FALL 2021 • VOL. 5 • NO. 4

MFP

MINNESOTA FAMILY PHYSICIAN

HEATHER BELL, MD, FAAFP, AND KURT DEVINE, MD, NAMED 2021 MINNESOTA FAMILY PHYSICIANS OF THE YEAR

16

At a special session of the AAFP Congress of Delegates in September, **Daron Gersch, MD, FAAFP,** was elected as AAFP Vice Speaker and **Alex Vosooney, MD,** was elected as the Chair of the AAFP Commission on Health of the Public and Science.

Pictured: Minnesota delegation to the AAFP Congress of Delegates (L-R): **Maria Huntley, CAE, MAM,** MAFP Chief Executive Officer; **Alex Vosooney, MD,** AAFP Junior Alternate Delegate; **Daron Gersch, MD, FAAFP,** AAFP Senior Delegate; and **Dania Kamp, MD, FAAFP,** AAFP Junior Delegate.

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MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

PRESIDENT'S MESSAGE

Deb Dittberner, MD, MBA
MAFP President

Dear Colleagues,

As I write this message, I am working hard, yet struggling through the fourth wave of COVID-19 in Minnesota *(as you are, too)*.

Clinic phone lines are busy. Electronic medical record messages are numerous. COVID-19 testing is busier than ever. Infection rates are high. Clinic schedules are full. Emergency rooms are full. Hospitals are at capacity and the transfers of patients to higher levels of care are never ending, especially in rural Minnesota.

In addition to that workload, skepticism of our care for COVID-19 is high. Many patients believe it is no different than influenza. They don't believe the testing is accurate. They don't believe the data of infection rates, hospitalizations or deaths. They wonder if clinics, ERs and hospitals are really full. They have their own ideas on how to treat COVID, and their own ideas on the effectiveness and risks of the vaccines and other mitigation efforts.

This skepticism and the anti-science rhetoric are testing our resiliency more than ever in a profession that we love.

Please know that the Minnesota Academy Family Physicians (MAFP) and American Academy of Family Physicians (AAFP) recognize what you're fighting against and are working hard for you.

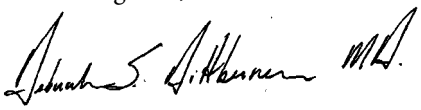
- The MAFP is focusing on resiliency and mental health for physicians. See *Addressing the Factors Contributing to Family Physician Burnout* on page 24 of this issue to learn more.
- The AAFP is starting a campaign to fight misinformation and offering CME to educate its members. *Please consider participating in this.* More info at bit.ly/vaccineCME.

In the weeks to months ahead, this fourth wave of COVID-19 will recede.

As you continue to move through this pandemic and care for your patients and communities, *I ask that you focus on your physical health, your mental health and wellness and your resiliency.*

- Remember: Put your oxygen mask on first, before assisting others.
- Seek professional help when needed.
- Create a ring of support at work, at home and with friends.
- Consider participating in our efforts at the MAFP and AAFP to fight misinformation, improve resiliency and strive for health care transformation that values the incredible work of family physicians.

In this together,



Deb Dittberner, MD, MBA

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 133,500 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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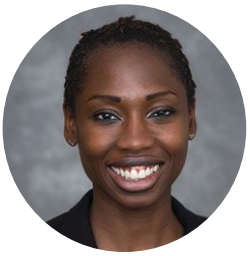
Ask Us Anything

University of Minnesota Rural Physician Associate Program (RPAP) preceptor **Peter Donner, MD,** Welia Health, received the Recognition of Service to RPAP award. He has mentored 21 RPAP students since 1987.

"Hippocrates Cafe: Reflections on the Pandemic" was awarded an Emmy in the Health/Medical - Long Form Content category at the Upper Midwest Emmy Awards on October 9, 2021. Hippocrates Cafe is created by **Jon Hallberg, MD, FAAFP**. "Reflections on the Pandemic" was hosted by Hallberg and **Renée Crichlow, MD, FAAFP,** and produced by Twin Cities PBS. The piece features performances by local artists that explore the impact of COVID-19 through music, art, animation, photography, story, poetry and dance.

Brian Malyon, MD, co-medical director of C.A.R.E Clinic in Red Wing, MN, has received a $10,000 Family Medicine Cares USA existing clinic award from the **American Academy of Family Physicians Foundation**. This award goes to free clinics in areas where primary care services have not been available to the medically underserved and, in the case of C.A.R.E Clinic, supports a clinic where family medicine physicians can volunteer and provide much needed care for patients.



Ebiere Okah, MD, National Research Service Award (NRSA) Primary Care Research Fellow; clinical fellow in the Department of Family Medicine, University of North Carolina School of Medicine; and former resident member of the Minnesota Academy of Family Physicians (MAFP), published her article "Colorblind Racial Ideology and Physician Use of Race in Medical Decision-Making" in the *Journal of Racial and Ethnic Health Disparities* (https://rdcu.be/cxlRQ). Co-authors are **Janet Thomas, PhD, LP, Andrea Westby, MD, FAAFP,** and **Brooke Cunningham, MD, PhD**. Okah was supported by the MAFP Foundation's Resident Innovation Grant and the Health Resources and Services Administration's NRSA Institutional Training Grant.

Mary Owen, MD, Director, Center of American Indian and Minority Health, and Assistant Professor, Department of Family Medicine and Biobehavioral Health at the University of Minnesota Medical School, Duluth campus, was named the 2021 recipient of the Association of American Medical Colleges Group on Diversity and Inclusion Exemplary Leadership Award.

Former University of Minnesota Department of Family Medicine and Community Health faculty **Donald Pine, MD, FAAFP,** published an article in the *Journal of the American Board of Family Medicine,* discussing how the relationships he built with his former patients helped make him a better physician and the emotions he felt at his retirement tea when saying goodbye. Read more at https://www.jabfm.org/content/jabfp/34/4/874.full.pdf.

Former University of Minnesota Methodist Hospital Family Medicine Residency Program Director **Jeremy Springer, MD,** has received the Park Nicollet Foundation 2021 Earl G. Young, MD, Physician of Excellence Award. This annual award was established in 1989 to honor Young, a general and vascular surgeon from the early days of Methodist Hospital in St. Louis Park, and is presented to a physician who epitomizes his standards of dedication, kindness, compassion and professional excellence.

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WE NEED FAMILY DOCS WITH ADVANCED OB TRAINING

by **Rosa Rios Avendano, MD,** family physician, Avera Medical Group Granite Falls, and fellow, Clínica Médicos Obstetrics Fellowship

Mark Eakes, MD, MPH, family physician, Avera Medical Group Granite Falls, and alumnus, Clínica Médicos Obstetrics Fellowship

Rosa Rios Avendano, MD

Mark Eakes, MD, MPH

OBSTETRICS EMERGENCIES CAN HAPPEN ANYWHERE

This is the case of a 24-year-old G1P0, unknowingly pregnant, who presented with abdominal pain to the Avera Granite Falls Emergency Room. The patient was found in active labor with nine cm dilation, prolonged rupture of membranes with concerns for chorioamnionitis and preeclampsia with severe features.

She delivered a term nine-pound baby boy via primary c-section after failure to descend and maternal fatigue. Baby was flown to Children's Minnesota Hospital in St. Paul for neonatal care while mother underwent resuscitative efforts after severe postpartum hemorrhage in Granite Falls. She received four units of blood and two units of fresh frozen plasma while actively having bimanual uterine massage and multiple drugs to stop the bleeding. With limited hospital staff, every available nurse and paramedic helped during the resuscitation efforts, led by family physicians **Rose Rios Avendano, MD,** and **Mark Eakes, MD, MPH**.

Once the mother became stable, she was transferred with a Bakri balloon in place to The Mother Baby Center at United and Children's Minnesota for further care. She underwent B-Lynch procedure, uterine artery ligation and ICU care. A few weeks later, she returned to town with her baby and they continue to receive primary care at Granite Falls Hospital.

OB SERVICES IN RURAL COMMUNITIES ARE AT RISK

Granite Falls, Minnesota, has a 15-bed critical access hospital run by primary care providers and advanced practice practitioners. The hospital provides low-risk prenatal care by family medicine physicians who completed an OB fellowship. Eakes and Avendano have received c-section training in the Medicos Surgical Obstetrics Fellowship in Memphis, Tennessee. The Medicos OB Fellowship is a missionary family medicine training developed by **William M. Rodney, MD,** to render OB quality care in rural areas.

Despite available training, it is difficult to recruit family doctors with OB skills and maintain OB services available in rural hospitals. Small communities like Granite Falls are at risk of losing OB services due to financial support and staff limitations.

FAMILY DOCTORS WITH OB TRAINING ARE NEEDED MORE THAN EVER

Family medicine training intends to cover low-risk OB in most residency programs. However, many residents struggle to get enough procedures numbers to feel competent to provide OB care. It is difficult for family medicine providers to maintain a level of proficiency without enough practice. Therefore, many hospital privileges requirements limit family doctors' OB scope of practice. In addition, OB care requires commitment and availability to patients, along with increased liability and malpractice risk.

As a result, the number of rural family doctors providing obstetric care is falling. In 1978, almost half of family physicians delivered babies. By 2005, this number decreased to 23%.[1] Most recently, the American Board of Family Medicine reported that only 5% of family doctors in 2016 were doing low volume OB, mostly in rural areas.[2] Family doctors with OB training and surgical skills in rural locations play an essential role in reducing maternal mortality. Family medicine OB fellowship programs attempt to close the gap in training. The

American Board of Physician Specialties provides a list of fellowship programs accredited by the Board of Certification in Family Medicine Obstetrics (BCFMO) at www.abpsus.org/family-medicine-obstetrics-fellowship-programs/.

Family medicine obstetrics providers should not work in isolation. Despite completing a fellowship in OB, the number of OB patients is limited in most family medicine clinics to keep the surgical proficiency. Therefore, family doctors should collaborate with OB/GYN to achieve OB necessary training and skill maintenance.[3]

MATERNAL MORTALITY CONTINUES TO INCREASE

According to the Centers for Disease Control and Prevention, over 700 women die each year in the United States due to pregnancy or delivery complications.[4] The maternal mortality rate is 12.9 lives per 100,000 births in Minnesota, just below the national average (17.3 lives/100,000 births), based on the Minnesota Maternal Mortality Scorecard.[5] In Minnesota, "African American women are 1.5 times more likely and American Indian mothers are 7.8 times more likely to die during pregnancy, delivery or the year post-delivery than non-Hispanic white women" (*Vital Records* 2011-2017).

Statistics are worse for rural America, where maternal mortality is significantly higher, with a reported pregnancy-related mortality ratio of 29.4 per 100,000 live births in 2015.[6] Consequently, "more than half of rural counties nationwide lack hospitals with labor and birthing services, and the disparity in access to care and worse health outcomes disproportionally affects people of color."[7]

Additionally, primary and specialty care are limited in rural America, with only 6% of OB/GYN providers working in rural areas.[8] As a result, many women must travel long distances to find pregnancy care.

CONCLUSION

Obstetric emergencies can occur anywhere. As is demonstrated in this case, a small, rural hospital had in place the well-trained staff and teamwork who provided necessary interventions (cesarean section, massive transfusion protocol and infection control) and effectively coordinated with higher levels of care to ensure a positive outcome for mother and baby.

Granite Falls medical staff undergoes Comprehensive Advanced Life Support (CALS) and Advanced Family Medicine Obstetrics training (including

continued on page 10

continued from page 9

managing high-risk OB patients, cesarean section training and point-of-care obstetrics ultrasound) to ensure quality primary care. Board certification in family medicine obstetrics through the American Board of Physician Specialties (ABPS) provides a uniform standard based on American College of Obstetricians and Gynecologists (ACOG) principles recommended for family doctors desiring to practice obstetrics.

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MINNESOTA FAMILY MEDICINE RESIDENCIES: HOW WE'RE EQUIPPING TRAINEES FOR RURAL OB

We asked residency program directors from across the state to share how their program prioritizes OB training and is preparing residents to care for women and babies in rural communities.

Strong training in obstetrics is essential preparation for rural family medicine practice. By providing obstetrical care in rural communities, family physicians care for women throughout their lifespan, and women can receive prenatal care and give birth close to home, where they have help and support.

We train our residents to manage high-risk obstetrical conditions and emergencies so they are able to provide life-saving care in the rapid time frame needed to decrease morbidity and mortality for women and babies. Every year, several of our graduating residents choose to practice in rural communities. Our program emphasizes obstetrical skill development through robust education and experience so that our graduates can provide truly full-spectrum care in any setting they choose, including rural practice.

– Stephanie E. Rosener, MD, IBCLC, FAAFP
Program Director, United Family Medicine Residency Program

We know that, in Minnesota, about a fifth of our population lives in rural areas, and access to maternity care in these areas can be problematic. Isolated rural areas of the state have, on average, only 0.7 obstetricians per 100,000 people, but there are family physicians in these areas—about 34 per 100,000 people.

We feel it is important for our family medicine residents to receive training in prenatal care and deliveries, so a good share of their training is devoted to these areas. Over half of our graduates practice in communities of less than 20,000 and about 40% of our graduates provide delivery services after graduation.

– Thomas Satre, MD, FAAFP
Program Director, University of Minnesota CentraCare St. Cloud Hospital Residency Program

One of the reasons I was drawn to residency education after completing my women's health fellowship was to help nurture future family physician towards a career providing family centered maternity care. As my colleagues and I describe in Goldstein, et al. (*Fam Med.* 2018; 50(9): 662-671), one of the strategies to supporting family physicians in their maternity care practices is to ensure we cultivate interdisciplinary relationships.

At the Mayo Clinic Family Medicine Residency, our residents train in multidisciplinary teams to recognize the role family physicians, midwives and obstetricians can play in collectively solving the nation's maternity care crisis. Our residents have the opportunity to train in both a tertiary care labor unit, learning to manage high-risk patients, and a rural hospital labor unit to gain independence in labor management. We continue to refine and grow our obstetrics curriculum to ensure our residents are prepared to practice in whatever setting they choose, including our rural communities in Minnesota.

– Matthew Meunier, MD, FAAFP
Program Director, Mayo Clinic Family Medicine Residency Program, Rochester

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To learn how to hold, attend or instruct an ALSO course, visit https://www.aafp.org/cme/programs/also.html.

COMING UP NEXT

Opioid Use Disorder Education and Treatment ECHO Series
1st and 3rd Tuesdays
November 2021 - September 2022
12:15 - 1:15 pm
Virtual

New Resident Welcome Event
November 13
11:00 am - 12:00 pm
Virtual

Give to the Max Day
November 18
Money raised between November 1 and November 18 will send Minnesota medical students to the AAFP National Conference: mafp.org/max.

Family Doc Community Chat
November 18
7:00 am, 12:15 pm and 7:00 pm
Virtual

KSA: Diabetes
November 20
8:00 am - 12:00 pm
Virtual and In Person

Kickstart CME
January 22
9:00 am - Noon
Virtual

Research Network Dinner
March 4
6:30 pm
Location TBD

Innovation & Research Forum
March 5
8:00 am - 1:00 pm
Location TBD

Foundation Innovation & Research Grant + Summer Externship Application Deadline
April 1
mafp.org/apply

MAFP Spring CME: Essential Evidence
April 22
8:00 am – 3:00 pm
Rush Creek Golf Club
Maple Grove, Minnesota

House of Delegates
May 14
Location TBD

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

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AAFP Virtual National Conference

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National Conference is the destination for medical students and residents to learn more about family medicine, develop leadership skills, explore residency programs and connect with potential employers. No other event like it exists that provides medical students the opportunity to interact with more than 2,500 peers, hundreds of residency programs and family medicine leaders from across the nation.

42 Minnesota medical students received scholarships provided by our local chapters.

KUDOS TO THESE PRESENTERS:

Chris Boswell, MD, Katie Ehman, MD, Sara Oberhelman-Eaton, MD, FAAFP, Brad Bohn, MD, FAAFP, and **Teresa Jenson, MD,** Mayo Clinic Department of Family Medicine: *Virtual Procedure Clinic*

Past President **Renée Crichlow, MD, FAAFP**: *The Path Toward Social Justice: The Role of Family Medicine Journals*

Laura Maciejko, third-year medical student, Mayo Clinic Alix School of Medicine: *When Grassroots Efforts Become Grand Gestures: The Major Impact of FMIGs*

Sara Oberhelman-Eaton, MD, FAAFP, Colt St. Amand, MD, PhD, and **Natalie Erbs, MD,** Mayo Clinic Department of Family Medicine: *Reproductive, Pregnancy, and Lactation Care for Transgender, Nonbinary, and Intersex People and Their Families*

Kate Schreck, MD, third-year resident, University of Minnesota North Memorial Family Medicine Residency Program, was elected as the Resident Representative to the Society of Teachers of Family Medicine Board of Directors.

On Give to the Max Day, November 18, the MAFP will be focusing efforts on raising funds to send students to the 2022 live National Conference in Kansas City, MO. Visit mafp.org/max to donate. *Missed Give to the Max Day?* You can still sponsor students through our Foundation at mafp.org/foundation.

I had a great time at the Virtual AAFP National Conference this year and want to encourage students to attend next year! It was a wonderful event as I was able to connect with some of the brightest minds in the field, take part in timely and important conversations and catch up on the newest family medicine research.

- **Laura Maciejko,** third-year medical student
Mayo Clinic Alix School of Medicine

The MAFP is grateful for these partners and their support of Minnesota medical students and family medicine in Minnesota.

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MAFP NAMES HEATHER BELL, MD, FAAFP, AND KURT DEVINE, MD, THE 2021 MINNESOTA FAMILY PHYSICIANS OF THE YEAR

by **Emie Buege**, Freelance Writer

The Minnesota Academy of Family Physicians (MAFP) has named **Heather Bell, MD, FAAFP,** and **Kurt DeVine, MD,** of Little Falls, Minnesota, as the 2021 Minnesota Family Physicians of the Year.

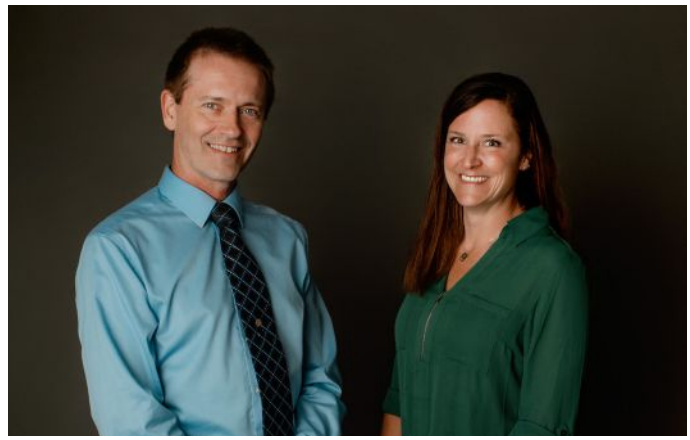
This award is presented annually to a family physician who personifies the highest ideals of family medicine: compassionate, comprehensive patient care and involvement in the community.

Bell and DeVine are family and addiction medicine physician colleagues who also co-host a podcast and co-lead a virtual, weekly training series on addiction medicine (and, more recently, one on COVID-19) for physicians and other medical care providers.

They have been strong proponents for appropriate opioid prescribing programs as well as the expansion of medication-assisted treatment (MAT) accessibility throughout Minnesota, especially across rural communities. Their advocacy and outreach efforts have been recognized by a number of organizations, including, most recently, the Minnesota Medical Association and National Organization of State Offices of Rural Health.

MENTORING & TRAINING

MAFP Immediate Past President **Andrew Slattengren, DO, FAAFP,** had this to say about their impact in Minnesota: "As rural family doctors, Drs. Bell and DeVine identified a care gap within their community around rising opioid use and related issues. In an effort to close this gap, they began using medication-assisted treatment with buprenorphine as part of their primary care practice and were able to demonstrate success in patient outcomes and cost savings. These important lessons needed to be shared and have led to education and mentoring of physicians across the state on opioid prescribing and buprenorphine treatment."



In 2017, Bell and DeVine received legislative funding for an opioid abuse prevention pilot, mentoring other physicians and communities toward reducing over-prescribing of opioids and facilitating patient-centered medication-assisted treatment of opioid use disorder, as well as funding for weekly didactic and case-based learning on treating substance use disorders (which sees an average attendance of over 100 clinicians).

"I think without both of these programs [mentorship and the Project ECHO weekly online training] things would be a lot different for patients with addiction rurally. If you look at addiction doctors in the state, there are about 65 in the metro area and just a few in rural areas. We felt that the information about addiction and how to take care of addiction needed to move to those rural communities. We weren't going to [be able to] move addiction doctors to all the rural communities, so we moved the information," said DeVine.

In November 2021, Bell and DeVine will begin leading a new online CME training series every other week on opioid use disorder education and treatment, co-sponsored by the MAFP and Stratis Health. Registration is free to MAFP members and details are available at mafp.org/cme.

SUPPORTING PATIENTS IN RECOVERY

Patients and colleagues tout both Bell and DeVine for unparalleled compassion, quality of care and being beacons of light for those who suffer from substance use disorder(s). They are well known by the community for their outreach, education

and advocacy efforts in supporting those who are experiencing and recovering from addiction.

"I don't think a patient should ever have to drive very far to get their treatment for any disease—addiction is no different," Bell said.

Currently, Bell and DeVine provide medical care for patients who are incarcerated and are co-medical directors of an addiction and primary care clinic in Sartell, Minnesota.

PODCASTING: "THE ADDICTION CONNECTION"

Together, they co-host "The Addiction Connection" podcast, which has released more than 70 episodes since March 2020. While most episodes have focused on education around substance use and addiction medicine, the podcast has also explored a variety of COVID-19 topics. Listen at bit.ly/addictionconnection.

Watch a video of Bell and DeVine and learn more about the ways they are transforming addiction care/services across rural Minnesota and beyond: bit.ly/FPY2021.

Both Bell and DeVine are board-certified in family and addiction medicine and are alumni of the University of Minnesota Medical School and Sioux Falls Family Medicine Residency.

ABOUT THE MAFP ACADEMY AWARDS

Each year, the MAFP recognizes its members for their hard work and dedication to family medicine via its own Academy Awards. Family physicians from across Minnesota are nominated for a variety of awards (by patients, community members, educators, learners and colleagues).

Congrats to our other 2021 finalists for Minnesota Family Physician of the Year, and thank you for the impact you're making in family medicine:

- **Christine Albrecht, MD, FAAFP**
- **Scott Colson, MD**
- **Kelsey Leonardsmith, MD**
- **Casey Martin, MD**
- **Rahshana Price-Isuk, MD**

More background on the awards can be found at mafp.org/awards.

BELL AND DEVINE: A DREAM TEAM

"So much of addiction education, before Drs. Kurt and Heather, came from big health systems that didn't know how to do it [for] rural primary care."
– **Katie Stangl**, program coordinator for Project ECHO and mentorship programs

"Kurt and Heather are truly committed to their patients! You can sit with anybody and tell them what's right and wrong, tell them drugs are bad. But if you're actually not feeling it with them—if they don't feel like you're going to be with them through the journey—it's not going to make a difference."
– Casey Waltman, RN

Congrats to Drs. Bell and DeVine! Thank you for making a difference in addiction care across Minnesota and beyond.

Raymond Christensen, MD, FAAFP, 2021 Family Medicine Educator of the Year

Christensen is a seasoned rural family physician and fierce advocate for rural health. He holds an associate professor appointment in the Department of Family Medicine and BioBehavioral Health at the University of Minnesota Medical School, Duluth campus, where he currently serves as the associate dean of rural health and teaches and mentors medical students.

Kirby Clark, MD, director of the University of Minnesota Rural Physician Associate Program, where Christensen is the associate director, had this to say: *"Despite being a national figure in medical education and rural health, students find Dr. Christensen as approachable as a longtime family friend. Students seek his counsel, not only about navigating medical school, but also about residency and their future careers. There are countless physicians who would name Dr. Christensen as one of their most supportive and influential mentors."*

Kathy MacLaughlin, MD, 2021 Innovation & Research Award

MacLaughlin is a family physician, an associate professor and a clinical researcher in women's health at Mayo Clinic. The goal of her research has been to increase rates of HPV vaccination and cervical cancer screening and generate guideline-adherent point-of-care recommendations for managing abnormal screening results to improve patient outcomes.

Tom Thacher, MD, family physician researcher at Mayo Clinic, lauded MacLaughlin's pivotal role in improved cervical cancer screening at Mayo: *"Dr. MacLaughlin was instrumental in developing and implementing the Mayo clinical decision support system for cervical cancer screening in the primary care practice. Ultimately, her efforts will reduce the incidence of cervical cancer."*

Ramla Namisango Kasozi, MD, MPH, 2021 Family Medicine Resident of the Year

Kasozi, a recent graduate of the University of Minnesota St. John's Hospital Family Medicine Residency, is passionate about family medicine and health equity and has been a strong supporter for both addressing the root causes of health inequities and making robust anti-racism curriculum an essential part of medical education (at all levels). She was elected by her peers to be the MAFP Resident Director for 2020-2021 and has been active in a variety of committees and task forces related to advocacy, anti-racism and diversity and equity. Among her many accomplishments, she was part of the team that successfully got M Health Fairview to remove race from estimated glomerular filtration calculation.

Angela Smithson, MD, MPH, director of the University of Minnesota St. John's Hospital Family Medicine Residency, said, *"Dr. Kasozi's strength and dedication during the COVID pandemic and era of unmasking the structural racism which undermines the health of our communities of color helped our residency program and Minnesota family physicians engage in the improvements needed to promote justice, equity and improved health for all. She is an outstanding advocate and leader."*

Tegan Carr, 2021 Medical Student Leadership Award

Carr is a second-year medical student at the University of Minnesota Medical School, Duluth campus. Following the murder of George Floyd in 2020, she founded Task Force 4 Change, the Duluth branch of the Medical Education Reform Student Coalition, and helped create the Diversity, Equity and Inclusion Student Ambassador program. These groups advocate for increasing and improving curriculum on health inequities, teaching anti-racism and removing race-based medicine from medical practice and education, increasing representation of students and faculty of color and strengthening ties between communities of color and the University of Minnesota Medical School.

Mary Owen, MD, director of the Center of American Indian and Minority Health, said, *"Even at this early stage of her career, Tegan embodies the idea of a physician advocate, recognizing that our duty as physicians, as stated in the American Medical Association Declaration of Professional Duties, is to 'advocate for the social, economic, educational and political changes that ameliorate suffering and contribute to human well-being.' Last year, while COVID-19 raged and tension over the persistent, racially motivated killing of black and brown people erupted, Tegan harnessed much of her grief and got busy fighting for others."*

STUDY HIGHLIGHTS SOCIOECONOMIC, RACIAL DIFFERENCES IN THE FINANCING OF MEDICAL EDUCATION

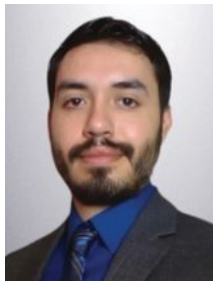
by **Angel Mendez**, Media Relations Manager, University of Minnesota Medical School

A secondary analysis of AAMC data, led by University of Minnesota Medical School students, raises equity concerns as medicine works to improve the diversity of its workforce.

National data analyzed by University of Minnesota Medical School researchers show that nearly 40 percent of all funds used to pay for medical school are expected to come from family or personal sources and scholarships. The prevalence of these sources, however, varies widely by race and socioeconomic status.

Arman Shahriar

Varun Sagi



Lorenzo Gonzalez

Arman Shahriar, Varun Sagi and **Lorenzo Gonzalez**, all fourth-year students at the University of Minnesota Medical School, are co-lead authors of the study, which was published July 20, 2021, in *JAMA Network Open* (https://bit.ly/3BC6vQp).

"Financing a four-year medical education requires upwards of a quarter-million dollars, and this amount has been rising faster than inflation since the 1960s. Prior to this study, little was known about how students pay for medical school, so we set out to shed light on this opaque subject," Shahriar said.

Their research analyzed de-identified data from more than 29,000 medical students nationwide who responded to the 2017 to 2019 Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire. The study found that:

- **Nearly 25% of all medical students come from the top five percent of household incomes (greater than $270,000 in 2019), and 37% of these high-income students will be paying for medical school primarily using family or personal funds.** For comparison, only three to four percent of students from the lowest three income quintiles rely primarily on family or personal funds.

- **Family or personal financing was more prevalent among Asian students and white students and was least prevalent among Black students.** Shahriar says, "This may be a reflection of the widening racial wealth gap—rooted in structural racism—and may explain AAMC data indicating Black students graduate with the highest debt burden of any racial group."

- **Between high- and low-income students, scholarships were distributed much more evenly than family or personal funds.** The heavier reliance on loans among low-income students suggests an inadequacy of current scholarship amounts to offset the large deficit in family or personal funds that these low-income students face.

"Knowing that scholarship funds are finite, individual medical schools should work to ensure that scholarships are awarded through holistic review with ample consideration of economic background," Shahriar said. "Additionally, considering the degree to which some students are relying on family wealth, medical schools ought to be ensuring equal access to expensive resources during training, like board preparatory materials.

As medicine works toward improving its socioeconomic, racial and ethnic diversity, the last thing we want is for family wealth to be influencing educational quality."

The study team is now looking at socioeconomic diversity among matriculating medical students. Shahriar says that future work on the topic of financing should better examine how financing methods have evolved over time for various subgroups, as well as link matriculant financing plans with debt and other economic outcomes at the time of graduation and beyond.

This research was funded by the **Minnesota Academy of Family Physicians Foundation** and the Friedman-Bowen Scholarship grant from the Minnesota Medical Association Foundation.

Other co-authors include **Thomas E. Kottke, MD, MSPH,** and **Gabriela Vazquez-Benitez, PhD,** of HealthPartners Institute. The senior author is **Renée Crichlow, MD, FAAFP,** of Boston University (previously of the University of Minnesota Medical School and past president of the MAFP).

MAFP HEALTH EQUITY TASK FORCE TRANSITIONS TO STANDING COMMITTEE: MEMBER ENGAGEMENT WANTED

Members put forth a resolution at the 2018 House of Delegates to launch a health equity task force to ensure that the MAFP collaborates locally and nationally to work on issues of health equity. Since its adoption, the task force—led by **Roli Dwivedi, MD, Andrea Westby, MD, FAAFP,** and **Chris Reif, MD, MPH**—has helped to facilitate member education opportunities through in-person and virtual programming and utilizing MAFP communication channels.

The task force has also worked to embed equity into our leadership development processes, developed guidelines for speakers that provide the MAFP's education and continued to actively ensure that the MAFP's policy initiatives reflect our priority that all Minnesotans have access to high quality health care.

Recently, the MAFP Board of Directors voted to ensure our health equity focus continues and grows by giving the task force full committee standing. As the organization looks to the future, we are excited about the opportunity to work to support MAFP members in providing equitable care and the tools to work with their clinics, systems and communities to address systemic racism and other barriers preventing all our communities from thriving.

We invite YOU to be a part of this important work. The MAFP Health Equity Committee will hold its first meeting virtually on November 11, 2021, 7:00 – 8:30 pm. Any member interested is invited to attend. At this meeting, we will review and reflect on some of the priorities for the next phases of MAFP health equity work and chart a course for these efforts. For more information and to receive the Zoom link, please contact **Jami Burbidge, MAM,** MAFP's Chief Operating Officer, at jami@mafp.org.

Jenny Zhang, MD

"It is important, as family physicians, that we are working together to address and mitigate the health disparities that are facing our patients. Our Academy can help us support each other and provide resources to ensure that we are addressing our own biases and the systemic barriers our patients face to health. The committee is excited to be a part of this work in Minnesota and invites any and all to come join this conversation on November 11."

– **Jenny Zhang, MD,** Chair, MAFP Health Equity Committee

MAFP Health Equity Committee Meeting

November 11, 2021,
7:00-8:30 pm | Online
Open to all members.
Contact Jami at
jami@mafp.org
for details.

Bring Implicit Bias Training to Your Clinic at No Cost

The MAFP offers implicit bias training for clinics and other health care groups.

This educational offering can be tailored to suit your needs and will provide ample opportunity for discussion and self-reflection, as well as a call to action on how to address bias in your clinical encounters and ideas to work within your sphere of influence to address inequitable policies that are affecting your patients and community.

The training is adapted from and offered in partnership with **The EveryONE Project**™ by the AAFP (https://bit.ly/3akeAgw).

Email office@mafp.org for more information and to schedule the training.

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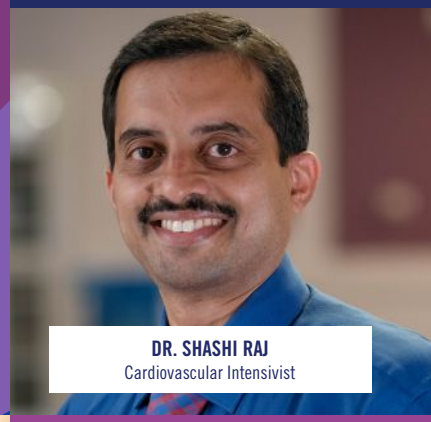

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ADDRESSING THE FACTORS CONTRIBUTING TO FAMILY PHYSICIAN BURNOUT

by **Emie Buege**

Burnout was an epidemic in the health care community prior to the COVID-19 pandemic. In fact, a *JAMA Internal Medicine* article from 2017 noted that 25% of family physicians self-reported signs of burnout, pointing to several work-related conditions as contributing factors (like stress, work environment and job demands). These conditions have only worsened since March 2020.

Our health care system—its culture and the expectations on our physician workforce—is neither sustainable nor healthy. The system isn't just broken; it's inherently flawed by design, and it's breaking our physicians, our healers.

While there is not a singular cause for burnout, family physicians from across Minnesota have voiced shared concerns, including:

- **Primary care physicians are being pushed to see MORE patients in shorter increments** (a byproduct of the fee-for-service reimbursement system).
- **The prior authorization process and battle to get patients the treatments that they need** create unnecessary barriers and burdens for both patients and physicians.
- **Physicians are regularly completing patient documentation during their personal time**, after regular work hours.
- **There is growing frustration and disillusionment among our physician workforce due to increasing anti-science rhetoric** and all the ways that it impacts clinical care, public health and patient outcomes.

HOW IS THE MAFP WORKING TO ADDRESS THESE CONCERNS?

- **We launched a primary care stakeholder group**, convening a coalition of health care workers, payers, systems and more to talk about the barriers to high quality primary care and develop recommendations for a system that works better for all. The MAFP also continues to look for opportunities to advocate for increased primary care investment in Minnesota.
- **We have supported legislation to regulate pharmacy benefit managers, reduce the amount of time an insurer has to act on a prior authorization request and increase drug pricing transparency**, all of which have seen passage in recent legislative sessions. The MAFP also continues to examine legislative options to relieve some of the burden of the prior authorization process.
- **We have written several blog posts via our Advocating for Family Medicine blog (mafpadvocacy.org) addressing misinformation and disinformation** and sharing ways to combat it and help educate patients on the facts and evidence.

HOW IS THE AAFP WORKING TO ADDRESS THESE CONCERNS?

The AAFP has advocated for streamlined documentation and billing guidelines, interoperability of electronic medical records, a core set of primary care quality measures and reduced prior authorization demands. They've also shared tips and resources with members for reducing work after clinic and recently released a Family Medicine Practice Hack video with tips to streamline prior authorization procedures.

See the AAFP's prior authorization resources at bit.ly/priorauthsupport and learn more about the AAFP's advocacy and work to address family physician burnout at aafp.org.

Interested in MAFP advocacy or want to learn more? Contact **Jami Burbidge, MAM,** MAFP COO, at jami@mafp.org.

What Our Members Are Saying About Burnout

Burnout is a pervasive problem in family medicine. Health systems can engage on this topic by providing mental health resources and time to access those resources. I advocate for recognition of each individual physician's needs and adjustment of expectations to meet those needs. Whether it's increased nurse support, decreased clinic hours or shifting a schedule to include more virtual visits, health systems can reach forward to provide a workable and sustainable system that enables physicians to effectively practice medicine with joy and energy.

The MAFP can support these efforts by advocating for changes in the reimbursement structure that fuels the production-driven model (which stresses volume over quality and further perpetuates the ongoing pressure to achieve ever increasing expectations).

– Carolyn Kampa, MD, FAAFP
MAFP Representative, Minnesota Medical Association
Physician Well-being Advisory Council
and Director, MAFP Foundation Board

Family physicians need to band together and use the MAFP as a resource to push back against the multiple, ever-changing burdens placed on us by payers. The prior authorization process is particularly problematic, whether it's for medications that our patients have been taking for a long time which are no longer covered or for imaging that we know our patients should receive. Much like our documentation, these prior authorizations end up happening after hours, taking away more of our free time.

Combatting misinformation in the COVID-19 pandemic is also problematic. Patients come in with questions, but frequently don't want to hear our answers if they don't fit with patients' preconceived notions. I find it interesting that people who have trusted me with their care for nearly two decades push back, citing incorrect information they have gathered online or from other non-reliable sources.

– Scott Colson, MD, President, Voyage Healthcare

Welcome to everyone who became members of the MAFP between July 1 and September 30, 2021!

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Olivia Beckman, MD, MPH,** Bemidji
- **Tyson Stock, DO,** Minneapolis, has transferred from Illinois.
- **Grace Borton, DO,** Minneapolis, and **Lara Magnabosco, MD,** Rochester, have transferred from Indiana.
- **Courtney Moore, DO,** Isanti, has transferred from Iowa.
- **Samir Joshi, MD,** Minneapolis, has transferred from Kentucky.
- **Elizabeth Bevier, DO,** St. Cloud, has transferred from Michigan.
- **Neelima Nyayapati, MD,** Rochester, **Richard Rohla, MD,** Ramsey, and **Parul Tangri, MD,** North Mankato, have transferred from North Dakota.
- **Lee Kenyon, DO,** Duluth, has transferred from Ohio**.**
- **Cynthia Taylor, MD,** Eagle Lake, has transferred from Oklahoma.
- **Parham Ghavami, MD, S**t. Paul, has transferred from Oregon**.**
- **Ese Abokede, MD,** Shakopee, **Diana Cowdrey, MD,** Minneapolis, **David Finnessy, MD,** Woodbury, **Zachary Merten, MD,** Burnsville, and **Clayton Wagner, MD,** Apple Valley, have transferred from Wisconsin.

NEW RESIDENT MEMBERS

United Family Medicine Residency Program

- **Brooke Gensler, MD,** St. Paul
- **Nathan Hinrichs, MD,** St. Paul
- **Jared Madsen, MD,** Salt Lake City, UT
- **Brittany McCosh, DO,** Prescott, WI

University of Minnesota Duluth Family Medicine Residency Program

- **Kyle Bakken, MD,** Duluth
- **Ethan Burlingame, DO,** Duluth
- **Bisola Omoba, MD,** Duluth
- **Satya Rijal, MD,** Duluth
- **Jamie Simmons, MD,** Duluth

University of Minnesota Medical Center Family Medicine Residency Program

- **Emily Feng, MD,** Kansas City, KS
- **Rita Ferri-Huerta, MD,** Minneapolis
- **Jessica Jordan, DO,** Roxboro, NC
- **Gagandeep Singh, DO,** Indianapolis, IN

University of Minnesota Methodist Hospital Family Medicine Residency Program

- **Ryan Heltemes, DO,** Minneapolis
- **Madeline Peters, MD,** St. Louis Park

University of Minnesota North Memorial Family Medicine Residency Program

- **Lauren Benning, DO,** Minneapolis
- **Danielle Day, DO,** Minneapolis
- **Ninah Divine, MD,** Madison, W**I**
- **David Marshall, MD,** Lodi, W**I**
- **Caroline Nyamweya Tekeste, DO,** Minneapolis
- **Austin Peña, MD,** Minneapolis
- **Yeng Yang, DO,** Morganton, NC

University of Minnesota Woodwinds Hospital Family Medicine Residency Program

- **Collin Beyer, DO,** St. Paul
- **Kathryn George, MD,** St. Paul
- **Najaha Musse, DO,** St. Paul
- **Rachel Paull, MD,** St. Paul
- **Allison Venzon, MD,** St. Paul
- **Kaitlan Vossen, MD,** Beavercreek, OH

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Nickolas Goranov,** Fort Myers, FL
- **Ruby Siada,** Rochester

University of Minnesota Medical School, Duluth Campus

- **Rebekka Alm,** Princeton
- **Elizabeth Baker,** Chippewa Falls, WI
- **Barrett Bukowiec,** Duluth
- **Clare Buntrock,** Duluth
- **Emily Clarke,** Duluth
- **Madison Esposito,** Duluth
- **Shane Johannsen,** Lansing
- **Sydney Karels,** Duluth
- **Madeleine LaFond,** Clearwater
- **Brady McDonald, MS, BSN,** Benson
- **Katie McLaughlin,** Duluth
- **Tanner Nordseth,** Round Lake
- **Kristen Rudberg,** Duluth
- **Jadin Schiller,** Brainerd
- **Lanae Sieben,** Royalton
- **Jacob Smith,** Duluth
- **Madison Suess,** New Ulm
- **Tony Ukkelberg,** Clitherall
- **Alison Yira,** Duluth

University of Minnesota Medical School, Twin Cities Campus

- **Madison Duppenthaler,** Minneapolis
- **Samuel Olson,** St. Paul
- **Maggie Plattes,** Minneapolis
- **Christopher Prokosch,** St. Paul
- **Vineet Raman,** Minneapolis
- **Jessica Sukharan,** St. Paul

Ross University School of Medicine

- **Syeda Ali,** Hermantown

IN MEMORIAM

- **Robert C. Dunn, MD,** St. Paul
- **Anthony M. Gonzales, MD,** Red Wing
- **Gary D. Good, MD,** St. Paul
- **Terrance P. Henderson, MD,** St. Paul

HOW MEDICAL INTERPRETERS AND PROVIDERS WORK TOGETHER AT M HEALTH FAIRVIEW PHALEN VILLAGE FAMILY MEDICINE CLINIC

by **Ramla N. Kasozi, MD, MPH,** Family Physician, Senior Associate Consultant, Department of Family Medicine, Mayo Clinic Florida

Ramla N. Kasozi, MD, MPH

My interest in understanding the utilization of medical interpreters in medical residency training workplaces continues to be for personal and professional reasons.

Personally, as a former refugee child, I recall the many frustrations and disappointments my parents had experienced while navigating the health care system. As such, I have a keen interest in refugee health and tackling health disparities through quality improvement (QI) projects.

Professionally, when I was a resident physician at the University of Minnesota, my co-residents and I were offered some training about medical interpreters, but we felt it was not adequate. Furthermore, I had witnessed incidents of lack of cultural competency within various clinical settings throughout my rotations. I was concerned about the appropriate communication by physicians to patients via medical interpreters regarding access to care, medication compliance, satisfaction of care and whether health equity standards were being met.

In March 2001, the US Department of Health and Human Services (DHHS) Office of Minority Health (OMH) initiated the National Standards for Culturally and Linguistically Appropriate Services (CLAS).[1] CLAS exists to address the existing health inequities so that quality appropriate health care is provided to ethnically and culturally diverse groups via medical interpreters.[1] Several medical organizations, including the American Academy of Family Physicians (AAFP), offer recommendations for the appropriate use of health interpreters.[2] Scholarly work has demonstrated that the health outcomes of individuals with limited English proficiency can be compromised if there's not enough medical interpreters provided, which in turn leads to health inequities.[3-7]

Despite the recommendations and standards from CLAS and AAFP, to our knowledge, there has been a paucity of research assessing how family medicine physicians properly utilize medical interpreters to address disease understanding, drug complications and adverse effects to groups with limited understanding of English. Furthermore, no research or QI project had been done at M Health Fairview Phalen Village Family Medicine Clinic assessing the utilization of medical interpreters in a clinic setting.

Using the *Plan-Do-Act-Study* (PDSA) cycle, the purpose of our study was to ascertain the extent to which physicians interact with and utilize medical interpreters at M Health Fairview Phalen Village Family Medicine Clinic.

LESSONS LEARNED FROM THE QI PROJECT:

- Family medicine clinics need to understand the AAFP recommendations and best practices with medical interpreters.
- Family medicine clinics should consider the QI process to improve utilization of medical interpreters.
- Family medicine clinics must apply culturally competent interventions and work with interpreters to improve health equity and clinic flow.

All in all, this project was innovative because it indirectly allowed us to assess health equity and study and evaluate how family physicians utilize medical interpreters before and after proposed interventions. By the end of the project, we had a better understanding of how to create appropriate interventions to improve health equity and clinic flow.

PROJECT FACULTY AND SUPERVISORS

- **Kathryn Brown, MD, MPH,** Assistant Professor, University of Minnesota Department of Family Medicine and Community Health (DFMCH)
- **Jennifer Budd, DO,** Assistant Professor, University of Minnesota DFMCH
- **Ellen Frerich, PHN, RN, MSW, MPP, MN,** Refugee Health Nurse Consultant, Refugee and International Health Program at the Minnesota Department of Health (MDH)
- **Anne Keenan, MD,** Assistant Professor, University of Minnesota DFMCH
- **Blain Mamo, MPH,** Refugee Health Coordinator, Refugee and International Health Program at MDH
- **Lynne Ogawa, MD,** Medical Director, Saint Paul-Ramsey County Public Health

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HOW TO EARN THE DEGREE OF AAFP FELLOW

The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to family medicine, by their advancement of health care to the American people and by their professional development through medical education and research.

Fellows of the AAFP are recognized as champions of family medicine. They are the physicians who make family medicine the premier specialty in service to their community and profession. From a personal perspective, being a Fellow signifies not only "tenure," but additional work within your community, organized medicine and teaching and a greater commitment to continuing professional development and/or research.

APPLICATION REQUIREMENTS

Any Active, Life or Inactive member with dues and re-elections in good standing may, upon application to the AAFP, be elected to receive the Degree of Fellow upon fulfilling the following requirements:

1. Member must have held Active membership for six years, or held a combination of Resident and Active membership for a total of six years.

2. Accrue a grand total of 100 points as defined by the application, citing experiences and activities in the following areas: Life-Long Learning, Practice Quality and Improvement, Volunteer Teaching, Public Service, Publishing and Research and Service to the Specialty.

3. Submit a one-time fee of $210.

To learn more about the AAFP Degree of Fellow, visit bit.ly/aafpfellow.

As I reflect upon my experience in becoming a Fellow, a couple of points come to mind. Experiencing all the chaos and uncertainty that came with living and working during a pandemic, I made a decision to take more time reflecting upon my professional and personal goals. I have been active with the AAFP and MAFP since medical school, always using these trusted organizations for learning, guidance and support. After 25 years living and breathing family medicine, it was time to take the next step and apply for Fellow status. Little did I know that I achieved all the requirements many years ago, so the actual process of completing the application was not difficult. As an FAAFP, I can now serve as a mentor to other family medicine colleagues who are considering this next step. I feel even more connected to family medicine and our mission.

– Britta Reierson, MD, FAAFP
MAFP Foundation Board of Directors

The AAFP Degree of Fellow uses six general criteria areas to determine which members have distinguished themselves among their colleagues: lifelong learning, practice/quality improvement, teaching, public service, scholarly work and service to the specialty. Within each of these headings, there are specific activities for which points are awarded to individuals. These are activities that many of us family physicians complete regularly within the scope of our daily jobs (i.e., board certification, CME attendance, procedural care, service on committees, community outreach and public service). To be awarded the Degree of Fellow, you must earn 100 points out of the 543 points available in the application. In one hour, I was able to transpose activities from my CV onto the application to determine if I met the criteria.

– Andrew Slattengren, DO, FAAFP
MAFP Immediate Past President

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