, provided education and support for staff and worked with Mayo Clinic's government relations staff in Washington, D.C., to address barriers to these reforms.

CAN YOU TALK ABOUT YOUR LEADERSHIP PATH AT MAYO CLINIC?

I joined the staff of Mayo Clinic in 1980 and began my practice in Kasson, Minnesota, at the family medicine clinic. Over the ensuing years, I held many leadership positions, including family medicine residency director, Vice Chair of the Department of Family Medicine, Vice Chair of the Mayo Clinic Rochester Board of Governors and CEO of the Mayo Clinic Health System.

I became active in leadership early in my career, due to the influence of the family medicine department chair **Robert Avant, MD**. He was an excellent role model and helped me to understand the importance of adding the perspective of a family doctor and referring physician to the deliberations of leadership in our multi-specialty practice.

As a family doctor, I interacted with a broad spectrum of the community and medical practice. I learned quickly that Mayo Clinic leadership valued my community awareness and outpatient expertise.

HOW HAS BEING A FAMILY PHYSICIAN INFLUENCED YOUR LEADERSHIP STYLE?

Family medicine has been a great foundation. I continued to provide patient care throughout my entire career. The concerns of my patients and colleagues regarding the future of health care and the necessity of considering the holistic nature of their problems translated naturally to inform how I approached health policy work.

I also found that family physicians have a deep level of respect from legislators and policy makers, who consider our specialty to be essential for the future of the health care system and especially well aligned with new models of care.

HOW HAS YOUR WORK OVER THE YEARS HELPED SHAPE FAMILY MEDICINE AT MAYO?

When I joined the staff of Mayo Clinic, family medicine was new to Mayo Clinic and finding its way. The Department of Family Medicine has grown to one of the largest departments at Mayo Clinic and now includes colleagues from three states in the Midwest.

No one person does anything without great colleagues. The collective effort embedded family medicine as the major source of outpatient care for local and regional patients.

WHY DO WE NEED MORE FAMILY PHYSICIAN LEADERS?

The "power center" of the current health care system is generally based in inpatient care and procedural practices because that is where the majority of money is spent.

Any affordable future of health care MUST ensure that the use of expensive resources adds to a better patient outcome.

Leaders need to understand the necessity of a personal relationship between the provider and patient that allows dialogue and grows trust.

The future health care system will require a team-based suite of outpatient services and surveillance that improves outcomes and promotes health. This is obviously what a family doctor does. We need more leaders like this in health care.

INTERNATIONAL MEDICAL GRADUATE ASSISTANCE PROGRAM & IMG PRIMARY CARE RESIDENCY GRANT PROGRAM

by **Yende Anderson,** Program Manager, Minnesota Department of Health Office of Rural Health and Primary Care

A staff member at New American's Alliance for Development answered the phone to hear panic in the voice of the caller, an immigrant from Liberia for whom English was her second language. She was calling from the hospital and indicated that she recently had a heart attack. She insisted that the doctors were trying to kill her. When the staff member, an international medical graduate (IMG), went to the hospital, she learned that the patient appeared to have had a heart attack. Doctors wanted to do an angiogram and had explained their initial diagnosis and next steps through the use of an interpreter. The patient understood that the doctors were going to remove her heart, test it, and put it back in her body. She was convinced she would die and would not follow through with the angiogram. Without the intervention of the IMG, the patient would not have participated in the angiogram or received the necessary intervention.

This situation is not rare. Many immigrants living in Minnesota encounter language barriers when they seek medical care. While interpreters can be a helpful partner, many medical terms do not lend themselves to interpretation. Specific medical terms may not exist in another language. For the immigrant from Liberia, there was no corresponding word for an angiogram in the Bassa language. The interpreter, lacking medical knowledge, could not explain the procedure. Further, some immigrants do not trust the U.S. health care system and seek confirmation of illness and treatment from medically trained members of their own cultural communities. These barriers often lead to inadequate care and negative health outcomes, which ultimately increase the overall cost of care—and the resulting cost can be far more than dollars and cents.

For example, the current COVID-19 pandemic has highlighted longstanding inequities in health care. Immigrant communities and communities of color are overrepresented in hospitalizations and deaths from COVID-19. Existing health disparities, underlying health care conditions and significant barriers to accessing appropriate care exacerbate the impact of COVID-19 on individuals who contract it. The Centers for Disease Control and Prevention notes that, among several factors, inadequate access to health is also driven by language barriers and longstanding distrust of the health care system.[1]

Minnesota has grappled with some of the worst health disparities in the nation, with minority and immigrant populations experiencing poorer health outcomes and poorer general health than their white counterparts.

Studies suggest that greater diversity in the health workforce, specifically increased cultural and linguistic competency, leads to improved clinical outcomes for racial minorities and immigrant populations.[2] One strategy to increase both the number and diversity of primary care providers is to integrate people trained as physicians in other countries into medical practice or an alternate health profession in Minnesota.

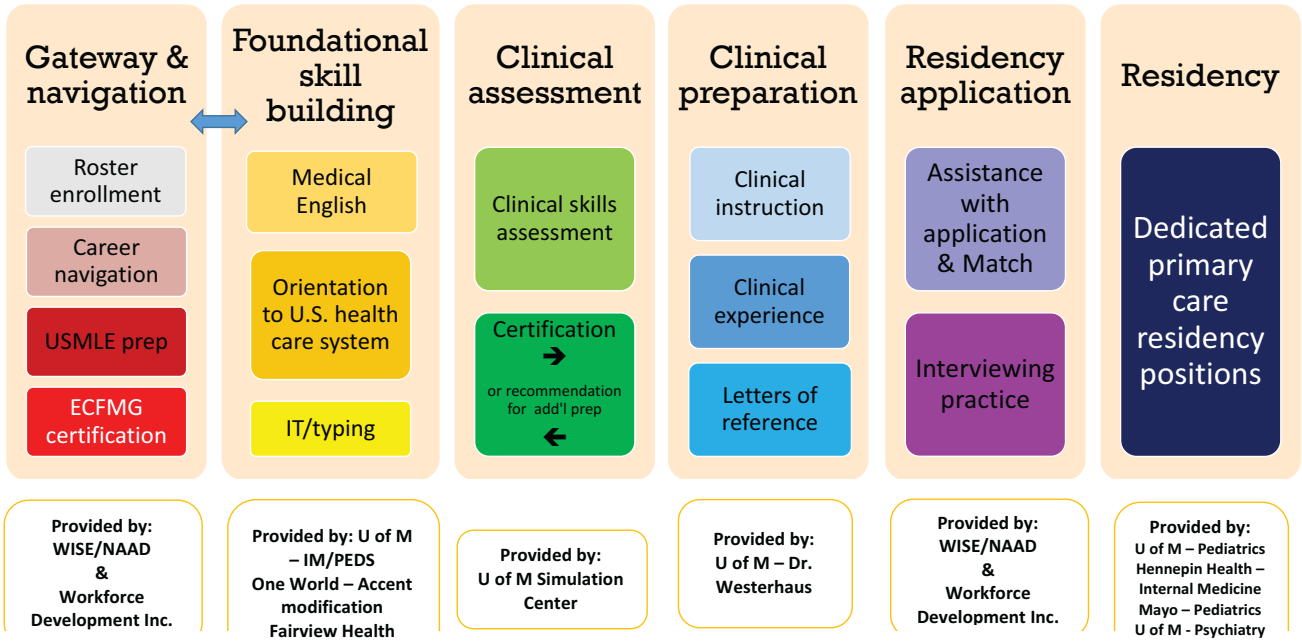
Minnesota is home to approximately 300 international medical graduates who want to serve Minnesotans as physicians. While some have navigated the state's licensing process and obtained a medical license, many are working in entry-level health care positions as certified nursing assistants, phlebotomists, etc., and too many have not found ways to use their experience, and support their families by working as cashiers, taxi drivers or clerks in service positions.

In recognizing the potential of IMGs to help address these disparities, the 2014 Legislature created a task force on foreign-trained physicians. Their report documented the significant and longstanding barriers immigrant physicians face in securing medical residency and becoming licensed physicians. The task force also made recommendations to integrate these physicians into the health care workforce, which became the basis for the 2015 Legislature's creation of the International Medical Graduate (IMG) Assistance Program, the first and only comprehensive program of its kind to date.

The IMG Assistance Program aims to address barriers to practice and facilitate pathways to integrate IMGs into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.[3] The IMG Assistance Program, funded at one million dollars per year, is housed at the Minnesota Department of Health (MDH) Office of Rural Health and Primary Care and works in collaboration with its advisory board, community nonprofits, residency programs and other health care providers. Services include career guidance and support, clinical assessment and clinical preparation and funds to support a residency position in primary care specifically for IMGs. Primary care specialties under this program include family medicine, OB GYN, internal medicine, pediatrics and psychiatry. IMGs who are selected for a state-funded residency position are required to serve in a rural or urban high-need area following residency and are required to pay $15,000 per year for five years into a revolving fund at MDH to support the program.

To date, the program has funded IMG residents at the University of Minnesota Pediatric Residency Program, Hennepin Health Internal Medicine Residency Program, Mayo Clinic Pediatric Residency Program and University of Minnesota Psychiatry Program. While funds have not been

IMG Assistance Program - CONTINUUM of SERVICES



requested by a family medicine program, one of the IMG program participants was selected for the family medicine residency program in St. Cloud.

IMG Assistance Program participants include individuals from all over the world who, in total, speak over 50 different languages. Most of the participants were general physicians in their home countries. Family medicine would be a natural fit for many of them. IMG program stakeholders agree there are many potential areas of collaboration with current family medicine physicians, such as:

1. ***Serve as mentors.*** Many IMGs had not envisioned emigrating to a new land. Many left their native land due to war or political unrest. Upon arriving in the U.S., they have to decide rather quickly if they plan to navigate the difficult journey of obtaining a medical license to practice medicine. They would greatly benefit from building relationships and receiving feedback from doctors in the field who could help them understand the realities they face and the unspoken expectations of the U.S. health care system.

2. ***Provide clinical experience.*** Most residency programs require one year of U.S. clinical experience and have a preference for applicants who graduated from medical school within five years of the application for residency. An overwhelming majority of IMGs do not have one year of U.S. clinical experience, since this experience is usually acquired in medical school, and they attended medical schools outside of the U.S. and Canada. In addition, many IMGs graduated from medical school more than five years ago. The only way to overcome these issues and become more competitive in the residency application process is for more U.S. physicians, clinics and hospitals to provide opportunities for clinical experience. The IMG Assistance Program currently offers short-term and long-term experiences and is always looking for new sites and sponsors. The University of Minnesota offers a formal nine-month clinical experience program, but IMG demand far exceeds the number of spots.

3. ***Support a residency position.*** Every year, at the end of September, MDH announces a request for proposals for funding residency positions for IMGs, and would welcome an application from a family medical residency program. To learn more about this program visit *www.health.state.mn.us/facilities/ruralhealth/img/residency.html*

As Minnesota grapples with health inequities and disparities that impact individuals, communities and the state as a whole, participating in programs such as the Immigrant Medical Graduate Assistance Program can help effect real change. Family physicians can play an important role in building partnerships across the divide. Join the effort to help build a system that addresses the underlying issues, diversifies the workforce and ensures access to culturally competent providers. Help us identify opportunities for IMGs to actively make use of the knowledge and experience they bring to Minnesota. Doing so will make a significant impact in reducing and eliminating health care disparities.

REFERENCES:

1. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

2. Joiner, J. Racial. Concordance as a Method to Decrease Healthcare Disparities. [Internet] Available from: www.cwru.edu/med/epidbiomphp439/Racial_Concordance.pdf

3. www.revisor.mn.gov/laws/2015/0/Session+Law/Chapter/71/

VEGGIE RX: CONNECTING COMMUNITIES THROUGH FOOD

by **Anne Keenan, MD,** Assistant Professor University of Minnesota, St. John's Family Medicine Residency

INTRODUCTION

Although Minnesota as a whole has the second longest life expectancy in the nation[1], achieving this desirable health outcome may depend on one's neighborhood due to significant health disparities present in our state.[2] In family medicine clinics, we provide preventive care and attempt to reduce health disparities, but we know that there is good evidence to show our clinical interactions with patients make up only about 10% of what determines their health.[3] Part of a person's experience outside of a clinic that significantly affects health is access to affordable healthy food. The United States Department of Agriculture defines food insecurity as the "disruption of food intake or eating patterns because of lack of money and other resources."[4] My clinic resides in the Phalen neighborhood of St. Paul, and this project sought to explore the issue of food security in our community, which has a rich history of welcoming immigrants, most recently families from Laos, Vietnam and Burma.

Based on a 2010 survey of individuals living in the Phalen, Frogtown, University and North Minneapolis neighborhoods performed by the Wilder Foundation, 53% of the 454 survey respondents stated they ran out of money before being able to buy enough food at least 1 time in the last 3 months.[5] In addition, this same survey demonstrated that only 28% of respondents ate fruit and vegetables more than once per day, meaning the majority of individuals ate less than the USDA recommended amounts of fruits and vegetables (4 servings and 3-4 servings, respectively). Sixty-two percent of respondents reported that reduced food prices would help them to meet this goal.

In their 2012 article on food insecurity, Bruening et al. discuss that there is evidence that food insecurity leads to decreased fruit and vegetable consumption and increased calorie-dense food consumption, increasing the risk of obesity and diabetes.[6] In addition to increasing disease prevalence, health disparities such as food insecurity contribute to worse outcomes within those disease states. One could surmise that, in addressing food insecurity, we could prevent or better treat these conditions that commonly plague our community.

Hmong American Farmers Association farm delivery truck

OUR PROJECT

Faced with these concerning statistics in our neighborhood, our group aimed to improve food security and increase access to healthy vegetables with a Veggie RX program. This program was made possible by partnering with several groups. The vegetables for the program were supplied by the **Hmong American Farmers Association (HAFA),** a collective farming nonprofit that seeks to build the prosperity of Hmong farmers through sustainable farming just south of St. Paul. We participated with three other clinics: **M Health Fairview Rice Street** and **Roselawn Clinics** and **Fairview Integrated Primary Care Clinic**. The generous funding for the program came from **Blue Cross Blue Shield Center for Prevention, Fairview Foundation, Stratis Health** and **Invest Health**. The vegetables were delivered in the form of community supported agriculture (CSA) boxes and consisted of vegetables that would be familiar in a traditional Southeast Asian diet.

Participant enrollment began with identification of food insecurity by a physician or staff through standardized WHO screening questions. Anyone who met those criteria and had a medical condition that would benefit from healthy eating was offered the opportunity to enroll. HAFA delivered CSA boxes to the clinics once a week for 21 weeks. Participants also received a HAFA newsletter, which included information about the vegetables, recipe ideas and farmer stories. Participants took a survey before beginning the program and after completing the program. Biometrics (height, weight, blood pressure and hemoglobin A1c) were collected by clinic staff. At the four clinics, we served 125 families (585 individuals). The IRB deemed the program to be quality improvement and thus waived the formal IRB process.

The final box of the year included Thanksgiving vegetables and even a locally raised turkey for every family. HAFA generously invited our participants and clinic staff to the farm for a tour and dinner toward the end of the summer. This was a wonderful opportunity to connect with the hardworking folks growing the food and further build community.

RESULTS

Fifty-five percent of participants decreased their body mass index (BMI). Average change in BMI among participants was small: -0.15 points (n=81). There was a decrease from pre-assessment (47.6%) to post-assessment (32.1%) in the percent of participants who reported food insecurity (n=106). From pre- to post-assessment, there was an increase (17% to 27%) in the percent of participants who ate vegetables three times or more per day. Across all topics assessed, participants gained knowledge of fruits and vegetables.

Some of the most impressive feedback for the program was in the form of conversations with patients and from comments that patients left on their post-program surveys, including: "Very happy – able to eat different food I can't afford to buy my children. Very interested in participating again." and "I would participate again. It really helped stretch our food budget with four growing kids. The box offered a lot of food." Physicians shared stories such as seeing a patient with depression with a great big smile when receiving that first box of vegetables after

continued on page 18

continued from page 17

having never previously seen such a smile from that particular patient. We even saw kids excited about eating broccoli! We perceived that participation in the program built trust between patients and their clinics and connected individuals to culturally specific foods grown locally. Overall, this program has been a joyful part of our practice for the past two years.

We faced several challenges in running this program, including difficulty contacting patients and sending reminders for picking up the vegetables. For any other clinic considering such an endeavor, it would be worthwhile to allot staff time for these tasks. There were times when participants could not make it to the clinic for a week and, in those cases, we donated the vegetables to other patients. Our participants also requested that we increase the education around how to prepare and serve the vegetables in future years.

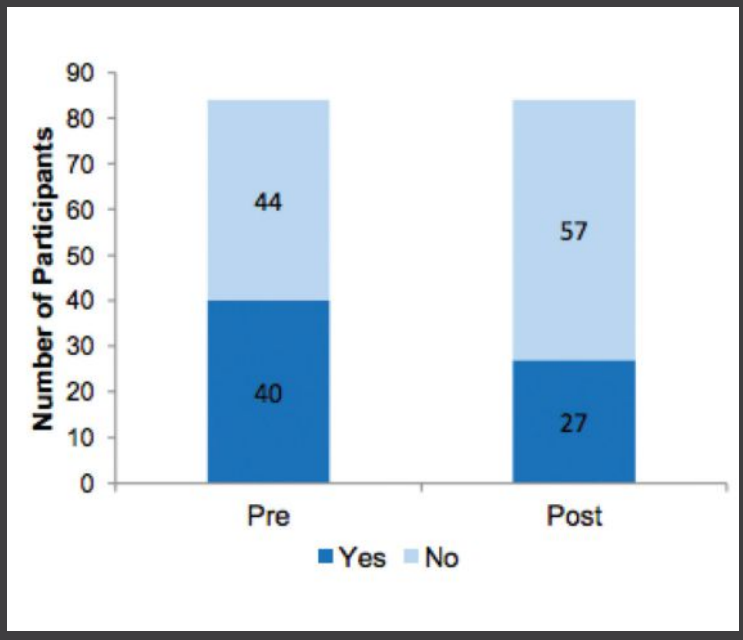
NEXT STEPS

We are pleased to be in the process of enrolling participants for what will be our third year of the program. In addition, we presented this project to those in leadership at Blue Cross Blue Shield this spring to advocate for sustainable funding by insurance companies for healthy food for patients, as we believe this to be a worthy investment in health and prevention. We hope that, by enacting this project at a residency clinic, we are training the next generation of family physicians in ways to address social determinants of health and connect with their communities at future practice sites.

REFERENCES

1. Dwyer-Lindgren L, Bertozzi-Villa A, Stubbs RW, Morozoff C, Mackenbach JP, van Lenthe FJ, Mokdad AH, Murray CJL. Inequalities in Life Expectancy Among US Counties, 1980 to 2014 Temporal Trends and Key Drivers. *JAMA Intern Med*. 2017;177(7):1003–1011.
2. Robert Wood Johnson Foundation 2013 Metro Map Minneapolis St. Paul
3. Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.
4. United States Department of Agriculture. Household food security in the United States in 2015. Economic Research Service.
5. Ferris, M. Food access and stability in Saint Paul A technical report to The Neighborhood Food Group Organizations. *Wilder Research* 2010

In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?



6. Meg Bruening, Richard MacLehose, Katie Loth, Mary Story, Dianne Neumark-Sztainer, "Feeding a Family in a Recession: Food Insecurity Among Minnesota Parents", American Journal of Public Health 102, no. 3 (March 1, 2012): 520-526.

Dr. Keenan's project was chosen as the Project of Greatest Interest at the Minnesota Academy of Family Physicians 2020 Innovation & Research Forum held Saturday, March 7 at HealthPartners in Bloomington, MN.

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SEVEN RESOLUTIONS HEARD AT THIS YEAR'S HOUSE OF DELEGATES

The extraordinary circumstances of 2020 led the MAFP to pivot House of Delegates to an abbreviated, online format. Out of respect for our members' time and energy during the COVID-19 pandemic, only urgent resolutions—those that relate to our new COVID-19 realities or should be considered for submission to the AAFP Congress of Delegates—were accepted, and the traditional agenda was shortened to include only the resolutions and the 2020-2021 MAFP Board of Directors election.

Seven resolutions were submitted by members and local chapters and heard at the House of Delegates on June 13, 2020. Seventy-nine members and four guests attended via Zoom. Under the guidance of Speaker of the House **Deb Dittberner, MD,** Vice Speaker **Lauren Moak, MD,** and Reference Committee chair **Dave Bucher, MD, FAAFP,** your 2020 House of Delegates took the following actions:

1. **End Race-Based Medicine**
   The MAFP will bring a resolution to the AAFP Congress of Delegates asking the AAFP to end the practice of using race as a proxy for biology or genetics in their educational events and literature, create guidelines for speakers and contributors to AAFP sponsored educational events that provide guidance about using race, develop or collaborate with other organizations to provide education for members on the harms of using race as a proxy for genetic or biological risk and how to use race appropriately in medicine, and support the development of resources to assist members in critically evaluating their use of race in research and clinical practice. (This resolution will graduate to the national level, heard at AAFP Congress of Delegates in October 2020.)

2. **Addressing Health Disparities in Communities of Color During the COVID-19 Pandemic (and Future Complex Humanitarian Emergencies)**
   The MAFP will create a workgroup within the Health Equity Task Force to look into policymaking and other opportunities to help communities of color during pandemics, publish links to information about COVID-19 race and ethnicity data, encourage the research

of health equity during crisis situations including pandemics, and provide a session at the 2021 Spring Refresher and a stand-alone CME that discuss exacerbated health disparities during the COVID-19 pandemic in communities of color.

3. **Virtual Health Visits – Resolution to Support Telemedicine Care**
The MAFP will advocate with state and national leaders to continue payment parity of telemedicine visits for health care, direct members to training materials for family medicine physician clinics to help nurses and ancillary support staff appropriately triage visits to be either telemedicine or in-person visits, and assist family physicians in Minnesota with learning options on how to appropriately document telemedicine visits to maximize reimbursement.

4. **Support for Universal Healthcare**
The MAFP will support a publicly funded and privately delivered universal health care system.

5. **Completion of a Health Equity Impact Assessment Prior to Hospital or Clinic Closure**
The MAFP will encourage all Minnesota healthcare systems to complete a written health equity impact assessment (such as HEIA or RHIA) when a proposal is made to close a hospital, clinic, or service line with the health system, request that said assessment be made publicly available for feedback from employees, patients, and the community, and be available (through the Health Equity Task Force) to provide further suggestions to promote health equity throughout the decision-making process.

6. A resolution on supporting patient directed healthcare through refundable/advanceable tax credits for direct primary care and health savings accounts was filed for information.

7. A resolution on supporting education and resources for integrated behavioral health care for medical students, family medicine residents, and family medicine physicians was referred to the Board of Directors.

Visit *mafp.org/house-of-delegates* to learn more about these resolutions.

MAFP: BY THE NUMBERS

As of June 15, 2020, our total membership was nearly 3,300 family physicians, family medicine residents and medical students. While membership numbers have some ebb and flow throughout the year, our monthly average has shown an increase in recent years.

Member dues remain our largest source of funding, but we're continuing efforts to grow revenue through other avenues, like partnerships.

We hosted or helped facilitate more than 12 member events in the last fiscal year—six offering continuing medical education, three focused on advocacy (including our House of Delegates), two for medical students interested in family medicine, two on innovation and research and one event for new(er) to practice family docs.

JULY
Jul 25-27 • **39** at **AAFP National Conference** (Minnesota medical students)

AUGUST
Aug 17-18 • **42** at **Destination CME**

Aug 17 • **17** at **KSA session: Pain Management**

SEPTEMBER
Sep 14 • **60** at **Made for Medical Students: The Family Medicine Resident Experience**

OCTOBER
Oct 27 • **20** at **Virtual KSA session: Mental Health in the Community**

NOVEMBER
Nov 4 • **23** at **Family Physicians: What You Need to Know**

DECEMBER
Dec 5-6 • **146** at **Buprenorphine Boot Camp** (a co-hosted event)

JANUARY
Jan 25 • **21** at **Intro to Advocacy - Minneapolis**

FEBRUARY
Feb 4 • **12** at **Intro to Advocacy - Rochester**

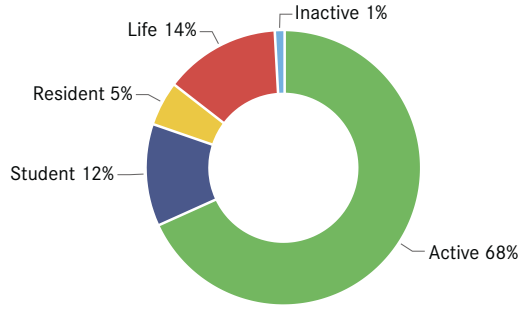
MARCH
Mar 6 • **49** at **Research Network Dinner**

Mar 7 • **90** at **Innovation & Research Forum**

JUNE
Jun 1 - May 31 • **208** for **Virtual Refresher** (registration still open)

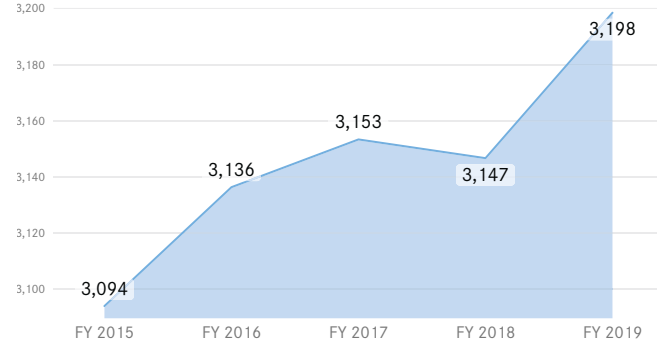
Jun 13 • **85** at **House of Delegates**

MEMBERSHIP TODAY

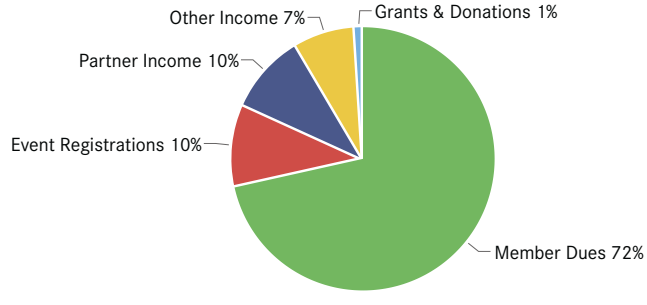


2235 Active	448 Life	390 Student	3 Supporting
28 Inactive	186 Resident	1 Honorary	3 Transitional

AVERAGE TOTAL MEMBERSHIP



INCOME SOURCES



NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Daniel Gingerich-Boberg, MD,** Minneapolis, has transferred from Iowa.
- **Sijuwola Ajinwun, MD,** Maple Grove, has transferred from Maryland.
- **Adrianne Chesser-Fridy, MD, PhD,** St. Paul, has transferred from New Mexico.
- **Chyke Doubeni, MD,** Rochester, has transferred from Pennsylvania.
- **Sundara Nalla, MD, FAAFP,** Fairmont, has transferred from South Dakota.
- **Amy Banks, MD,** Tower, has transferred from Utah.
- **Allison Hotujec, MD,** Andover, has transferred from Wisconsin.

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Grace Johnson,** St. Paul
- **Patrick Kiessling,** Traverse City, MI
- **Hilary Kunkel,** Rochester
- **Laura Maciejko,** Rochester
- **Sujaytha Paknikar,** Omaha, NE
- **Steven Rooker,** Rochester
- **Lauren Webb,** Ramsey, NJ
- **Ivan Wood,** Rochester
- **Lincoln Wurtz,** Rochester

St. George's University School of Medicine

- **Whitnee Otto,** Marshall

University of Minnesota Medical School, Twin Cities campus

- **Hawa Ali,** Rochester
- **Henry Aubyn,** St. Paul
- **Michael Berres,** Hopkins
- **Tina Cifuentes,** Anoka
- **Nicholas Cook-Rostie,** Minneapolis
- **Tamara Damjanac,** Minneapolis
- **Namrata Damle,** Rochester
- **Samantha Gibson,** Minneapolis
- **Anam Hasan,** Ham Lake
- **Laura Hauff,** Eden Prairie
- **Emily Kiolbasa,** St. Paul
- **Mina Krenz,** Minneapolis
- **Elizabeth Lieske,** Minneapolis
- **Ryan Osborne,** St. Paul
- **Breeta Oxnard,** Minneapolis
- **Hannah Pearson,** Minnetonka
- **Kaylin Pennington,** St. Paul
- **Emily Quick,** Maple Grove
- **Anna Rahrick,** St. Paul
- **Diana Rubio,** St. Paul
- **Aliya Sakher,** Woodbury
- **Baani Singh,** Minneapolis
- **Catherine Tremblay,** Excelsior
- **Tony Vang,** Maplewood
- **Claire Williams,** St. Paul

University of Minnesota Medical School, Duluth campus

- **Sylvia Blomstrand,** Duluth
- **Corinne Duncan,** Duluth
- **Kaitlin Geisenhof,** Duluth
- **Edward Hansmeier,** Duluth
- **Lindsay Johnson,** Minneapolis
- **Laura Jore,** Rogers
- **Akongnwi Jungong Cheo,** Duluth
- **Morgan Kessler,** St. Michael
- **Alexandra Kraft,** Duluth
- **Kynzie Smedsrud,** Luverne
- **Jordan Stipek,** Waconia
- **Jordan Treder,** Rochester
- **Jessica Wahlgren, MD,** Fergus Falls

Windsor University School of Medicine

- **Salma Yusuf,** Minneapolis

IN MEMORIAM

- **Kenneth Carter, MD,** Granite Falls

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MY WHY

by **Julie Johnson, MD,**
Simplicity Health

It's been more than a year since I left my position in corporate medicine. It was a position in which I learned a great deal about leadership, the business side of medicine and the outside pressures that shape how we work day to day while serving as a regional medical director in an integrated health system. I had respect for the organization and the work we were doing, but I felt restless. I longed to return to a practice where the pace and rate of change didn't outpace the day, where the quality of my work was measured in the relationships I have with patients and not on a spreadsheet, where "one size fits all" wasn't the mantra. In corporate medicine, uniformity and conformity are a necessity to be able to run an efficient practice and deliver the quality of care to the patient when you are managing a diverse group of providers, priorities and leaders. There is nothing wrong with this model. I thrived in that environment for years—until I didn't.

As a family physician, the practice I went into 25 years ago looks very different from what I recently left behind. I believe that we are starting to reach a tipping point. We're seeing a movement of family physicians who are searching for and finding their way back to the reasons they became a physician: the relationship that is driven not by outside forces, but by the sacred space within the exam room. Where it is just the doctor and the patient once again.

At Simplicity Health, I've been able to fall in love with medicine again. I've learned that complicated doesn't equate to better, that solutions really can be simple, and that flexibility is one of the keys to thriving. For example, during this pandemic, we were able to quickly adapt to providing care in a way that meets the needs of the patient as well as the needs of our clinic. While many clinics were caught in the COVID-19 gridlock, we were able to innovate and continue to provide needed care outside of COVID-19. This transition went smoothly with our patients, since we can quickly build rapport and trust. We are a small clinic with staff who know our patients well and can anticipate their needs.

As I reflect on what this change has meant to me, personally and professionally, the theme song to "Cheers" rings true: "Sometimes you want to go / Where everybody knows your name / And they're always glad you came."

TRANSFORMATIONAL GIVING

by **Rosa Marroquin, MD,** President
MAFP Foundation Board of Directors

Not many would dispute that 2020 has been a breathtaking year. Breathtaking in a sense of "causing one to breathe rapidly or with difficulty, to take one's breath away," especially after hearing the cry, "I can't breathe." What we have observed, felt and continue to live is extraordinarily breathtaking. This year has allowed us to bear witness to the many individuals, groups and communities that have galvanized in response to the COVID-19 pandemic, and it has exposed existing inequities and the layers of social injustice in the killing of Mr. George Floyd on May 25 in Minneapolis. These events have challenged us personally at home, in the way we work and how we view our world.

The events have also spotlighted areas where our Foundation can do better—areas where we can respond more effectively to our members and to our community when we are called to action and when the need arises. We have the opportunity to find the right balance to transform the way we give. Thanks to our many generous members, the MAFP Foundation has a legacy of funding a variety of outstanding grants and projects that support family medicine and the community. These grants include areas of innovation and research and externships for medical students and residents. Over the past several years, we've seen an increase in grant applications for projects that focus on health care disparities, the role of family physicians in providing high quality health care and building connections between family medicine and our communities. While the Foundation has a grant application process that works well, we want to be more responsive to the emerging needs of members and communities outside of the existing grant cycles.

Committed to investing in the future of our Foundation, the Vision Alignment Task Force was formed. This allowed us to bring together the various voices of our Academy members. With the help of Fox Advancement, a consulting firm that conducted member interviews, we were able to generate valuable information about the MAFP. The Vision Alignment Task Force has been fundamental in developing recommendations and priorities based on our member feedback. The leadership of the Foundation, together with the MAFP, is actively working to expand our future offerings to be more nimble and relevant for our current and future members. The Foundation is finding ways to bring our members and the community together, fostering collective action and structural reform and transforming the way we give.

As a member-led organization, we welcome your feedback. Please contact me at *familymed@rosamd.com* or Lynn Balfour, MAFP Deputy Vice President, at *lynn@mafp.org* or 952-224-3872.

MAFP FOUNDATION MISSION

To support educational and scientific initiatives that advance family medicine and improve health outcomes of patients and communities

MAFP FOUNDATION NEW PRIORITIES AND AREAS OF IMPACT

Grow the Next Generation of Family Doctors
Ensuring Minnesota has the family doctors it needs to take care of all Minnesotans no matter where they live

Eliminate Health Disparities in Minnesota
Focusing our efforts on ensuring all Minnesotans, not just certain demographics or locations, have access to great health care

Bring the Family Doctor Voice to Advocate for Health System Changes
Strengthening our voice in the state of Minnesota to change how health care is done

COMING UP NEXT

COVID-19 ECHO
Tuesdays | 12:15 - 1:30 pm
Online
mafp.org/covid-19-echo

Virtual CME: Addressing Minnesota's Rural, Underserved Primary Care Workforce Gap
August 18 I 7:00 – 8:30 pm
Online

Virtual CME: Race in Medicine - A Conversation
August 25
7:30 - 8:30 pm Panel Discussion
(optional pre-screening of "What's Race Got to do With It?" at 6:45 pm)
Online

Application Deadline: MAFP Foundation Innovation & Research Grants
September 1
mafp.org/apply

Intern Social & Scholarship Event
Incoming Residents
September 12 at Noon
Online

Virtual CME: Dementia Jeopardy
September 23 | 12:15 - 1:15 pm
Online

Dest[IN]ation CME
Launches October 1
Online

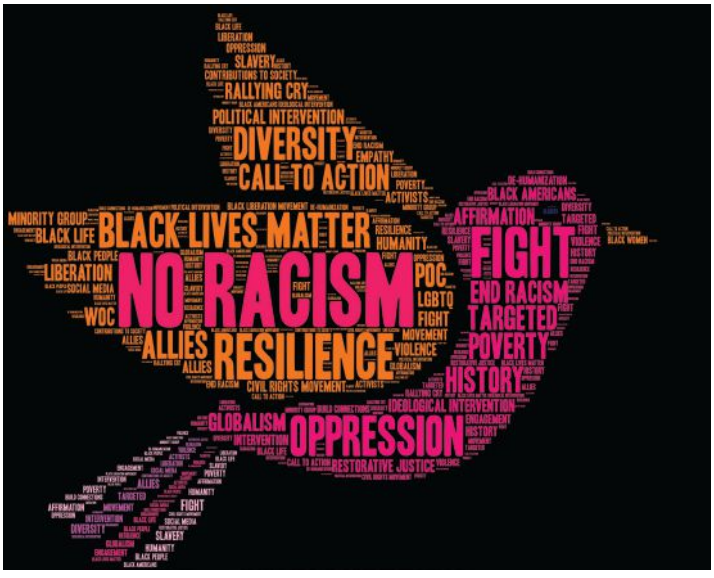
Virtual KSA: Hypertension
October 4
Online

AAFP FMX
October 13-17
Online
aafp.org

Family Medicine Midwest
November 13-15
Online
fmmidwest.org

Visit mafp.org to learn more about the events listed here (unless otherwise noted)

ADDRESSING RACISM:
RESOURCES, ADVOCACY & EDUCATION FOR FAMILY DOCS



AAFP STATEMENT ON RACISM

"The American Academy of Family Physicians (AAFP) is deeply concerned about the prevalence of discriminatory and racist acts that are resulting in the unwarranted deaths and marginalization of BIPOC. The AAFP considers racism a public health crisis."

Read the AAFP's full statement denouncing racism online at *bit.ly/AAFPstatementonracism.*

The horrific murder of **George Floyd,** the most recent in a long line of Black people that have been victims of police brutality, brought to the forefront the pain and reality of racism that communities of color face every day.

As Minnesota's family physicians, we stand with our communities and wish to be part of the work dismantling structural racism and discriminatory institutional practices in our communities and helping to make our state become a more equitable place where all people can thrive. We know that the systemic racism in our health care system and our own implicit bias does not serve our patients of color. As many have so eloquently stated, Minnesota is currently battling two public health emergencies: COVID-19 and systemic racism—one old and one new. We must face both of them simultaneously and with the same commitment to our patients' health and wellbeing. The MAFP will continue to work hard to be an organization that supports our physicians and their patients by providing opportunities for education on the structural causes of Minnesota's health disparities and potential systemic solutions, mitigation of implicit bias, the role of structural racism and the inappropriateness of the use of race in medicine. We will continue to seek ways to support the family medicine pipeline to become more diverse to care for all of our communities more adequately. We will work to ensure that our leadership and organization reflect the diverse voices and perspectives of our communities.

We are committed to continuing this work and providing useful resources, advocacy and education on these important issues.

RESOURCES

Visit our blog at *mafpadvocacy.org* for resources and recommended readings regarding racism, including the following.

Resources from the MAFP

- *Minnesota Physician Groups Joint Statement on Structural Racism in Health Care*
- What's Race Got to Do With It? A post on the use of race and medicine by **Ebiere Okah, MD,** and **Andrea Westby, MD, FAAFP**.
- *COVID-19: Magnifier of Inequities* (by: MAFP Health Equity Task Force co-chairs)

Resources from the AAFP

- *AAFP Virtual Town Hall: The Public Health Crisis of Racism* (enduring CME, featuring the MAFP's own **Renée Crichlow, MD, FAAFP,** and **Maria Huntley, CAE, MAM**)
- *AAFP Center for Diversity and Health Equity website*

Find additional recommended research and readings on race, racism and health on our blog at ***mafpadvocacy.org/2020/06/03/addressing-racism-resources-advocacy-education-for-family-docs.***

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