SPRING 2021 • VOL. 5 • NO. 2

MFP

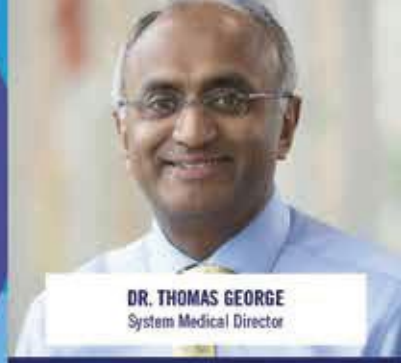
MINNESOTA FAMILY PHYSICIAN

AN INTERVIEW WITH DARON GERSCH, MD, FAAFP, CANDIDATE FOR AAFP VICE SPEAKER

10

24/7 ACCESS

TO EXPERT, INTEGRATED CARE FROM MINNESOTA'S LARGEST NEONATAL TEAM.



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System Medical Director

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ACROSS ONE LEVEL IV AND TWO LEVEL III NICUS

DR. JILL THERIEN
Medical Director, St. Paul Level III NICU

DR. TARA ZAMORA
Medical Director, Minneapolis Level IV NICU

2,500 NEWBORNS TREATED ANNUALLY

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When it comes to babies, we know that time is precious — and that answers can't wait. That's why access to the neonatal team at Children's Minnesota is one phone call away.

Children's Minnesota Physician Access is your connection to 24/7 support from the largest and most diverse neonatal team in Minnesota.

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University of Minnesota North Memorial residents (l–r) Laura Johnson, MD, Val Young, DO, Rose Marie Leslie, MD, and Ian Latham, MD, shared this photo after receiving their COVID-19 vaccines.

Join the #ThisIsOurShot movement online to help build vaccine trust.

CONTENTS

SPRING 2021 • VOL. 5• NO. 2

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

FAMILY MEDICINE STRONG

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

Despite the challenges family physicians have faced over the course of the COVID-19 pandemic, our MAFP members have stepped up and cared for patients in clinics, hospitals, care facilities and other community settings—demonstrating what it means to be Family Medicine Strong. Similarly, our organization has not stopped our work on growing the next generation of family physicians, eliminating health disparities and bringing the voice of family medicine to advocate for health system changes.

GROWING THE NEXT GENERATION

An engaging and invigorating Innovation & Research Forum was held on March 20, 2021 (online). Among the presenters, Minnesota family medicine resident physicians gave two presentations and contributed four posters, and Minnesota medical students gave three presentations and contributed six posters. The MAFP celebrates the work of these resident and student leaders in research and scholarship.

That same week, we learned that all Minnesota family medicine residency programs successfully filled their open positions in the 2021 National Resident Matching Program Match and that it was the twelfth year of growth, nationally, for residents matching into family medicine.

ELIMINATING HEALTH DISPARITIES

The COVID-19 pandemic has shined a light on the lack of equity in our health care system. There is much work to be done and, in response, the MAFP Board of Directors has voted to make our Health Equity Task Force a standing committee to help us stay active on a variety of public health issues.

The state legislative process was modified this year. We adjusted our efforts by providing support letters to legislative committees who were considering bills on telehealth parity and coverage for telephone services, extending medical assistance to cover patients for a full 12 months postpartum, contraceptive access and reproductive education. These are all issues that were brought to past House of Delegates meetings as resolutions (that passed).

ADVOCATING FOR HEALTH SYSTEM CHANGES

In addition to the legislation noted above, the MAFP also advocated for our physicians and patients on a bill involving mid-year formulary changes and prior authorization and continues our work with a primary care stakeholders group to increase Minnesota's investment in primary care.

Our next House of Delegates will be hosted online on June 12, 2021. We look forward to discussing this year's resolutions, which will set future policies and the direction of the Academy. This year's House of Delegates also has new ways for members to engage in the process with a focus on accessibility and ease. We hope you all will make your voice heard!

continued on page 6

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

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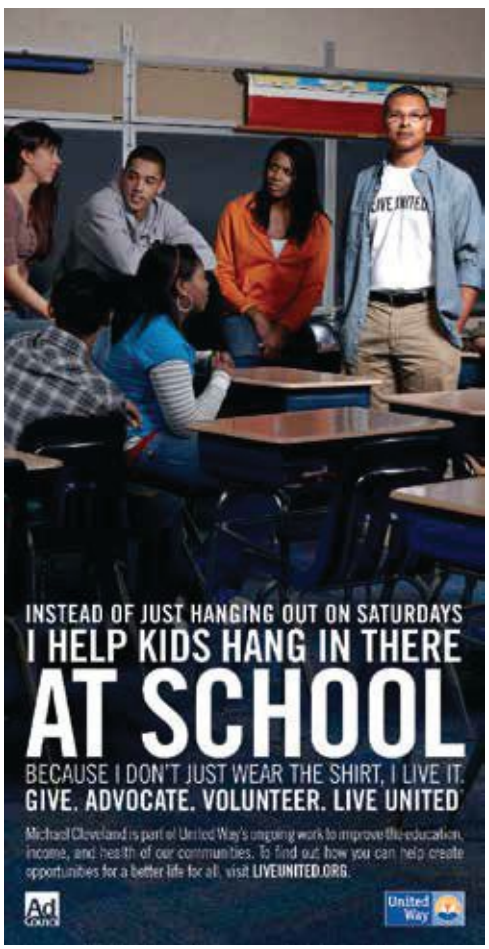
Edition 18

continued from page 5

The MAFP is member-driven and member-led; together, we continue to do what is needed to care for our patients, our communities and ourselves.

I am proud of each and every one of you for your resilience, adaptability and efforts over this last year. As we work our way through this pandemic and start to see the light that signals a beginning to its end, remember that we are Family Medicine Strong and have the training, experience and support needed to do this important work.

In June, Dr. Slattengren will end his term as president of the MAFP. We are grateful for his ongoing service to the Academy and the specialty of family medicine in Minnesota and beyond. Thank you, Dr. Slattengren, for your advocacy and leadership!



Chyke Doubeni, MBBS, MPH, Director of Health Equity and Community Engagement Research, Mayo Clinic, was a panelist on the *Medical Alley* Fireside Chat "Helping Close the Health Inequity Gap Through More Inclusive Clinical Trials" on January 26, 2021.

Natalie Roeser, MD, Stellis Health Buffalo Clinic, was mentioned in the *Maple Lake Messenger* article "Stellis Health frontline workers receive COVID-19 vaccination" (published December 30, 2020).

Mary Schwieters, MD, was featured in the *Dairy Land Peach* article "Dr. Mary Schwieters stays useful by helping others" by Jennie Zeitler (published December 5, 2020). The article focuses on her work in Honduras providing care for those affected by COVID-19.

Andrew Slattengren, DO, FAAFP, MAFP President, was interviewed for the *Star Tribune* editorial "Our Best Shot: Needle phobia? There's help available to deal with fear" by Jill Burcum (published April 11, 2021).

Leif Solberg, MD, Senior Research Investigator, HealthPartners Institute, and **Kevin A. Peterson, MD, MPH, FAAFP,** Professor, University of Minnesota Department of Family Medicine and Community Health, published their research "Strategies and Factors Associated With Top Performance in Primary Care for Diabetes: Insights From a Mixed Methods Study" in the *Annals of Family Medicine* (March 2021).

Kimberly Tjaden, MD, CentraCare - St. Cloud Medical Group South, was interviewed by KNSI Radio for the piece "Are My Symptoms COVID or Springtime Allergies?" with host Dene Dryden (aired March 15, 2021).

Cody W. Wendlandt, MD, Medical Director, Sartell Family Medicine, was named the 2020 Sartell Healthcare Professional of the Year by the Sartell Chamber of Commerce.

GUN VIOLENCE PREVENTION

by **Emily Benzie, MD,** and **Pat Fontaine, MD, MS, FAAFP**
Minnesota Academy of Family Physicians Legislative Committee Gun Violence Prevention Working Group

The shooting that occurred at Allina Health Clinic – Buffalo Crossroads, earlier this year, is the latest in a long line of senseless and tragic episodes of injury, trauma and loss of life due to firearms. This one hit close to home for us as family physicians. More than half of the providers at the Buffalo Crossroads clinic are family doctors.

Most of us have had the experience of trying our best to care for patients who disagree with our professional advice, particularly as we try to navigate intersecting challenges of addiction, mental illness and chronic pain. In order to do this difficult work and maintain a safe, healing clinic environment, we must trust in our lawmakers to do all they can to keep guns out of the hands of people who should not have them due to risk of harm to self or others. Unfortunately, and dangerously, this is not what is happening.

Enough is enough.

Along with acknowledging the pain our colleagues experienced and expressing our sincere sympathy, it's time for Minnesota's family physicians to raise our voices loudly and clearly in support of common-sense legislation that has been shown to decrease gun violence.

Two such bills have been introduced in previous legislative sessions:

- **HF 694:** criminal background checks on all gun sales, including private and internet sales.
- **HF 1654:** extreme risk protection law, allowing families and law enforcement to seek a judge's order to temporarily separate firearms from someone deemed at risk of harm to self or others.

TAKE ACTION

- **Write a letter to the editor** of your local paper.
- **Contact your state and federal legislators** in support of gun violence prevention legislation. Find out who represents you at www.leg.mn.gov.
- **Promote safe firearm storage** when talking with your patients. See besmartforkids.org for materials/resources.
- **Reach out to the Minnesota Academy of Family Physicians (MAFP) Chief Operating Officer Jami Burbidge, MAM,** at jami@mafp.org, to join us on the MAFP's Gun Violence Prevention Working Group.

Together, we can make a difference. And we must!

This article originally appeared on our advocacy blog, Advocating for Family Medicine: ***mafpadvocacy.org.***

NEW FROM CDC

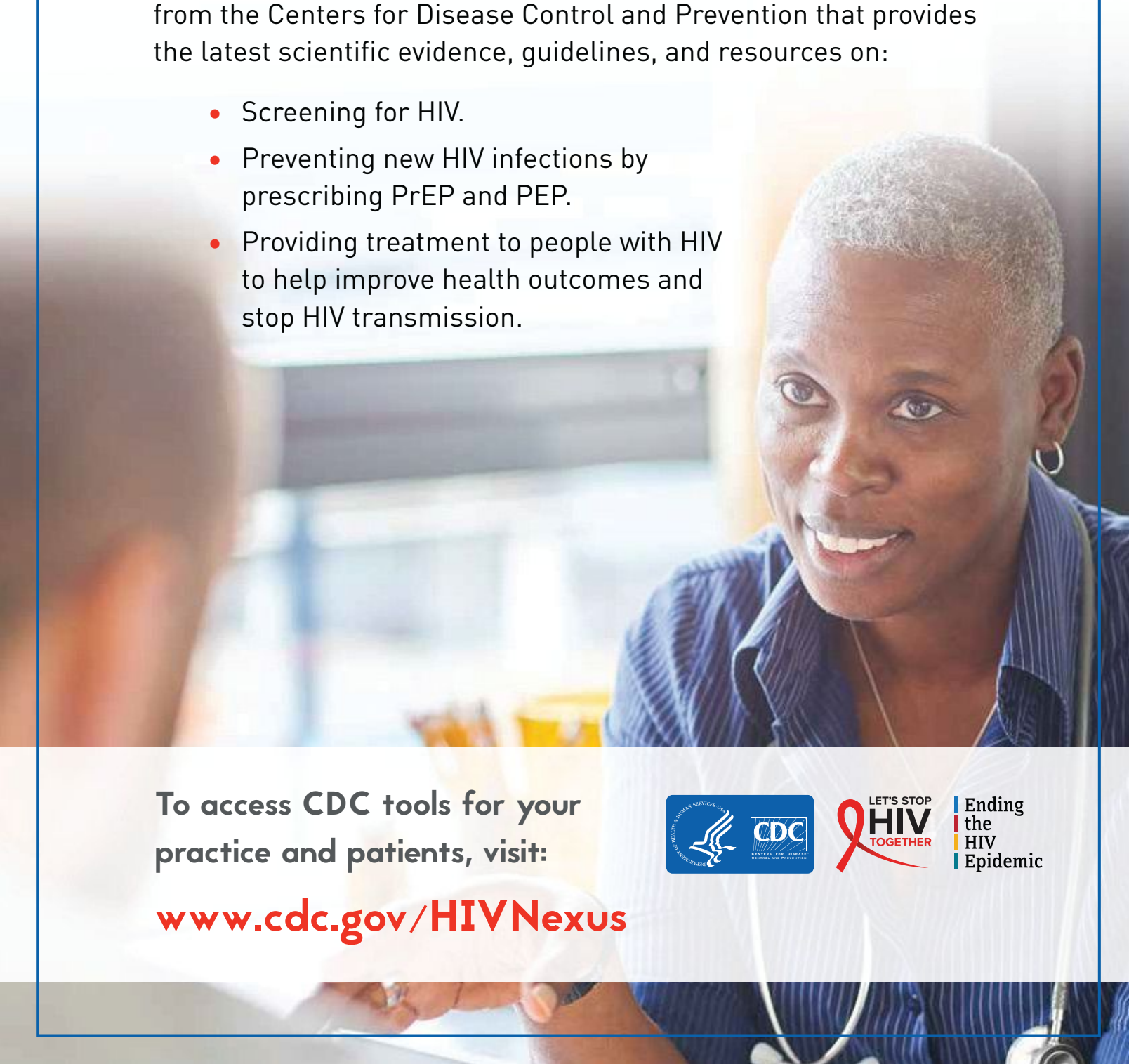
HIV NEXUS

CDC RESOURCES FOR CLINICIANS

HIV Nexus is a new comprehensive website

from the Centers for Disease Control and Prevention that provides the latest scientific evidence, guidelines, and resources on:

- Screening for HIV.
- Preventing new HIV infections by prescribing PrEP and PEP.
- Providing treatment to people with HIV to help improve health outcomes and stop HIV transmission.



To access CDC tools for your practice and patients, visit:

www.cdc.gov/HIVNexus

CDC

LET'S STOP HIV TOGETHER

Ending the HIV Epidemic

AN INTERVIEW WITH DARON GERSCH, MD, FAAFP, CANDIDATE FOR AAFP VICE SPEAKER

by **Emie Buege,** Freelance Writer

Daron Gersch, MD, FAAFP, speaking at the 2018 MAFP House of Delegates.

Minnesota Academy of Family Physicians (MAFP) board member **Daron Gersch, MD, FAAFP,** of Avon, Minnesota, is running as a candidate for vice speaker for the 2022 American Academy of Family Physicians (AAFP) Congress of Delegates. *The election will happen this fall at the 2021 Congress of Delegates.*

Gersch sees the role of vice speaker as ensuring that the will of the majority is enacted while the voice of the minority is heard and helping to shape and inspire the next generation of family doctors.

He has been a practicing rural family physician in Minnesota for more than 25 years and a long-time leader in the Minnesota chapter of the AAFP. Currently, Gersch practices at CentraCare - Long Prairie hospital.

"Daron is a respectful listener, thoughtful leader and works hard to set the right tone when chairing meetings. His valuable perspective will be a great asset to the AAFP Congress of Delegates. I hope you will join me in supporting Daron Gersch, MD, FAAFP, for vice speaker," said **Renée Crichlow, MD, FAAFP,** MAFP Immediate Past President.

We talked with Gersch about his campaign, leadership and parliamentary experiences and love of family medicine.

WHY ARE YOU THE RIGHT CANDIDATE?

Gersch: I enjoy working in groups to solve problems and find answers. I value diversity of thought and feel it's critical to create a safe, open atmosphere to share perspectives, exchange ideas and find common ground. My experiences with the National Association of Parliamentarians and various leadership roles within the MAFP and AAFP, including chairing reference committees at the last two AAFP Congress of Delegates meetings, have helped prepare me for this position. I am ready to help family medicine move forward.

WHAT ARE THE RESPONSIBILITIES OF VICE SPEAKER?

Gersch: The vice speaker works with the speaker in planning and conducting the annual Congress of Delegates meeting, provides parliamentary assistance to other groups that are meeting on behalf of the AAFP (like the National Conference for Family Medicine Residents and Medical Students), and makes sure that the actions of the Congress of Delegates are relayed to the AAFP Board of Directors for appropriate action and follow up.

This, to me, is one of the more important roles of the vice speaker—keeping the board on track with the wishes of the Congress of Delegates. I would be your voice on the board, and I take that responsibility very seriously.

SHARE ABOUT YOUR PAST LEADERSHIP EXPERIENCES.

Gersch: I have been blessed to serve in a variety of leadership roles.

In organized family medicine, I began as the chair of our MAFP Legislative Committee. This led me to become president of my local chapter (the Central Chapter), then a board member, vice speaker, speaker, president-elect and president of the MAFP. After my year as MAFP president, I continued as an alternate delegate and delegate to the AAFP Congress of Delegates. Currently, I am treasurer of the MAFP and serve as

the parliamentarian for our House of Delegates. Nationally, I have served on several committees, most recently as a reference committee chair with the AAFP Congress of Delegates.

At my local hospital, I have served on the board of directors and as chief of staff. I have also been a hospice medical director, nursing home medical director and ER/trauma medical director.

In my community of Albany, I was elected mayor and served as an adult leader for Cub/Boy Scouts for 20 years.

I have also been a captain and platoon and company leader in the Minnesota Army National Guard.

All of these experiences have prepared me to organize and lead in a larger organization such as the AAFP.

HOW DOES MEMBERSHIP IN THE NATIONAL ASSOCIATION OF PARLIAMENTARIANS PREPARE YOU FOR THIS ROLE?

Gersch: The National Association of Parliamentarians teaches the principles and practice of democratic decision-making and how to effectively meet and make decisions in a fair, consistent manner while making good use of everyone's time. To become a member of the National Association of Parliamentarians, I needed to pass a test on parliamentary procedures. Membership enables me access to courses and other resources, including how to ensure parliamentary procedures and rules are followed in online meetings. I'm currently in the process of becoming credentialed as a Registered Parliamentarian.

WHY DID YOU GO INTO FAMILY MEDICINE?

Gersch: For as long as I can remember, I have always liked science. When I was around 9 or 10 years old, I had several bad colds and was receiving shots of penicillin. My mom took me to a second doctor who felt my problems were from allergies. I was tested and was allergic to 63 of the 101 things tested. My life improved a ton after starting medication and treatments for my allergies. I remember thinking, "I hope I can make a difference in people's lives like that doctor did for me." In college, I briefly thought about other careers but always came back to medicine.

Going through my rotations in medical school, I enjoyed everything. I needed variety. I liked talking to people and getting to know them on a more personal level. Thus, a small-town, rural family doc was born.

WHAT INSPIRES YOU ABOUT FAMILY MEDICINE?

Gersch: My colleagues constantly amaze me! The incredible amount of knowledge and scope of practice provided by all of you is astounding. I TRULY feel, in my heart of hearts, that family medicine—and people who are willing to take the time to know their patients—is the key to addressing our health care problems.

Family medicine needs to continue on its path of comprehensive, individualized health care for all. We need to continue to position ourselves as the best specialty to provide that care.

Daron Gersch, MD, FAAFP, with his family: sons Anthony (top) and Nick (lower left), wife Patti and daughter Molly (far right).

continued on page 12

continued from page 11

WHAT CHALLENGES DO YOU SEE FOR FAMILY MEDICINE?

Gersch: I think one challenge is going to be fighting against cookie cutter medicine that tries to fit everybody into one mold—this will fail! While I have no problem with guidelines, we have to be careful that those guidelines don't become rules that are inflexible. Too many times, I have had tests and medicine declined for a patient because a guideline was being used as a rule. This must stop!

I also feel that we, as family physicians, need to be careful that we don't give up too much of our "turf." We need to be rounding in the hospitals, delivering babies and doing procedures. Otherwise, we risk getting squeezed out between the other specialties and advanced practice providers. This is a challenging time for medicine, but I believe family medicine is up for the challenge and will continue to grow.

TELL US ABOUT YOUR FAMILY AND INTERESTS.

Gersch: This March, I had the joy of celebrating 30 years of marriage to Patti Gersch. She is my rock and foundation as well as my best friend. I would not be where I am without her support, love and guidance.

I have been blessed with three amazing children: Nick (28), Molly (25) and Anthony (21). It is a joy to watch them make their own ways in the world.

Along with spending time with my family, I enjoy reading, running, astronomy, fishing and playing my guitar.

DESCRIBE YOUR PARLIAMENTARY STYLE IN THREE WORDS.

Gersch: Unbiased. Helpful. Inclusive.

Daron Gersch, MD, FAAFP, in the CentraCare - Long Prairie trauma room.

TALKING WITH ADOLESCENTS AND THEIR PARENTS ABOUT SEXUAL HEALTH

by **Stephanie Aldrin, MD** (pictured far left), resident, University of Minnesota Woodwinds Hospital Family Medicine Residency
Janna Gewirtz O'Brien, MD, FAAP (pictured middle), fellow, University of Minnesota Adolescent Medicine Fellowship
Renee Sieving, PhD, RN, FAAN, FSAHM, (pictured far right) Professor, University of Minnesota School of Nursing & Department of Pediatrics

Family physicians play an important role in providing adolescents and their parents accurate information about sexual and reproductive health (SRH). Annual preventive visits provide an opportunity to screen, educate and counsel adolescents on SRH topics ranging from puberty and healthy relationships to pregnancy and STD prevention. These discussions on SRH topics should ideally start in early adolescence.

Providing quality adolescent SRH services includes educating parents and teens about confidentiality, conducting developmentally appropriate screening for sexual risk, counseling about preventive behaviors and providing appropriate biomedical SRH services.

In a recent study led by a University of Minnesota team, we examined opportunities and barriers to providing confidential SRH services to adolescents through in-depth interviews with primary care providers (PCP), parents and adolescents from around Minnesota, as well as through a nationwide survey of parent-adolescent pairs.

OPPORTUNITIES AND GAPS

Parents and teens report the importance of talking with PCPs about a variety of adolescent SRH topics, including puberty, HIV/STDs, methods of birth control and where to access SRH services. In fact, across all SRH topics studied, more parents than adolescents noted the importance of these conversations between PCPs and teens. However, discussions about SRH topics often do not occur during preventive visits, especially for younger adolescents.[1]

SRH topics can be sensitive in nature and difficult for adolescents to bring up with their providers. Research has shown that, for SRH topics to be discussed during an adolescent clinic visit, providers must initiate these conversations. While screening adolescents about their sexual activity increases the likelihood that SRH topics

will be discussed, screening is not a common occurrence: only 14-39% of U.S. adolescents reported that they were asked about sexual activity at their last preventive visit.[1]

Of all the SRH topics, PCPs discussed puberty most frequently. However, it was only discussed in 40% of adolescent preventive visits, despite national professional guidelines recommending that pubertal development be discussed throughout adolescence.[1]

TIME ALONE

Confidentiality practices, including time alone between PCPs and their adolescent patients, are known to increase the likelihood of screening and counseling adolescents about SRH. Despite professional guidelines and research indicating the benefits of time alone and discussions about confidentiality, there is a gap between recommendations and practice.

Conversations around confidentiality and time alone between adolescents and their providers occur infrequently, especially during early adolescence (ages 11-14 years). Fewer than one in four 11-14 year-olds reported that they discussed confidentiality or had time alone with their provider at their last preventive visit.[1]

Confidentiality assurances (talking to both adolescents and their parents about time alone and confidentiality) starting during early adolescence can improve access to high-quality SRH services. These assurances can be standardized in clinical settings through brief discussions and written materials for all parents and adolescents.

SCREENING AND COUNSELING

Interviews with PCPs around Minnesota revealed that a number of factors influence the provision of adolescent SRH services and how providers addressed SRH topics with adolescents, including provider comfort with specific topics, provider engagement with parents and cultural beliefs of both providers and families.[3] Standard clinic practices, policies and resources related to SRH also influenced how providers addressed SRH topics. These factors also influenced providers' decisions to initiate time alone with their adolescent patients.

PCPs gauged openness to time alone from their interactions with both parents and teens. Some PCPs standardized the practice of time alone based on adolescent age. Some providers discussed a lack of familiarity with consent and confidentiality laws, which likely influenced their decisions to initiate time alone with adolescent patients.

Standardizing discussions about SRH topics can reduce discomfort in discussing these topics with adolescents and families whom providers may perceive as less receptive.

MINOR CONSENT LAW

Confidentiality laws can be confusing, and provider confusion can be a barrier to care for many adolescents.

In Minnesota, minor consent laws allow health care providers to screen and treat adolescents for sexually transmitted diseases, prescribe contraception and provide care for pregnant and parenting teenagers without notifying parents.[4] Laws also allow providers to assess and treat substance use and deliver acute mental health services without parental consent. A recently published online resource from the Adolescent & Young Adult Health National Resource Center describes Minnesota minor consent and confidentiality laws.[5]

Understanding that minors have legal rights to accessing health care in specific circumstances without parental consent can reduce provider discomfort with provision of time alone and SRH services. Providing confidential SRH services protects the health of adolescents, promotes positive health behaviors and reduces negative health outcomes.

NEXT STEPS FOR FAMILY PHYSICIANS

Parents and adolescents generally think that it is important to talk about SRH topics with health care providers and want adolescents' doctors to bring up these topics.

1. **Build time alone for adolescent and provider during preventive visits**. Time alone increases the likelihood of provider-adolescent discussions about SRH topics. In preventive visits leading up to the teenage years, PCPs can inform pediatric patients and their parents to expect time alone during adolescent preventive visits. With young adolescents, PCPs should also discuss confidentiality and the expectation of having time alone with a provider at preventive care visits. Clinics could send a letter or call families to provide an expectation that time alone will be part of an adolescent's upcoming visit. **Setting the expectation of time alone can ease parents and teens into this essential practice in providing high-quality adolescent preventive care.** During the

continued on page 16

continued from page 15

physical exam in early adolescence, family doctors can have parents step out of the room to help adolescents develop their own relationship with their doctor.[2]

2. **Screen for sexual activity.** Routine face-to-face screening about sexual activity also increases the likelihood of provider-adolescent discussions about SRH topics. By assuring confidentiality and using a psychosocial assessment—such as SSHADESS (Strengths, School, Home, Activities, Drugs, Emotions/Eating/Depression, Sexuality, Safety)[6]—to guide screening, PCPs can ensure important SRH topics are brought up. SSHADESS starts with the adolescent's strengths and then transitions to a variety of important health-related topics.
3. **Encourage parent-teen conversations about sexual and reproductive health**. Annual preventive visits are an opportunity for family physicians to encourage or facilitate parent-teen conversations about sexual and reproductive health. Family physicians can prompt these conversations starting during the early adolescent years and share reliable resources with parents and teens. **Table 1 includes websites with accurate information for both parents and teens to better understand a range of SRH topics as they navigate changes associated with adolescence.**

Family doctors play an important role in adolescents' development and preparation for adulthood. **By integrating confidentiality assurances and dedicated time alone, asking about sex and encouraging parent-teen conversations about sexual and reproductive health, family doctors can empower adolescents and provide them with information, skills and supports to promote positive health outcomes.**

Table 1. Reliable resources for parents and teens on sexual and reproductive health topics

Organization	Information
American Academy of Pediatrics www.healthychildren.org	Teen section with information on dating and sex
Amaze amaze.org	Engaging, educational, age-appropriate, often humorous sex education videos for young adolescents and parents
Bedsider www.bedsider.org	Birth control and STI prevention with information on places to access SRH care, geared toward older adolescents
Between Us betweenushealth.com	Adolescent health information, including articles on sex, gender, and sexuality
Love is Respect www.loveisrespect.org	Healthy relationships and developing sexuality

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Sanford Worthington invests $3M into local cancer care

Cancer patients can now get the most precise radiation treatment close to home thanks to the installation of a new, $3.4 million TrueBeam linear accelerator.

“At Sanford Health, we are committed to delivering the highest quality cancer care and health care to patients in Worthington and our surrounding communities,” said Jennifer Weg, executive director of Sanford Worthington Medical Center. “With a new linear accelerator right here in Worthington, we are bringing new radiation treatment options close to home.”

Linear accelerator in cancer treatment

So what is a linear accelerator? Well, it is a state-of-the-art device programmed to deliver high-energy X-rays that conform to the specific size, shape and location of a tumor. It will give providers the ability to target and destroy cancerous cells in a precise area of the body, with minimal exposure to surrounding healthy tissue.

“What this means for patients is accuracy, speed and comfort,” said Sanford Health’s Amber Frisch, supervisor of radiation therapy in Worthington. “What it means for the radiation oncology professionals is the ability to treat many different types of complex cancer cases.”

The TrueBeam radiotherapy system can treat tumors in places that can be hard to reach or that are near critical organs, such as the heart and lungs. In addition, the accuracy of treatment permits higher radiation doses while reducing the risk of exposure to healthy tissue.

By having the capacity to deliver higher dosages of radiation, patients can heal in fewer sessions. A tumor that might need 20 to 40 sessions of conventional radiation therapy can be reduced to less than five, for instance. These shorter sessions also lower the risk of side effects in patients due to less sessions and less long-term exposure to radiation.

“It integrates advanced imaging and motion management technologies that makes it possible to deliver treatments more quickly, while monitoring and compensating for tumor motion,” Frisch said. “Before and at any point during a treatment, the linear accelerator can generate the 3D images used to fine-tune tumor targeting – something that wasn’t possible with earlier technologies.”

Better tumor targeting technology

The TrueBeam system will improve on cancer treatment in many ways including:

- **Improved precision:** The accuracy of the TrueBeam system is measured in increments of less than a millimeter.
- **Shorter radiation sessions:** Some treatments that once took 10 to 30 minutes can now be completed in half the amount of time. Faster treatment delivery is not only more comfortable for patients, but reduces the chance of tumor motion during treatment, which helps protect nearby healthy tissue and critical organs.
- **Advanced imaging:** The new imaging technology quickly produces 3D images in real time for more precise tumor targeting.
- **Motion tracking:** For lung and other tumors subject to respiratory motion, the TrueBeam system offers gating, which makes it possible to monitor the patient’s breathing and compensate for movement of the tumor while radiation is being delivered.

SANFORD
CANCER CENTER

BRUCE DAHLMAN, MD, RECEIVES THE AAFP 2020 HUMANITARIAN AWARD

by **Emie Buege,** Freelance Writer

Bruce Dahlman, MD, caring for patients in Lolongesho in Maasai country.

The American Academy of Family Physicians (AAFP) named Minnesota family physician **Bruce Dahlman, MD, MSHPE, FAAFP,** of Grand Marias, Minnesota, the 2020 recipient of its prestigious Humanitarian Award.

This award was developed to acknowledge extraordinary and enduring humanitarian efforts, both within and beyond the borders of the United States, and is presented annually to 1 of the AAFP's 136,700 members.

Dahlman has made a lasting impact on the specialty of family medicine through his efforts to expand family medicine training to under-resourced communities across rural Africa. For more than 25 years, Dahlman has worked with the African Inland Mission International and Institute of Family Medicine (Nairobi) to provide essential medical care while also teaching and mentoring. Among his accomplishments, he helped launch Kenya's first family medicine training program at Moi University and was the founding head of the Department of Family Medicine at Kabarak University in East Africa.

President of the AAFP **Ada Stewart, MD, FAAFP,** said, "Throughout Dahlman's career, he has worked tirelessly to improve the health and lives of people in underserved communities. He has done this not only by providing essential medical care, but also by working to build a sustainable education and health care delivery system on a family medicine foundation."

As part of his work in growing and developing the family medicine workforce in under-resourced areas, he helped to create and distribute the Digital African Health Library Service to primary care workers who are practicing in remote locations in East and Central Africa. The service is a mobile phone-based, integrated search engine with more than 50 evidence-based handbooks, guidelines, formularies and journals with special emphasis on Africa-relevant resources that support clinical decision-making at the point of care.

Dahlman began his career as a full spectrum rural family physician, serving underserved rural communities in Minnesota. While he has worked in Africa to expand family medicine training and develop physicians and faculty, Dahlman has continued to have a presence in Minnesota, teaching and educating residents, medical students and colleagues about the relationship between global health and family medicine.

Currently, Dahlman provides emergency care through Wapiti Medical at North Shore Health and is a hospitalist for the Mille Lacs Health System in Onamia. He continues his work in Africa to expand family medicine training and the Digital African Health Library Service and is also working on emergency team training through the Global Comprehensive Advanced Life Support course.

Congrats to Bruce Dahlman, MD, MSHPE, FAAFP, for receiving the AAFP Humanitarian Award!

INNOVATION & RESEARCH FORUM: BY THE NUMBERS

At the 2021 Innovation & Research Forum, held on March 20, researchers from across Minnesota dug into the latest in primary care research and innovations. The event included dynamic, LIVE presentations online and enduring posters, teaching participants how the findings translate into practice and can improve patient care and outcomes.

1 **Inspiring opening presenter**
Maria Veronica Svetaz, MD, MPH, Hennepin Healthcare Whittier Clinic, on *Racism, Political Context and Development: What We Know, Local Lessons and What You Can Do About It*

14 **Live presentations & 21 posters**
Highlighting research and innovations on health behavior change, anti-racism, vaccine hesitancy, telemedicine, opioid use disorder and more.

3 **Projects of Greatest Interest** – selected by attendees:

- **Physician/Researcher:** *Parenthood as a Possible Protective Factor Among Patients Receiving Medications for Opioid Use Disorder by* **Michelle Sherman, PhD,** psychologist, M Physicians Broadway Family Medicine Clinic; Director of Behavioral Health, University of Minnesota North Memorial Family Medicine Residency
- **Resident/Student:** *Quality Improvement Project: How Medical Interpreters and Providers Work Together at M Health Fairview Phalen Village Family Medicine Clinic* by **Ramla Kasozi, MD, MPH,** resident, University of Minnesota St. John's Hospital Family Medicine Residency Program. This project received funding from the MAFP Foundation.
- **Poster:** *to be announced after the enduring poster session ends*

56 **Engaged attendees**

15-Minute yoga break
Led by **Priya Nagarajan, DO,** University of Minnesota alumni and faculty at University of Chicago NorthShore Family Medicine Residency

2 **Dedicated co-chairs**

- **Laura Miller, MD, MPH,** family physician, M Physicians Broadway Family Medicine Clinic; assistant professor, University of Minnesota Department of Family Medicine and Community Health
- **Michelle Sherman, PhD,** psychologist, M Physicians Broadway Family Medicine Clinic; Director of Behavioral Health, University of Minnesota North Memorial Family Medicine Residency

THANK YOU TO OUR EVENT PARTNERS

HealthPartners Park Nicollet, Hennepin Healthcare, Mayo Clinic Department of Family Medicine, UCare, UMN Department of Family Medicine and Community Health and U of MN Medical School Duluth Campus

COMING UP NEXT

Virtual Refresher
Ongoing - Ends May 31
Virtual (on demand)

Dest[IN]ation CME
Ongoing - Ends September 30
Virtual (on demand)

House of Delegates
June 12

AAFP National Conference
July 29 - 31
www.aafp.org

Foundation Grant Application Deadline
September 1

Virtual KSA: Health Counseling & Preventive Care
October 17 4:30 pm Central
(registration opening this summer)

Visit mafp.org to register for events listed here (unless otherwise noted).

WE NEED A BETTER SOLUTION FOR THE TERRIBLE DISEASE OF BURNOUT

by **Michelle Wenner Chestovich, MD,** family physician, Entira Family Clinics, West Saint Paul; certified life coach

TRIGGER WARNING: *PHYSICIAN SUICIDE*

Exhaustion is sneaky. It grows slowly and we have been trained to keep working anyway. I think it is time to see exhaustion as a vital sign. When our body is crying out for rest, with headache and nausea, we must learn to listen. When dread fills our heart as we drive to work in the morning, we must take note. When the daily struggles seem to stretch on and on and there doesn't appear to be a break in sight, and we drag ourselves to the weekend where we may finally get a small break, it is time to reach out for help. While life is challenging as a physician, it doesn't need to be so hard. Please let someone help. Don't just wait in hope that things will get better.

I have always been a passionate advocate for physician wellness. For years, I've asked others at our early morning meetings: "Who has gotten good sleep and exercised this week?" I've personally floated in and out of burnout many times, and I know that sticking to the fundamentals—sleep, hygiene, exercise, healthy eating, less caffeine—helps keep us from drowning. And yet, I've since realized that there is so much more that needs to be done than just these fundamentals. A recent tragedy in my family has made this flame to help "heal the healers" burn even brighter.

TOLL OF EMOTIONAL & PHYSICAL EXHAUSTION

Emotional exhaustion is a well-known, key component of physician burnout. Physical exhaustion, however, also greatly contributes. When we don't meet the basic needs of our body, we have trouble functioning. We begin to dread the future and upcoming calls because we are already so darn tired. Occult depression, which can be born from burnout, is a disease as malignant as cancer. We need to learn to screen for it in medicine as we do for breast cancer.

My dear, younger sister, **Gretchen Wenner Butler, MD,** recently died unexpectedly from suicide. Everyone who knew her is absolutely shocked and heartbroken. She was the most amazing and adventurous woman who spread kindness everywhere she went. Even those who only spent a month with her during residency rotations had kind words to share. She had been named resident of the year and resident teacher of the year. She was recognized by both patients and staff as truly exceptional. She was the most loving mother of her three children and a wonderful wife, sister, daughter and friend. She worked as a radiologist at Minneapolis' Hennepin County Medical Center and loved providing care for underserved populations.

INCREASED RISK OF PHYSICIAN SUICIDE

Statistically speaking, physicians (and especially physician women) face two to three times the suicide risk of the general population. In the United States alone, we unfortunately lose approximately 300-400 physicians each year to death by suicide. The pandemic trauma over the past 13 months (and counting) has served to dramatically increase the stress, isolation and depression—both observed/acknowledged and occult—that our medical providers face.

As a physician who has been dedicated to physician wellness for years, it is particularly troubling to me that my sister didn't reach out for help. This makes me realize that, once a physician falls under the spell of depression, they may be unable to ask for help. As a result, if we, as a profession claiming to care for people, have any genuine desire to help our wonderful colleagues, we must do more to proactively recognize and take affirmative actions to help physicians before it becomes too late.

CULTURE OF MEDICINE MUST CHANGE

It is simply and manifestly insufficient for an organization to say "call this number if you need help" or "join the yoga class we provide once a month." Real systemic changes must occur: regular support needs to be offered, protocols developed, investments committed. Perhaps as importantly as tangible changes, the very culture of medicine must change.

So how do we start making these needed changes in the culture of medicine and help the providers who are most at risk?

Adopt work-hour limitations. The week before my sister died, she was on call and worked 36/48 hours of the weekend. This, of course, was just a piece of the tragedy, but her exhaustion certainly contributed to her death. Other professionals, such as pilots and truck drivers, are limited to the hours they work. A few years back, work-hour restrictions were mandated for residency programs. Why not for the profession at large?

Remember: *People with medical degrees, or other degrees making them care providers, are people—human beings. We need adequate sleep and rest, hydration and interaction with others.*

Change our mindset. As physicians, we need to "unlearn" the training that got us here; namely, always doing more and always saying "yes" is not the answer when inside we ache to say "no, I really can't." We need to learn to ditch the guilt and perfectionism that may have served us well in a short-term educational environment but literally grinds us down throughout the rest of our adult and professional lives.

Increase access for mental health support. We need regular, ongoing support for our mental health. We routinely deal with life-and-death situations. We deliver horrendous news to families, and we are firsthand witnesses to all of the trauma and heartbreak that visits our clinics and emergency departments daily. As an empathic radiologist, my sister felt the sadness and heartache of all the patients for whom she cared. She would often share with me some of her most difficult cases, and I could hear the heartache in her voice. Despite this, we have no real support other than "reach out if needed." This approach is not working, and it is never going to. Even when someone is supported and loved, and capable of caring so much and reciprocating that love, it is too much to ask of a human being whose brain is already sick.

Offer professional coaching and other interventions. Besides changes in the culture of medicine, there are very effective, simple and proven(!) ways to help physicians reduce symptoms of burnout and improve their own self compassion. A study in *JAMA Internal Medicine*[1] showed that there was significant reduction in emotional exhaustion and overall symptoms of burnout, as well as improvements in overall quality of life and

continued on page 22

continued from page 21

resilience, after only 3.5 hours of physician coaching.

Wouldn't this be a simple solution to the overwhelm and burnout that physicians face? What if this was the norm and a part of the benefits package when we sign for our "dream job"? I think it needs to be—together with other organizationally supportive programs that strip away, or at least alleviate, the tedium of our jobs. These approaches can dramatically lower the great cost of provider burnout that is borne by organizations in the form of turnover, reduce medical mistakes and increase the satisfaction of the patients we profess to love and serve. Different approaches—namely preventive ones—to our epidemic of physician and provider burnout is what we, as providers and human beings, need.

To listen in on how I think exhaustion needs to be viewed as a vital sign to burnout and occult depression, I encourage you to listen to Episode 11 of my "Re-Mind Yourself" podcast (Redcircle.com/showsre-mindyourself).

Please take eight minutes to listen and share with a friend who also needs to hear this message.

REFERENCE

1. Dyrbye LN, Shanafelt TD, Gill PR, et al. Effect of a professional coaching intervention on the well being and distress of physicians. *JAMA Internal Med.* 2019;179(10):1406-1414.

STUDENTS AND RESIDENTS EMBRACE INNOVATION AND RESEARCH: *YOUR GIFT SUPPORTS THEM*

by **Lynn Balfour**

The MAFP Foundation, our nonprofit arm, works to ensure that your gifts support the next generation of family physicians.

Three times a year, the Foundation's Board of Directors meets to review and approve grants for resident- and student-led projects that advance patient care in Minnesota.

Meet a few of our recent grant recipients—future family medicine leaders whose projects will directly impact our patients and communities.

Leslie Neher, MD, second-year resident, University of Minnesota St. John's Hospital Family Medicine Residency Program, received a research grant for her project, "Culturally informed diabetes education for the Hmong community." Her research mentor is Kathleen Culhane-Pera, MD.

Leslie Neher, MD

"Our aim is to develop a culturally informed diabetes education video that incorporates Hmong culture, tradition and language with the goal of educating about diabetes and food choices."

Jené Carter, MD, second-year resident, United Family Medicine Residency Program, received an innovation grant for her project Little Women of Color, a nonprofit she founded to offer girls of color a safe space for increased exposure to STEM and for conversations about self-esteem and identity. Her project mentor is Jonathan Dickman, MD.

Jené Carter, MD

"I am passionate about offering young girls of color exposure to STEM topics and providing a safe space for discussion about confidence and self-esteem."

MINNESOTA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

MAKE A GIFT

Our resident and student research and innovation grants are made possible through your generous gifts.

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- In honor or memory of a family physician who has impacted your career, the community and/or our specialty
- As encouragement for the next generation of family medicine leaders
- To make a difference in the health of our patients and communities

Give at *mafp.org/give*. It's quick, secure and tax-deductible.

Thank you for your support!

Questions? Contact *office@mafp.org.* 952-542-0130

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Pallavi Bains, DO,** St. Paul
- **Mark Brooks, MD,** Plymouth
- **Shelby Spandl, MD, MA,** Lakeville
- **Jared Szymanski, DO,** Minneapolis
- **Albert Yeo, MD,** Burnsville
- **Bruce Olmscheid, MD,** Minneapolis, and **Rachel Saretta Harlos, MD,** Eden Prairie, have transferred from California.
- **Anushree Bhosale, MD,** St. Paul, **Nathaniel Guimont, MD,** St. Paul, and **Fatimah Oloriegbe, MD,** Little Falls, have transferred from Illinois.
- **Lauren Greene, MD,** Stillwater, and **Kathryn McLellan, MD,** Duluth, have transferred from Michigan.
- **Kyrstin Ball, DO,** St. Paul, has transferred from Missouri.
- **Tricia Brein, MD, MPH,** Detroit Lakes, has transferred from North Carolina.
- **Cybill Oragwu, MD,** Long Prairie, has transferred from Pennsylvania.
- **Christopher Reynolds, MD,** Marshall, has transferred from West Virginia.

NEW RESIDENT MEMBERS

Hennepin Healthcare

- **Andrew Glogoza, DO,** Minneapolis

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Maryam Omar,** Rochester
- **Parth Patel,** Jacksonville, FL

University of Minnesota Medical School, Duluth campus

- **Tegan Carr,** St. Paul
- **Isabel DeLaura,** Durham, NC
- **Austin Fowler,** Duluth
- **Jace Leslie,** Hibbing
- **Sonya Meyer,** Duluth
- **Lindsey Simonson,** Duluth
- **Paul Warneke,** Duluth

University of Minnesota Medical School, Twin Cities campus

- **Cassidy Berg, MS, RD,** Minneapolis
- **Jlor Dizon,** St. Paul
- **Anna Dovre,** Minneapolis
- **Joy Harris,** Minneapolis
- **Kyutae Kim,** St. Paul
- **Rumbidzai Ngonyama,** Ankeny, IA
- **Caitlin Raasch,** Minneapolis
- **Mai Nou Thao, NP, BSN,** Shoreview
- **Prasanna Vankina,** Maple Grove
- **Lily Ward,** Minneapolis

All Saints University School of Medicine, Dominica

- **Keshia Enaw,** Cottage Grove

American University of Antigua College of Medicine

- **Yasmin Abdulaya,** Minneapolis

St. George's University School of Medicine

- **Sibel Dikmen,** Belle Plaine
- **Tessa Doolittle,** Oakdale
- **Erin Englebert,** Aitkin

IN MEMORIAM

- **Ryan Colakovic,** Mankato
- **Gary A. Strandemo, MD,** St. Cloud

Together, we can take these steps.

- Avoiding close contact
- Staying home
- Handwashing for 20+ seconds
- Disinfecting frequently touched surfaces
- Wearing a cloth face covering in public

Together, we can help slow the spread.

Learn ways to protect yourself and others at coronavirus.gov

ad COUNCIL

CDC

TELEMEDICINE RESOURCES

Health systems have turned to telemedicine and virtual care to provide preventive services, triage urgent issues and follow their patients with chronic illness during the COVID-19 pandemic.

The American Academy of Family Physicians (AAFP) has developed resources and education to help members navigate the process of providing this developing care model.

The resources on the right and more can be accessed through bit.ly/telehealthtools.

TELEMEDICINE RESOURCES

- Webcast: *How and Why to Grow Telehealth in Your Practice*
- AAFP Telehealth Toolkit for building and growing a sustainable telehealth program in your practice
- Link to the State Telehealth & Licensure Expansion Dashboard
- Telemedicine payment resources, including CMS fact sheet and FAQs
- Coding guidelines for different types of COVID-19 scenarios, including telehealth, in-person and audio-only care
- Examples of telemedicine platforms and questions to ask vendors when exploring options.

OTHER RESOURCES

- telehealth.hhs.gov
- www.ama-assn.org/practice-management/digital/amatelehealth-quick-guide

MINNESOTA ARMY NATIONAL GUARD

NATIONALGUARD.COM/MN

Start Your Career as an Officer in the National Guard's Army Medical Department (AMEDD)

BENEFITS

- Low-cost medical and dental care for you and your family (TRICARE Reserve Select)
- Up to $400,000 in low-cost life insurance
- A retirement pension plan at the completion of 20 years of part-time service
- Minnesota State Tuition Reimbursement covers 144 semester credits (lifetime max), including Medical School, up to 100% of the in-state tuition cost of the University of Minnesota

Practicing Physicians:

- Health Care Professional Loan Repayment Program (HPLRP) up to $250,000
- Annual health care provider bonus up to $25,000 per year

Medical Students:

- Medical/Dental Student Stipend Program (MDSSP) $2,270 per month
- Specialized Training Assistance Program (STRAP) $2,270 per month

REQUIREMENTS

- Meet the prescribed medical and moral standards for appointment as a commissioned officer
- Be a U.S. citizen
- Have completed an accredited Bachelors degree and either be accepted to, enrolled in, or be a graduate of an accredited MD or DO program
- Be eligible to obtain a secret security clearance
- Complete the 3-week (MD/DO) or 4-week (Students) AMEDD Direct Commission Course (DCC) at Fort Sill, OK, and the 3-week AMEDD Basic Officer Leader Course (BOLC) at Fort Sam Houston, TX within 24 months (MD/DO) or 36 months (Students) of commissioning

CONTACT US TODAY!

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MAKE THE ACADEMY WORK FOR YOU: NEW WAYS TO ENGAGE IN THE HOUSE OF DELEGATES

by **Jami Burbidge, MAM**, Chief Operating Officer

In the past year, we have seen how technology can be a force for good: bringing people together and increasing opportunities for participation and engagement when travel would normally be required.

At the Minnesota Academy of Family Physicians, we want to harness the good of technology to make our programming more accessible for our members.

We have added NEW ways to engage in our House of Delegates in 2021 and make your voices heard in our policies and advocacy work.

WHAT'S NEW

The two big differences in this year's House of Delegates:

- **All members were invited to attend one/two all-chapter meetings (online) to collaborate on resolution writing.**
- **All members are invited to submit written comments/feedback (online) on any submitted resolution.**

"One of the blessings of the pandemic has been the adoption and utilization of existing information technologies. The virtual format allows all members to author resolutions and provide written testimony before the meeting. This is a huge win for our out-state family docs who can now participate without taking a day or more for travel. My hope is the virtual asynchronous components will continue in future years, increasing participation from all corners of our state."
– **Bob Jeske, MD,** MAFP Vice Speaker of the House

WAYS TO ENGAGE

Author/co-author a resolution. All MAFP members were invited to submit resolutions—written motions that set a specific policy and/or direction for the MAFP. *Resolutions were due May 3.*

Attend an all-chapter meeting. This year, we offered two all-chapter meetings online to provide more opportunities for collaboration on resolution writing and engagement for members across the state. Chapters group together physicians in the same regions/areas of the state to work on policies/issues of concern to specific communities. *The all-chapter meetings were held April 15 and 27.*

Details for submitting commentary will be emailed to members on May 18/19. For the first time ever, MAFP members will be able to provide written comments or testimony online on any submitted resolution during the open comment period. The submitted testimony will be compiled and shared with the reference committees, who will utilize it to make recommendations to the full House of Delegates at the June 12 meeting. There will still be opportunity for debate of reference committee recommendations on June 12. *Details for submitting commentary will be emailed to members on May 19.*

Become a voting delegate (by June 8). Only MAFP members who are designated as delegates can vote on resolutions and elect the Board of Directors. Delegates represent the interests of specific local chapters across the state or Minnesota family medicine residencies and medical schools. *More information on becoming a delegate can be found on our website at* mafp.org/HOD2021.

Attend the House of Delegates meeting (June 12, 9:00 am - 12:00 pm, online). All members are invited to attend the June 12 meeting (online) to deliberate on the reference committee's recommendations. Delegates will then vote on resolutions and elect the MAFP Board of Directors. *Details and registration at* mafp.org/HOD2021.

"The House of Delegates is a chance for members to share experiences, discuss patient/practice issues with colleagues and give direction to the MAFP and AAFP on policy issues." – **Alex Vosooney, MD,** MAFP Speaker of the House

DATES TO KNOW

- **May 19-26:** Open comment period on resolutions (online)
- **June 8:** Deadline to register for the House of Delegates (and become a voting delegate)
- **June 12, 9:00 am - 12:00 pm:** House of Delegates meeting (online)

mafp.org/HOD2021

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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