

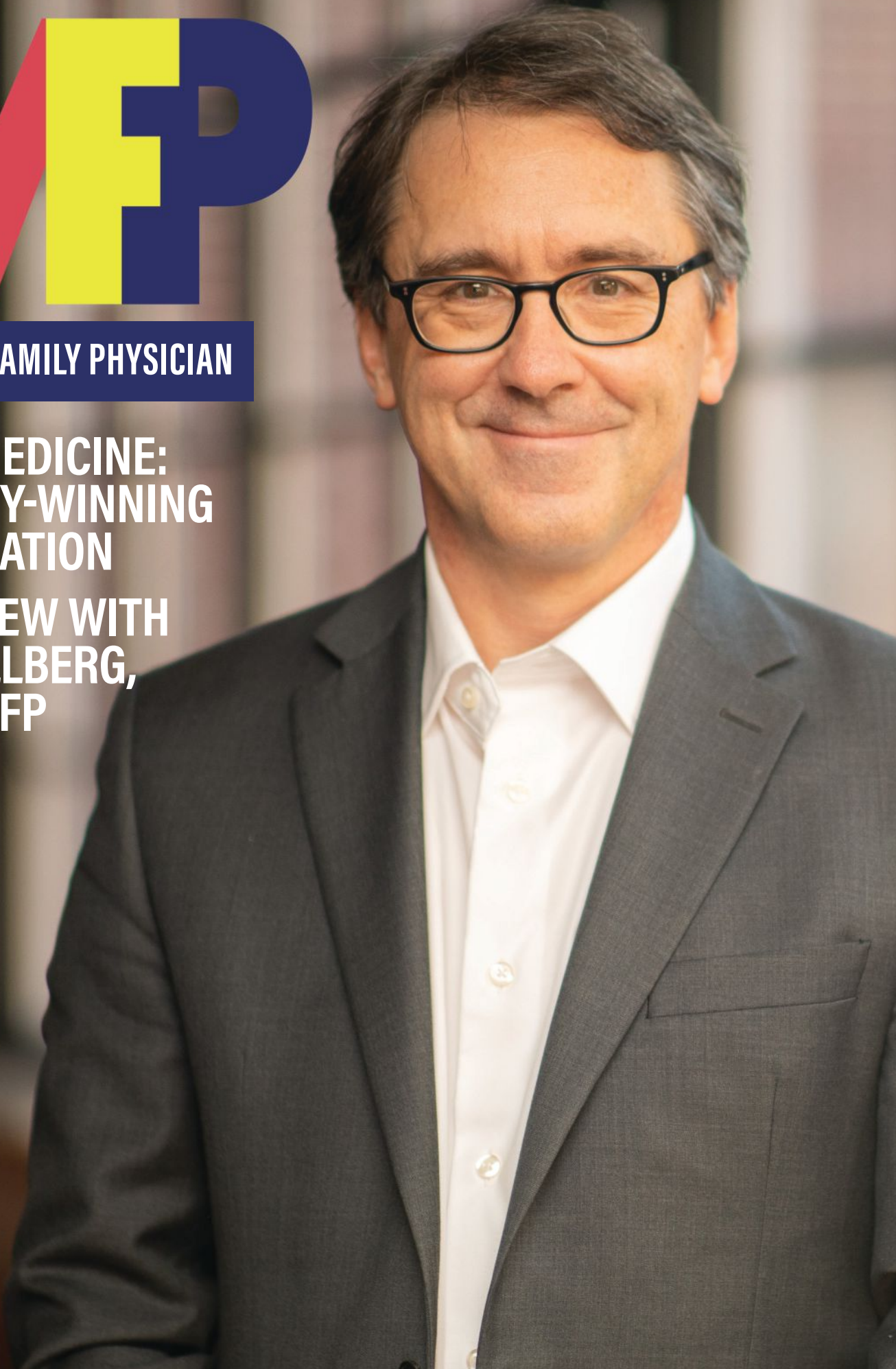
WINTER 2022 VOL. 6 • NO. 1



MINNESOTA FAMILY PHYSICIAN

**ART + MEDICINE:
AN EMMY-WINNING
COMBINATION**

**INTERVIEW WITH
JON HALLBERG,
MD, FAAFP
18**



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MAFP Chief Executive Officer **Maria Huntley, CAE, MAM** (left), pictured with C.A.R.E. Clinic's Co-Medical Director **Brian Malyon, MD**, and Executive Director **Julie Malyon**.

C.A.R.E. Clinic is a free clinic in Red Wing, Minnesota, that received an American Academy of Family Physicians Foundation Family Medicine Cares grant in fall 2021.

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MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA



Deb Dittberner, MD, MBA
MAFP President

Dear Colleagues,

Here we go again.

As I write this message to you [on January 8, 2022], we are beginning the next wave of the COVID-19 pandemic caused by the Omicron variant.

As family physicians, we have carried a heavy load during this pandemic. Beyond our usual responsibilities, we've taken on high volumes of clinical visits (in person, by phone and via telehealth), express care and urgent care shifts, emergency room shifts and hospital rounding.

We also see and feel the collateral damage the prolonged pandemic has caused—the decreased trust in science and medicine, deep holes in health equity, a growing mental health crisis and progression of disease caused by delays and lack of access to health care. It's overwhelming.

Know that the MAFP [Minnesota Academy of Family Physicians] sees you, hears you, supports you and is working tirelessly for you through this.

I hope this winter issue of *Minnesota Family Physician* magazine lets you celebrate the accomplishments of our specialty in Minnesota and offers insights and education on how to take on the challenges we face.

With deep appreciation for all your work,

Deb Dittberner, MD, MBA
MAFP President



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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Edition 21



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This informational piece is intended for producer use in their considerations of Minnesota carriers. All competitor information is derived from financial statements, regulatory filings and is current as of 9/7/2021. A.M. Best rating as of 6/30/2021. Standard and Poor's rating as of 09/28/2020. All data MedPro Group internal data 2005-2020. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are administered by MedPro Group and underwritten by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and regulatory approval and may differ among companies. Visit medpro.com/affiliates for more information. ©2021 MedPro Group Inc. All Rights Reserved. MWPS-211089





Emily Benzie, MD, of the MAFP Legislative Committee Gun Violence Prevention Working Group, wrote, “Gun Violence Prevention: What Can We Do,” published in the *Community Reporter* on November 2 (<https://communityreporter.org/gun-violence-prevention-what-we-can-do/>).



Jami Burbidge, MAM, Chief Operating Officer of the MAFP, was appointed to the American Academy of Family Physicians Commission on Education for a three-year term.



Raymond G. Christensen MD, FAAFP, Associate Dean for Rural Health, University of Minnesota Medical School, Duluth campus, received the Rural Health Lifetime Achievement award from the Minnesota Department of Health, presented at the 2021 Minnesota Rural Health Conference. Christensen also was part of an Emmy-winning team for the program “COVID-19 Vaccines: Finding Answers,” which aired on February 24, 2021, as part of a collaborative effort of Duluth’s TV stations and the *Duluth News Tribune* to inform the region’s residents about the COVID-19 vaccine.



Deb Dittberner, MD, MBA, President of the MAFP and Chief Medical Officer of Alomere Health, spoke at the 2021 Minnesota Lung Cancer Screening Task Force meeting on December 3 on navigating the United States Preventive Services Task Force recommendation for annual screening for lung cancer with low-dose computed tomography in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.



Roli Dwivedi, MD, Chief Clinical Officer, Community-University Health Care Center, and Assistant Professor, University of Minnesota Department of Family Medicine and Community Health, was inducted into the University of Minnesota’s 2021 Academy for Excellence in Clinical Practice. The Academy serves as the highest recognition of excellence in the practice or provision of clinical care by a full-time faculty member.



Daron Gersch, MD, FAAFP, appeared on KARE 11 News on December 9, 2021, discussing the fight against COVID-19 and misinformation in rural Minnesota hospitals.



Jon Hallberg, MD, FAAFP, aired his final interview with Tom Crann as the medical analyst for Minnesota Public Radio’s “All Things Considered” on December 30, 2021. Hallberg appeared in 655 spots over 18 years.



Alice Mann, MD, MPH, joined a group of Minnesota physicians and health care workers at Hennepin Healthcare Clinic & Specialty Center in Minneapolis on December 15, 2021, for a press conference to help shed light on what’s happening in our hospitals and share how Minnesotans can help. Mann said, “Part of our training as family physicians is to help patients avoid illness through preventive care. The crushing reality is that the large majority of the hospitalized COVID patients could have been prevented with vaccinations.”



David Power, MBBS, MPH, Professor, University of Minnesota Department of Family Medicine and Community Health, was interviewed by the National Kidney Foundation for his work on helping primary care physicians address the growing problem of chronic kidney disease in *The Power of Prevention* by Jennifer Cramer-Miller: <https://www.kidney.org/newsletter/patient-stories/power-prevention>.

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LINK BETWEEN FOOD INSECURITY AND BINGE EATING

by **Vivienne Hazzard, PhD, MPH, RD**, postdoctoral research fellow,
University of Minnesota Department of Psychiatry & Behavioral Sciences



INTRODUCTION

Growing evidence indicates that binge eating (i.e., eating an unusually large amount of food while feeling a sense of loss of control over one's eating) is more common among individuals experiencing food insecurity than among those who are food secure.¹ This link between food insecurity and binge eating is thought to be related to a resource-imposed “feast-or-famine” cycle in which food intake decreases during periods of food scarcity and increases during periods of relative food abundance (e.g., after receiving a paycheck or food assistance benefits).

Considering that restricting one's food intake—regardless of whether the restriction is voluntary or involuntary—can lead to a greater tendency to binge eat when presented with an opportunity to do so,² influxes of food after receiving the requisite financial means may promote binge eating among individuals who have been restricting food due to limited food availability.

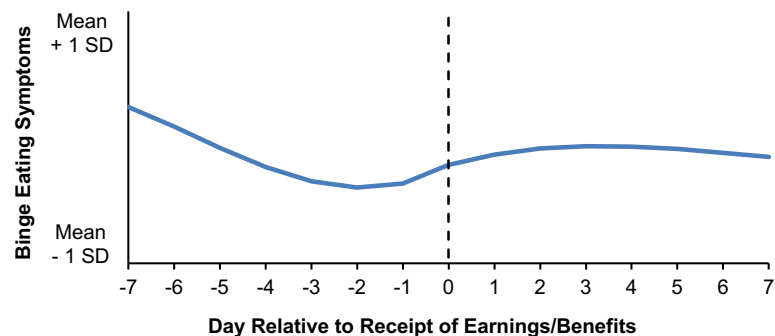
This possibility was investigated in a recent University of Minnesota study, led by myself, Vivienne Hazzard, PhD, MPH, RD, postdoctoral research fellow. In this study, 75 food-insecure young adults recruited from the Minneapolis-St. Paul metropolitan area were surveyed several times every day for two weeks.

The researchers found that symptoms of binge eating significantly increased in the days after food-insecure young adults received earnings (e.g., from a paycheck) or benefits (e.g., from a government food assistance program), suggesting that the “feast-or-famine” cycle may indeed help explain binge eating in the context of food insecurity. Irrespective of whether or not young adults had received earnings or benefits during the two-week study period, the study team also found that significantly more binge eating symptoms occurred in

the hours following instances of increased food availability among these food-insecure young adults.

These findings highlight the importance of identifying approaches to ensure greater stability of socially acceptable ways to access adequate, nutrient-dense food.

Trends in Binge Eating Symptoms Relative to Timing of Benefits/Earnings Distribution



SD = standard deviation

THE ROLE OF FOOD ASSISTANCE PROGRAMS

It has been proposed that the “feast-or-famine” cycle may be amplified by some approaches used to mitigate food insecurity.³ For example, while the U.S. Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are critical for improving food security, they may inadvertently exacerbate the “feast-or-famine” cycle by providing benefits only once per month. Some food pantries and food shelves—particularly those with restrictions on how often clients may visit—may similarly exacerbate this cycle.

Supporting these ideas, the researchers conducting the University of Minnesota study of food-insecure young adults found that instances of increased food availability predicted more binge eating symptoms only among young adults participating in government-funded food assistance programs (i.e., SNAP/WIC) and/or using

charitable food assistance programs (i.e., food pantries/food shelves). These results suggest that current approaches used to mitigate food insecurity may in fact contribute to binge eating among food-insecure individuals, which have important implications for family medicine providers working with food-insecure patients.

IMPLICATIONS FOR FAMILY MEDICINE

Given that food insecurity has affected over 1 in 10 U.S. households—and over 1 in 7 U.S. households with children—in recent years,⁴ all family medicine providers should expect that some of their patients face food insecurity. The link between food insecurity and binge eating is especially relevant not only for patients presenting with disordered eating or eating disorders, but also for patients with weight or mood management goals, as binge eating may hinder clinical progress in these realms.^{5,6} Moreover, food insecurity may further impede such progress if patients cannot

Hunger Vital Sign (Screening Tool)

1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more."
 Often true Sometimes true Never True Don't know
2. "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."
 Often true Sometimes true Never True Don't know

Patients screen positive for food insecurity if the response is "often true" or "sometimes true" for either or both statements.

Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1). doi:10.1542/peds.2009-3146

afford nutritious food or must choose between paying for food and paying for medication.

Before a provider can offer to connect a patient with resources to alleviate food insecurity or discuss how food insecurity may influence that patient's ability to adhere to the provider's recommendations, the provider must be aware that the patient is experiencing food insecurity. Universal screening for food insecurity is, therefore, a critical first step, one that patients experiencing food insecurity report deeply valuing because it prompts an important discussion with their provider that they do not feel comfortable initiating themselves.⁷

The two-item Hunger Vital Sign⁸ is a validated food insecurity screening tool that is already built into the Epic Foundation System (under "Hunger Screening").

As food insecurity is a sensitive topic, providers should be trained on how to approach conversations with patients screening positive for food insecurity. Such training can be done using simulation cases with standardized patients, which has been shown to increase provider comfort with discussing food insecurity in a clinical setting.⁹

Additionally, information on both federal nutrition programs and local emergency food resources should be readily available for providers to refer patients to. In light of the findings from the recent University of Minnesota study described in this article, providers should encourage patients to use as many different forms of food assistance as needed to maintain a relatively stable level of food availability over the course of each month.

CONCLUSIONS

Food insecurity is a key social determinant of health linked not only with binge eating, but also with a wide range of adverse physical and mental health outcomes.^{10,11} Food assistance programs such as SNAP, WIC, and food pantries/food shelves play an integral role in mitigating food insecurity, yet the ways in which they are currently structured (e.g., SNAP and WIC providing benefits only once per month) may contribute to binge eating among food-insecure individuals.

Family medicine clinics should consider screening patients for food insecurity, and providers should be equipped to discuss food insecurity with patients, provide food resource referrals and talk with patients about how to utilize food resources to best maintain stability throughout the month.

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COMING SOON...

OPIOID USE DISORDER EDUCATION AND TREATMENT ECHO SERIES

mafpa.org/moud-echo

When: 1st and 3rd Tuesdays of each month through September 2022
12:15 - 1:15 pm

Where: Live Online

Cost: Free

The U.S., including Minnesota, is facing a crisis of overdose deaths from opioids. Preliminary data from the Centers for Disease Control and Prevention (CDC) show a 27.2% increase in overdose deaths in Minnesota between March 2019 and March 2020.

The **Minnesota Academy of Family Physicians** and **Stratis Health** are partnering to host virtual CME on opioid use disorder (OUD) and treatment in Minnesota.

SPRING CME: ESSENTIAL EVIDENCE

mafpa.org/spring-cme-2022

When: Friday, April 22,
8:00 am - 5:00 pm

Where: Live Online and In Person (Maple Grove, MN)

Cost: free for residents/students;
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HOUSE OF DELEGATES

mafpa.org/HOD2022

When: Saturday, May 14
9:00 am - 12:00 pm

Where: Live Online and In Person (Rochester, MN)

Cost: Free

All MAFP members are invited to attend our House of Delegates, an annual business session, to deliberate on resolutions (set policies) and elect the MAFP Board of Directors. *New this year:* Attend the meeting online or in person.

Ways to engage in the House of Delegates:

- Attend an all-chapter meeting and collaborate on resolution writing (*March 10/23, online*).
- Author/co-author a resolution (*by March 30*).
- Submit written commentary (*April 14-21*).
- Become a voting delegate (*by May 10*).
- Attend the House of Delegates meeting (*May 14 – register by May 10*).

SUMMER CME

When: August 26-27, 2022

Where: Grand View Lodge (Nisswa, MN)

A weekend of learning and fun for Minnesota family docs, with CME in the mornings and afternoons to rest and play at one of Minnesota's top-rated resorts. Amenities include lake access, new pool and recreation facility, golf, spa and more. Registration opening in spring.



CALENDAR



Opioid Use Disorder Education and Treatment ECHO Series

1st and 3rd Tuesdays through September 2022
12:15 - 1:15 pm
Live Online



Member Community Groups

Monthly through July 2022
Dates/times vary by group
Live Online



Innovation & Research Forum

March 5
8:00 am - 1:05 pm
Live Online



All-Chapter Meetings

March 10 and 23
7:30 - 9:00 pm
Live Online



Foundation Innovation & Research Grant + Summer Externship Application Deadline

April 1
mafpa.org/apply



Spring CME: Essential Evidence

April 22
8:00 am - 5:00 pm
Live Online and In Person (Maple Grove, MN)



House of Delegates

May 14
9:00 am - 12:00 pm
Live Online and In Person (Rochester, MN)



Summer CME

August 26 & 27
Grand View Lodge (Nisswa, MN)



Visit mafpa.org/events to register and for complete event details.



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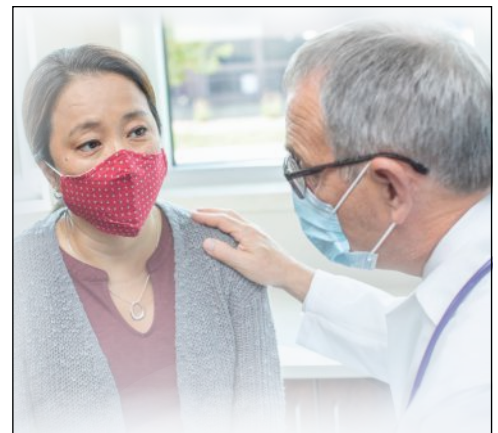
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MINNESOTA LEADS: Q&A with MAFP Members in National Leadership Roles

MAFP members **Jay-Sheree Allen, MD, Nicole Chaisson, MD, MPH, Daron Gersch, MD, FAAFP, Kate Schreck, MD, and Alex Vosooney, MD,** are currently serving in national leadership roles, including on the boards of directors for the American Academy of Family Physicians (AAFP), AAFP Foundation Board of Trustees and Society of Teachers of Family Medicine, as well as the AAFP Commission on Health of the Public and Science.

We asked them each to give an update on their role and the work of the board/commission they serve on.

JAY-SHEREE ALLEN, MD

Treasurer, AAFP Foundation Board of Trustees



WHERE DO YOU CURRENTLY PRACTICE?

I am currently transitioning roles. Previously, I worked with CentraCare Health in Long Prairie as a National Health Service Corps scholar. I was a full spectrum family medicine physician in a critical access hospital, so I

saw patients in clinic, in the hospital and in the nursing home and assisted our nurse practitioner colleagues in the emergency room and occasionally with OB. As of February 2022, I will be returning to Mayo Clinic in Rochester, where I completed my residency training. I will start as a senior associate consultant in the Department of Family Medicine. I hope to contribute significantly to the diversity, equity and inclusion and preventive medicine initiatives.

WHAT IS YOUR POSITION WITH THE AAFP FOUNDATION?

I was recently elected as the treasurer of the AAFP Foundation Board of Trustees. The board elects a treasurer each year who will serve a four-year term (first treasurer, next vice president, then president elect and ultimately president). Starting out as treasurer, I will oversee the finances of the board, but the responsibilities will continue to increase as I work my way up. Prior to being elected as the next treasurer, I was chair of the

Family Medicine Cares workgroup, overseeing our humanitarian initiatives both in the U.S. and on a global scale. Locally, we provide grants to free clinics through our Family Medicine Cares USA Program. I recently returned from the Dominican Republic to explore a new partnership to relaunch our Family Medicine Cares international program, offering primary care services in “Bateys,” which primarily serve Haitian immigrants. We are also partnering with a medical school in Santo Domingo and two family medicine residency programs to host a medical education symposium. This opportunity to participate in future medical mission trips to the Dominion Republic with the AAFP Foundation is open to all AAFP members who have a strong interest in global health.

HOW CAN MEMBERS SUPPORT THE AAFP FOUNDATION?

There are many ways to support the work of the Foundation. First and foremost, it’s a philanthropic organization, so we sincerely appreciate all donations from one dollar up. No amount is too small, and you are never too early in your career to start giving back. Your donations support free clinics, send medical students to the National Conference in Kansas City, sponsor a leadership program for future leaders in family medicine and so much more. Visit the Foundation website at aafpfoundation.org to donate.

Additionally, the Foundation has humanitarian, educational and scientific initiatives that require volunteer services, like traveling as a delegate on one of our international mission trips, joining the faculty of our Emerging Leader Institute, etc. There are many opportunities, depending on your area of expertise. Please do not hesitate to reach out, and we will help you to identify the right opportunity to get involved!

YOU ALSO HOST YOUR OWN PODCAST. WHAT IS IT, AND HOW WE CAN FIND IT?

I am the creator and host of the *Millennial Health Podcast*. As a primary care physician, I would love to see us live stronger, healthier lives, and that starts by making changes when they will yield results, before the burden of chronic disease sets in. I started the *Millennial Health Podcast* to share information with my generation. The podcast can be found on most podcast platforms or on my website at www.drjaysheree.com.

NICOLE CHAISSON, MD, MPH*Member, AAFP Commission on Health of the Public and Science***WHERE DO YOU CURRENTLY PRACTICE?**

I split my time between the University of Minnesota and Planned Parenthood North Central States (PPNCS). I am an assistant professor in the University's Department of Family Medicine and Community Health and faculty

member at the University of Minnesota Medical Center Family Medicine Residency Program (Smiley's). Part of my time at the University is also contracted to the City of Minneapolis as the medical director of the Minneapolis School-based Clinics. At PPNCS, I am an associate medical director and the director of family planning and gender-affirming care.

WHAT IS THE COMMISSION ON HEALTH OF THE PUBLIC AND SCIENCE?

In 2020, I was appointed to a three-year term on the Commission on Health of the Public and Science (CHPS), and I also participate on the Subcommittee on Clinical Recommendations and Policies. CHPS helps develop and endorse evidence-based clinical guidelines and policies; synthesize, evaluate and disseminate clinical research; advocate for societal, regulatory and environmental initiatives that improve health for all; promote health equity; and support the provision of culturally proficient, person-centered care. As someone interested in the intersection between family medicine, public health and health equity, it's particularly exciting to be involved in this commission!

CAN YOU SHARE AN UPDATE ON THE WORK OF YOUR COMMISSION?

The commission has a five-year review process for policy statements and position papers, and commission members volunteer to be involved in these reviews. We also respond to direction from the Board of the AAFP via resolutions from the Congress of Delegates or National Conference of Constituency Leaders (NCCL). For example, members of our commission, who are part of the Subcommittee on Health Equity, worked closely on the Race-Based Medicine policy that was developed, in part, by work out of the MAFP House of Delegates in 2019 and passed at the AAFP Congress of Delegates (*it's fun to see the other end of that resolution!*). Last year, I participated in rewriting the AAFP position paper on preconception care (which is still

in process) and helped expand to more gender-neutral language and less heteronormative assumptions about conception and family planning. I was also asked to represent the AAFP at the Centers for Disease Control and Prevention listening session regarding upcoming changes to the U.S. Medical Eligibility Criteria for Contraception.

WHAT GOT YOU INTERESTED IN SERVING NATIONALLY?

I learned about the work of the commissions through my involvement with the Reproductive Health Member Interest Group and from representing the MAFP at NCCL for the Constituency on Women. The Commission on Health of the Public and Science—to me—is the place to have a proactive voice in policy development at the AAFP. It's exciting to work with so many invested family physicians from across the country on our shared commitment to advancing health care for all.

DARON GERSCH, MD, FAFP*Vice Speaker, AAFP Congress of Delegates***WHERE DO YOU CURRENTLY PRACTICE?**

I provide emergency room care at CentraCare Hospital - Long Prairie and CentraCare Hospital - Melrose and serve as the emergency room medical director/trauma medical director for CentraCare Hospital - Long

Prairie and medical director for the Mother of Mercy nursing home in Albany.

CAN YOU SHARE AN UPDATE ON THE CONGRESS OF DELEGATES?

This last fall, the business portion of the Congress of Delegates was delayed until February 2022. And now, given the Omicron surge, it has been cancelled. The virtual reference committee meetings will still be held as planned and members will have the opportunity to provide written or verbal testimony on the resolutions. We have over 80 resolutions this year and will rely on our reference committees to provide recommendations based on their consideration of members' testimony. Unless delegates extract resolutions for consideration at the next Congress of Delegates, the reference committees' recommendations will be adopted.

continued from page 13

WHAT ARE YOU MOST LOOKING FORWARD TO IN YOUR ROLE AS VICE SPEAKER?

I am looking forward to helping set up and run effective meetings so that the members of the Congress of Delegates can have their opinions heard, and we can come up with the best solutions for our Academy going forward. I also look forward to being a positive role model for medical students and residents who want to become involved in organized medicine and talking with leaders around the country to continue to show how important family medicine is and that it needs to be funded appropriately for our health care system to function at its best.

HOW CAN MEMBERS GET INVOLVED IN ACADEMY LEADERSHIP?

There are two ways you can get involved. **1) Join a committee for the MAFP and work your way up the ranks.** That is what I did 20 years ago when I started on the Legislative Committee. If you would've told me 20 years ago that I would be holding a national office, I would not have believed you. You'll learn along the way and be ready for challenges as they come forward. **2) Go to the student and resident caucus for the AAFP or National Conference of Constituency Leaders.** There you will get an opportunity to work with organized medicine in a setting where people, such as myself, are there to help you. With the skills you learn at these meetings, you will be ready to move on to bigger challenges.

KATE SCHRECK, MD

Resident Representative, Society of Teachers of Family Medicine (STFM) Board of Directors



WHERE DO YOU CURRENTLY PRACTICE?

I currently practice in Minneapolis as a resident at Broadway Family Medicine Clinic/North Memorial Health Hospital.

WHAT IS YOUR ROLE ON THE STFM BOARD?

I am the resident representative to the Board of Directors. I meet several times a year with other board members to provide the resident perspective on discussions regarding topics in academic family medicine.

CAN YOU SHARE AN UPDATE ON THE WORK OF THE STFM BOARD?

This month, our discussion included a presentation of the new telemedicine curriculum, whether to move the *Family Medicine* journal to an online-only format, drafting a policy on circumstances required to move conference sites and approving STFM awards and a new leadership slate. I also sit on the Graduate Medical Education Committee, where we're currently reviewing the new revisions to ACGME program requirements for graduate medical education in family medicine.

HOW HAVE YOU BALANCED LEADERSHIP WITH THE DEMANDS OF RESIDENCY?

Balancing leadership and residency takes careful organization. I'm lucky to be at a program that sees my leadership work as part of my career development and assists in making schedule changes to allow my attendance at various meetings. If you're passionate about your work, you'll find a way to make it happen!

HOW CAN OTHER RESIDENTS GET INVOLVED IN LEADERSHIP?

I would encourage all interested residents to consider positions in leadership! There are many levels at which to be involved—locally at your residency program or institution, with the MAFP at the state level or nationally through AAFP, STFM or other medical organizations. My experiences, at each level, have given me important perspectives and skills for the future. I have also found that many of these organizations highly value resident perspectives and love having residents participate in their work!

ALEX VOSOONEY, MD

Chair, AAFP Commission on Health of the Public and Science



WHERE DO YOU CURRENTLY PRACTICE?

I currently practice at the Allina Health Clinic in West St. Paul, where I am the lead provider.

WHAT'S YOUR ROLE ON THE COMMISSION ON HEALTH OF THE PUBLIC AND SCIENCE?

I serve as the chair of the AAFP Commission on Health of the Public and Science (CHPS). Our committee reviews the evidence behind guidelines and practice recommendations that the AAFP

develops, endorses or comments on; evaluates policies affecting public health; and addresses health care inequities.

CAN YOU SHARE AN UPDATE ON THE WORK OF YOUR COMMISSION?

One of the charges of CHPS is to respond to Congress of Delegates resolutions. AAFP members represent diverse practice styles and settings, have a spirit of advocacy and are well-positioned to know the needs of their patients and communities, which results in interesting, topical resolutions. Resolutions in prior years have resulted in CHPS developing new policy statements, position papers and clinical guidance for AAFP members. I'm excited to see what resolutions members discuss in February.

WHAT DO YOU THINK WILL BE MOST CHALLENGING IN YOUR ROLE AS COMMISSION CHAIR?

Ensuring that members have access to evidence-based, clinical recommendations grounded in the best available information. When the AAFP position on a topic differs from other medical groups, I want to ensure that members can understand why

that divergence occurs, be it due to concerns for methodology, efficacy, patient safety or equity. As trusted health care professionals, we are often one of the first places patients turn to when looking for health care guidance. Our policies and recommendations should be clear to both clinicians and providers.

YOU ALSO SERVE ON THE MAFP BOARD. HOW DO THE NATIONAL AND STATE LEVELS INTERSECT?

Topics that have been broadly discussed within the MAFP—rural health care workforce concerns, eliminating race-based medicine, maintaining quality student and resident education—are being discussed nationally. While there are some regionally specific issues, I see members from across the country raising issues centered on the same theme: *How do we continue to offer full scope, evidence-based care to our patients in a manner that is patient-centered and equitable?*

Interested in leading locally or nationally?

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MAFP 2022 LEGISLATIVE PRIORITIES

The Minnesota Academy of Family Physicians (MAFP) legislative priorities for 2022, as approved by our member-led Legislative Committee (chaired by **Pat Fontaine, MD, FAAFP**, and **Jamie Conniff, MD, MPH**), are to:

- Increase support for primary care.
- Expand and diversify the primary care workforce and pipeline.
- End mid-year formulary disruptions and simplify the prior authorization process.
- Continue to advocate for and address a variety of public health concerns.

Details on individual priorities follow. For more information and/or to get involved in our legislative advocacy efforts, contact **Jami Burbidge, MAM**, Chief Operating Officer, at jami@mafp.org.

1. INCREASE SUPPORT FOR PRIMARY CARE

The impact of the COVID-19 pandemic has reinforced the need to increase investment in primary care.

An important part of our 2022 legislative agenda is a request to direct the Minnesota Department of Health to:

- **Gather non-claims, value-based payment data** to help policymakers get a better picture of what is currently being spent on health care in Minnesota.
- **Measure the current investment in primary care** to help policy makers recognize what portion of health care dollars are being spent specifically on primary care.

We believe this data will assist in establishing a baseline to help policy makers and primary care stakeholders enact reforms that better position our primary care infrastructure to meet the needs of all Minnesotans.



2. EXPAND & DIVERSIFY THE PRIMARY CARE WORKFORCE & PIPELINE

Investing in primary care means that we have the primary care workforce necessary to meet the needs of our state.

The MAFP supports efforts to expand and diversify the primary care workforce and pipeline through:

- Expansion of **loan forgiveness programs/funding**.
- Exploration and implementation of **rural training tracks**.
- Adequate funding of **family medicine residency programs**.

3. END MID-YEAR FORMULARY DISRUPTIONS & SIMPLIFY THE PRIOR AUTHORIZATION PROCESS

Addressing the climate in which family physicians practice is of critical importance, especially among unprecedented levels of burnout coupled with workforce shortages. Patients and their family physicians are not well served by the current prior authorization process, and the MAFP will continue to speak out about problems with these barriers to needed medications.

In 2022, the MAFP will continue our efforts to address mid-year formulary disruptions.

4. CONTINUE TO ADVOCATE FOR AND ADDRESS A VARIETY OF PUBLIC HEALTH CONCERNS

Ongoing public health issues we're working to influence at the Minnesota Legislature include:

- Ensuring access to comprehensive, equitable **reproductive health care**.
- Guaranteeing gender-inclusive **paid family leave**.
- Preventing gun violence through **common sense gun safety measures**.
- **Banning conversion therapy** and expanding access to **gender-affirming care**.
- Continuing efforts to address the **opioid epidemic**.
- Ensuring patient access to **medical interpreters**.
- Being part of the work in **dismantling structural racism and discriminatory institutional practices** in our communities—and, more specifically, in health care—and helping to make our state become a more equitable place where ALL people can thrive.

MINNESOTA NEEDS TO INCREASE INVESTMENT IN PRIMARY CARE

Primary care, when given the appropriate infrastructure and support, delivers **better health, better care and lower costs**. To achieve these positive outcomes, we need a primary care system in Minnesota that delivers **care that is equitable, person-centered, team-based and community-aligned**.

With that in mind, the **Minnesota Academy of Family Physicians** and **Minnesota Department of Health** have been convening a primary care stakeholder group since 2019 to work to identify the barriers and opportunities in Minnesota's primary care system and develop recommendations.

The work of this stakeholder group helped inform our legislative priorities for 2022.

The resolutions driving our work on these issues and progress updates can be found at <http://bit.ly/maf-p-res-library>.

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Joshua Friese, MD – Family Medicine, Redwood Falls, MN

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ART + MEDICINE: AN EMMY-WINNING COMBINATION

Interview with Jon Hallberg, MD, FAAFP, Hippocrates Cafe Creator and University of Minnesota Center for the Art of Medicine Creative Director

by Emie Buege, Freelance Writer



Jon Hallberg, MD, FAAFP, and producer **Brittany Shrimpton** celebrating their Regional Emmy win at Trylon Cinema in Minneapolis.

“There are times, like now, when the arts may be the most helpful way to make sense of what we are experiencing. In that sense, the arts really are a form of medicine.”

– **Jon Hallberg, MD, FAAFP**, from *Hippocrates Cafe: Reflections on the Pandemic*

This past October, Minnesota Academy of Family Physicians member and University of Minnesota Center for the Art of Medicine Creative Director **Jon Hallberg, MD, FAAFP**, received an Upper Midwest Regional Emmy for his role in the Twin Cities Public

Television/University of Minnesota Medical School collaboration *Hippocrates Cafe: Reflections on the Pandemic*. Hallberg was creator and co-host of the hour-long television program that reflected on the early days of the COVID-19 pandemic through music, art, animation, photography, story, poetry and dance.

Hippocrates Cafe: Reflections on the Pandemic was picked up nationally by American Public Television in April 2020 and had been shown in 25 states as of August 2021. It's the first show in a four-part series, exploring a variety of topics.

The series is modeled after Hallberg's own creation, Hippocrates Cafe, which has used professional actors and musicians to explore health care topics through story and song, with Hallberg providing narration throughout. Since fall 2009, Hippocrates Cafe has performed 115 shows in eight states in a variety of venues and settings. The last in-person, live show was performed March 13, 2020, and aptly titled, “In the Time of Plague.”

We caught up with Hallberg to learn more about the evolution of Hippocrates Cafe, the Center for the Art of Medicine's partnership with Twin Cities Public Television and what's ahead.

WHAT WAS IT LIKE WINNING AN EMMY?

It turned out to be a bucket list item that was never on my bucket list. I love film, and I love the visual arts. And to be even tangentially related to that and be recognized with an award, it's really gratifying. It's not even a punctuation point to my career, it's more like a highlighting. I'm really inspired to do more and better.

HOW DID THE PARTNERSHIP WITH TWIN CITIES PUBLIC TELEVISION COME ABOUT?

One of the last live, in-person Hippocrates Cafe shows was called “A Celebration of Life,” held at Plymouth Congregational Church in Minneapolis for The Mortality Project. After that show, **Tom Olson**, University of Minnesota Physicians board member, came up to me with tears in his eyes and said that it was one of the most meaningful things he had ever seen. He encouraged me to reach out to TPT [Twin Cities Public Television] and wondered if there was a way to take the show and film it. He really thought it could have legs.

Then the pandemic hit. **Tim Schacker, MD**, Vice Dean for Research at the University of Minnesota Medical School, whom I report to for the Center for the Art of Medicine, asked, “What can you do to buoy the spirits of our frontline workers?” I knew the CEO and President of TPT, **Sylvia Strobel**. She was a former college classmate of mine and had been at MPR [Minnesota Public Radio]. Following Tom's urging, I sent her an email and things moved from there.

It's important to also note that the partnership with TPT has had strong support from University of Minnesota Medical School Dean **Jakub Tolar, MD, PhD**.

WHAT WAS IT LIKE TO TRANSITION FROM THE LIVE, IN-PERSON FORMAT TO TELEVISION?

When we did our first televised show, it was revelatory how much more diversity we could have in a show, both in terms of actors/musicians and in the types of pieces we could do (like a filmed

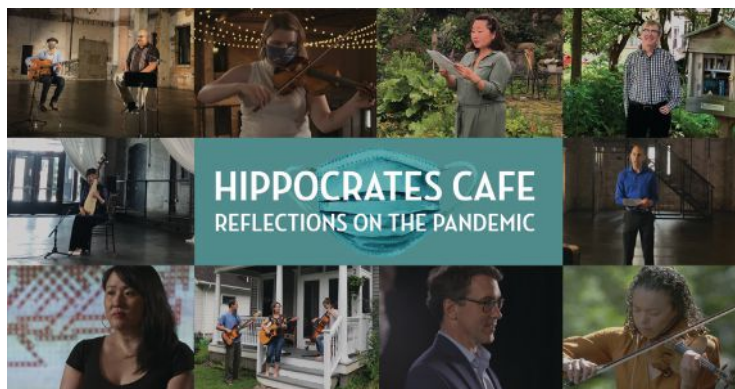


Photo credit: Twin Cities PBS.

piece, a motion poem, an interview, the list goes on). For years, I thought Hippocrates Cafe could be a podcast, as it was a made-for-radio style show. We did one pilot a few years ago with MPR, but it didn't go anywhere.

Over time, people mentioned that they liked watching people read and watching the musicians play. So, I realized that maybe this could be converted to a format that is visual, like a television show.

The thing that makes [Hippocrates Cafe] so unique is the parts, the pieces. We take a complicated medical topic but come at it from all kinds of different angles. That's kind of the DNA of the original live show that made it into the new one.

They're a little bit like variety shows but in a thoughtful way. We want them to be largely non-prescriptive. We're not telling people what to do. We just want them to reflect on things and to create a safe, beautiful, calming space to let the music, the visual pieces and the stories wash over you.

WHAT WAS YOUR ROLE IN THE EMMY-WINNING SHOW AND TPT PARTNERSHIP?

I was creator and co-host.

In the past, for the live, in-person shows, I used to pick all the pieces, contact the artists for permissions, coordinate actors, write the narration—basically, curate the whole show.

For the pandemic show that aired on TPT, I still did a lot of the curating and narration writing. I worked with the nonprofit Motion Poems to produce the animated piece that was in the show. I contacted Condé Nast to get permission to use *The New Yorker* piece. And I worked with TPT producer **Brittany Shrimpton** on the rest. She was incredible to work with and really understands the visual medium.

Where we're at now (with current and future shows for TPT), it's highly collaborative. We have a curatorial team, which includes my three colleagues and associate directors from the Center for the Art of Medicine, **Anthony Williams, MD**, **Ben Trappey, MD**, and **Maren Olson, MD, MPH, Med**, and center coordinator **Jenny Magner** (who has helped a lot behind the scenes).

For our next show on race, University of Minnesota Medical School faculty **Tseganesh Selameab, MD**, who is in charge of the Becoming a Doctor curriculum for third-year medical students, has also been involved in curating and narration writing and will be my co-host.

I'm still heavily involved in writing the narration/script and work closely with the TPT producer.

WHAT SHOWS ARE COMING UP IN THE TPT SERIES?

We're in the midst of post-production on the next show on race, which will premiere in late March or early April. Future shows will be on the topics of aging and disability, with expected airdates in fall 2022 and winter 2023.

I think we're hitting our stride with this next show on race. We're making tweaks and improvements... This is going to be a very powerful, beautiful show.

HOW CAN WE WATCH THE SERIES?

Hippocrates Cafe: Reflections on the Pandemic is available now and can be streamed on the TPT website at www.tpt.org/hippocrates-cafe-reflections-on-the-pandemic.

Future shows will air on TPT and other public television stations and should be available to stream at www.tpt.org as well as on YouTube.

WHY IS IT SO IMPORTANT TO BRING ART AND MEDICINE TOGETHER?

We cannot lose sight of what we call the “art of medicine”—the interest in the human condition, storytelling, being curious, being empathetic.

I also believe that integration of art into our healing spaces is really important. That's why I've become such an advocate for good design, light and art in clinics and hospitals. I think it helps patients, caregivers and staff alike.

Working on this TPT program is one more step in that direction [of bringing art and medicine together]: using media as a way to amplify our stories to a much broader population. Micro-medicine is practicing one-on-one; we're caring for one patient at a time. With art, we can suddenly be reaching many people at once.

In addition to his work on the TPT/University of Minnesota Medical School collaboration, Hallberg continues to see patients daily in clinic and serves in a variety of leadership roles. He is an associate professor at the University of Minnesota Medical School; medical director of the award-winning, innovative University of Minnesota Physicians (M Physicians) Mill City Clinic; director of philanthropy for the University of Minnesota Department of Family Medicine and Community Health; creative director for the University of Minnesota Center for the Art of Medicine and crescent medical director for M Physicians, which includes overseeing M Physicians clinics and working with health systems across the state and on entrepreneurial/innovative ideas.

MAFP FOUNDATION: \$100K+ RAISED IN 2021

Thanks to generous donors and members like you, the Minnesota Academy of Family Physicians (MAFP) Foundation raised **more than \$100,000** in 2021 to fund Innovation & Research Grants and medical student externships AND send Minnesota medical students to the 2022 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students in Kansas City, Missouri.

INNOVATION & RESEARCH GRANTS + STUDENT EXTERNSHIPS

The Foundation was able to award **13 Innovation & Research Grants** in 2021 to MAFP members, including practicing family physicians, resident physicians and medical students. Recent projects have addressed COVID-19 diagnosis and care, equity in medical education, culturally informed care, mental health care, prenatal care and more.

We also funded **two medical student externships in under-resourced communities** via the David Mersy, MD, Summer Externship.

GIVE TO THE MAX & GROW THE FAMILY MEDICINE PIPELINE

\$12.9K Raised
36% of Goal Reached



16 Medical Students Sponsored

For the 2021 Give to the Max Day (November 18), “Minnesota’s giving holiday,” the Foundation set a goal to raise \$36,000 to send 45 Minnesota medical students to the 2022 AAFP National Conference.

Thanks to 32 generous donors, **we’ve raised \$12,945 to sponsor 16 students** (covering their conference registration, lodging and travel costs).

While Give to the Max Day has passed, our goal remains to send 45 students and grow the family medicine pipeline in Minnesota. **YOU can help us close the gap by making a tax-deductible donation to our AAFP National Conference Student Scholarship Fund at mafp.org/max.**

THANK YOU, MEMBERS & DONORS!

In 2021, we received financial gifts from the following individuals and organizations.

Gifts from MAFP Local Chapters

- Central Chapter
- East Metro Chapter
- Heart of the Lakes Chapter
- Lake of the Woods Chapter
- Lake Superior Chapter
- Minnesota Valley Chapter
- Park Region Chapter
- Range Chapter
- Southeast Chapter
- Southern Chapter
- West Metro Chapter

Grants and Matching Grants

- Minnesota Academy of Family Physicians

Gifts by Organizations

- American Academy of Family Physicians
- Mayo Clinic Department of Family Medicine

Gifts from Individuals

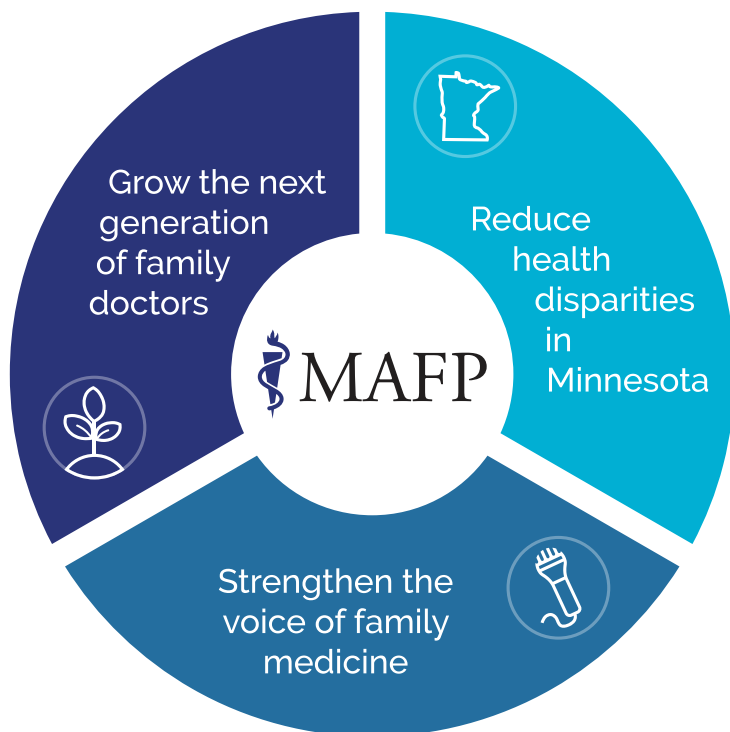
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Every effort was made to ensure the accuracy of this list. Please alert us to any corrections by contacting us at office@mafpp.org.



ABOUT THE FOUNDATION

For more than 30 years, the MAFP Foundation has supported educational and scientific initiatives that grow and strengthen family medicine and improve the health outcomes of ALL Minnesotans.

Learn more about the Foundation and how we're working to advance family medicine, equip leaders, improve patient outcomes and lead innovations in practice-based research and clinical care at mafpp.org/foundation.

The MAFP Foundation is a registered 501(c)3 organization. Donations are 100% tax deductible as allowed by law.

THE C.A.R.E. CLINIC: A FREE CLINIC IN RED WING, MINNESOTA, WITH A ONE-STOP SHOP MODEL OF CARE

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

The C.A.R.E. Clinic, a free clinic in Red Wing, Minnesota, received an American Academy of Family Physicians Foundation Family Medicine Cares grant in fall 2021 to replace an old/broken centrifuge machine and EKG.

Since the C.A.R.E. Clinic opened in 2010, it has provided a variety of primary care services to the Red Wing and Goodhue County communities, including dental care, mental health care and help navigating MNsure.

We asked C.A.R.E. Clinic Executive Director **Julie Malyon** to tell us more about the clinic and the community it's serving.

WHY START A FREE CLINIC IN RED WING?

A group of medical and mental health professionals noticed that many patients were foregoing routine and acute health care because of costs and difficulties navigating the health care system.

Beyond simply being a free clinic, C.A.R.E. Clinic takes a holistic approach so that patients can receive all forms of care that they need in our “one-stop shop” model, without the difficulties of coordinating care across clinics and finding clinics that will accept their insurance or are affordable.

WHO STAFFS THE CLINIC?

C.A.R.E. Clinic has medical, dental, mental health, social services and office support staff and is also supported by around 200 volunteers in a variety of ways, including providing care, interpretation, data entry and legal assistance.

Many of our staff and volunteers are bilingual in Spanish and English and bicultural, which is crucial to providing culturally, linguistically sensitive services to the Hispanic patients in our community.

WHAT SERVICES ARE OFFERED?

C.A.R.E. Clinic provides free medical care, prescription assistance, mental health care and psychotherapy, optical services and MNsure navigation services.



MAFP Chief Executive Officer **Maria Huntley, CAE, MAM** (left), pictured with C.A.R.E. Clinic's Co-Medical Director **Brian Malyon, MD**, and Executive Director **Julie Malyon**.

Recently, we have taken steps to fill COVID-19 related service gaps by offering free vaccines, rapid testing and telehealth.

We also provide free and affordable dental care for eligible uninsured and publicly insured patients. We are currently expanding the reach of our free dental services for children by branching out and providing services in public schools.

DOES THE CLINIC HAVE LOCAL PARTNERS?

Yes. C.A.R.E. Clinic receives in-kind donations from **Mayo Clinic Health System**, including our clinic space, radiology and laboratory services, and Mayo also refers uninsured patients to our clinic.

We also partner with **Goodhue County Health and Human Services** to address community public health needs and provide community outreach and education and work closely with **Hispanic Outreach of Goodhue County** and the **Hispanic Family Therapy Program**.

TELL US ABOUT THE COMMUNITY YOU'RE SERVING.

C.A.R.E. Clinic serves the uninsured, publicly insured, low-income and minority populations within the Red Wing and Goodhue County communities.



Despite how picturesque Red Wing may be, many of our community members are harmed by economic disparities, which manifest in health care disparities as well. These economic disparities are exacerbated by Red Wing's rural location, which limits the variety of affordable services near our patients.

Along with free medical care, C.A.R.E. Clinic has become particularly invested in filling the gaps in access to affordable dental care and mental health services, especially bilingual mental health services. Many of the surrounding dental clinics do not accept uninsured or publicly insured patients, and there are limited bilingual therapy services south of the Twin Cities in general. However, C.A.R.E. Clinic recognizes that these are aspects of our patients' health that absolutely cannot be skipped over and is constantly seeking to expand these services for our community.

Find the C.A.R.E. Clinic online at careclinicrw.com.

MAFP SPEAK UP! SPEAK OUT! HOUSE OF DELEGATES

MAFP ADVOCACY IN ACTION



SATURDAY
MAY 14

All MAFP members are invited to participate and add your voice.

WAYS YOU CAN ENGAGE:



Author/co-author a resolution (by March 30)

Author a resolution by yourself or collaborate with colleagues. Attend an upcoming all-chapter meeting (online) to collaborate on resolution writing or utilize tools/tips from our website.



Submit written commentary (April 14-21)

Provide written comments or testimony online on any resolution during the open comment period.



Participate in the meeting (register by May 10)

Attend **online** or **in person** as a delegate or non-voting participant to deliberate on resolutions (set policies) and elect our Board of Directors.

MAFP.ORG/HOD2022

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GREATER MINNESOTA NEW TO PRACTICE MEMBERS MEET FOR PEER SUPPORT & CONNECTION

This past fall, the Minnesota Academy of Family Physicians (MAFP) launched a member community group for new to practice members—*those within seven years of residency*—from Greater Minnesota to connect for peer support and mentorship and to help each other navigate the ebbs and flows of clinical practice.

“When we met with members last summer, we heard themes that indicated our new to practice members, particularly in Greater Minnesota, were feeling isolated and overwhelmed. They were experiencing the normal challenges of trying to start new practices after residency, compounded with the stress and isolation of the pandemic. These virtual conversations have been a great way to provide community—a place to share ideas and solutions, vent and get support through this challenging time,” said **Jami Burbidge, MAM**, chief operating officer for the MAFP.

The group currently meets online about once a month. Each discussion has different topic/focus areas, but also includes an open time for sharing.

Discussions are open to MAFP members only (*within seven years of residency*). There is no cost to attend or ongoing obligation—members are welcome to come as their schedules allow.

MAFP New to Practice Director **Alex Sharp, MD**, serves as host for the discussions. She had this to say about the group: “It has been immensely valuable for offering an open, inviting space for family physicians who work in often isolating, underserved rural communities to share and compare their individual challenges and learn from others on how to tackle them. It also has been a lot of fun to be able to joke, laugh and revel in some of the highs and lows with like-minded colleagues when in-person meetings and peer-to-peer support opportunities have been limited, both by the pandemic and by virtue of family physicians practicing throughout the state.”

Find upcoming discussion group dates, times and topics at mafp.org/member-groups.

“It is so crucial to have a space to be able to be both cathartic in and build a sense of kinship with others when starting out in practice,” said Sharp.



NEW: MAFP MEMBER COMMUNITY GROUPS

Connect with peers, share experiences and offer support by joining an MAFP member community group.

What to expect:

- Groups meet online about once/month. *Come as you're able.*
- Each group/discussion is hosted/facilitated by an MAFP member leader.

Open to MAFP members only. *No cost.*

Greater Minnesota New to Practice Discussion Group

- A virtual gathering of new to practice docs—*those within seven years of residency*—from Greater Minnesota for peer support and mentorship and to help each other navigate the ebbs/flows of clinical practice.
- Typically held monthly on a Tuesday, 7:30 - 8:30 pm.

Retired Family Docs Discussion Group

- A virtual gathering of retired family physicians from across Minnesota to connect and keep informed about the work of the MAFP.
- Held the second Monday of the month, 11:30 am - 12:30 pm.

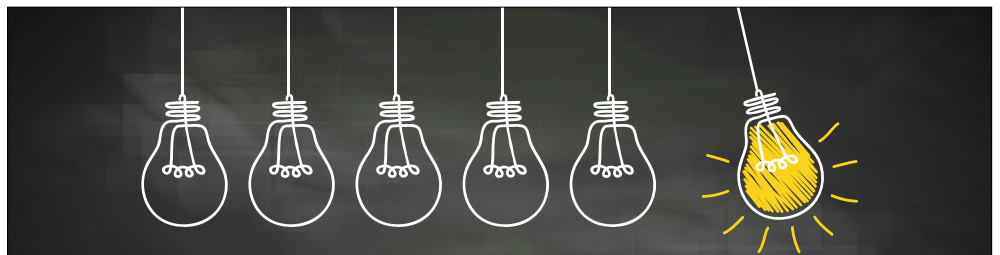
mafp.org/member-groups



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U.S. Department of
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INNOVATION & RESEARCH *forum*

SAT., MARCH 5, 2022

8:00 am - 1:05 pm (online)



Dig into the latest in primary care innovations and research.



See how the findings can translate into clinical practice and improve patient care.



Share research and innovation projects and receive valuable feedback from peers.

Opening Presenter:



Kate Diaz Vickery, MD, MSc

Diabetes + Homelessness:

An Opportunity to Design an Integrated Behavioral Support Program



REGISTER by March 3

mafpo.org/IRF



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Welcome to everyone who became members of the MAFP between October 1 and December 30, 2021.

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Beth Edwards, DO**, Minneapolis
- **Saleha Raajpoot, DO**, Minneapolis
- **Khloe Frank, MD**, Duluth, has transferred from California.
- **Jessica Ankney, DO**, Minneapolis, has transferred from Foreign AFP.
- **Kavya Thyagarajan, DO**, St. Paul, has transferred from Illinois.
- **Lauren Rose, DO**, Crookston, has transferred from Indiana.
- **Emily Larson, MD**, Rochester, **Kristen Maylott, DO**, Brainerd, **Mary Mohr, DO**, St. Paul, and **Amanda Tran, MD**, Duluth, have transferred from Iowa.
- **Max Dutkin, MD**, Minneapolis, has transferred from Maryland.
- **Kinsey Cornick, DO**, Eden Prairie, and **Nicholas Thimesch, DO**, Minneapolis, have transferred from Nebraska.
- **Melissa Borthwick, MD, FAAFP**, Minneapolis, has transferred from New Hampshire.
- **Amanda Goertz, MD, MPH**, St. Paul, has transferred from New Mexico.
- **Riley Fernan, DO**, Minneapolis, **Nancy Lai, DO**, Mankato, and **Samuel Michel, MD, MPH**, Stewartville, have transferred from New York.
- **Mara Edison, DO**, Duluth, has transferred from Ohio.
- **Rachael Passmore, DO**, Rochester, has transferred from Texas.
- **Lucas Labine, MD**, Chaska, has transferred from Washington.
- **Allison Jenness, MD**, Prior Lake, **Karlee LaFavor, MD**, Crosby, and **Jill Schenk, MD, FAAFP**, Moose Lake, have transferred from Wisconsin.

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Paige Cummings**, Rochester

University of Minnesota Medical School, Duluth campus

- **Mary Baumgartner**, Duluth
- **Katie Benson**, Staples
- **Sophie Brau**, Fairmont
- **Ashley Grunewald**, Duluth
- **Tzu Han Huang**, Duluth
- **Tamee Livermont, MPH**, Duluth
- **Dannah Nephew**, Vergas
- **Kimberly Nissen**, Duluth
- **Abigail Raiter**, Glencoe
- **Anna Schoo**, New Ulm



University of Minnesota Medical School, Twin Cities campus

- **Benjamin Kofoed**, Menomonie, WI
- **Billy Moua, MPH**, St. Paul
- **Aaron Schumacher**, Minneapolis

St. George's University School of Medicine

- **Tim Schulz**, Cologne
- **Ashish Singal, MD**, Blaine

IN MEMORIAM

- **Stanley Bezek, Jr., MD**, Oro Valley, AZ
- **Robert Bösl, MD, FAAFP, MAFP**
Past President, Cold Spring

**HUNGER
KEEPS
UP ON
CURRENT
EVENTS,
TOO.**

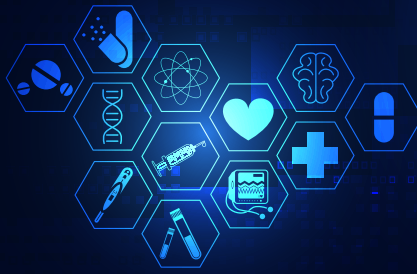
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STRUGGLES
WITH HUNGER.**

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MAFP SPRING CME:

Essential Evidence

Friday, April 22, 2022

8:00 am - 5:00 pm

attend online OR in Maple Grove, MN

Engaging, rapid-fire review of the most recent research studies important to primary care practice.

Presenters:

- Henry C. Barry, MD, MS
- John Hickner, MD, MS, FAAFP
- Kate Rowland, MD, MS, FAAFP

REGISTER TODAY!

mafp.org/spring-cme-2022



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AAFP FORMS COMMISSION ON DIVERSITY, EQUITY AND INCLUSIVENESS

In 2021, the AAFP partnered with a consulting firm to assess our diversity, equity and inclusion efforts and identify new DEI (diversity, equity and inclusion) opportunities. We will share details about the results in March, along with how we plan to integrate diversity, equity and inclusion throughout our strategic work.

To help inform our DEI work moving forward and to expand leadership opportunities for family physicians, the Board of Directors recently approved the formation of the Commission on Diversity, Equity and Inclusiveness in Family Medicine.

This commission will apply diversity, equity, inclusiveness and antiracism lenses to inform and guide the Academy's recommendations, policies and work addressing disparities in care, health and the workforce and will be led by AAFP Board Chair **Ada Stewart, MD, FAAFP**. The commission will kick off June 4, 2022, with a meeting in Kansas City, Missouri.

“Our Academy represents family physicians from all backgrounds and stages in our careers,” said Stewart. “It is important that our policies and work are reflective of our members and the communities that we proudly serve. I am excited to lead the new Commission on Diversity, Equity and Inclusiveness in Family Medicine. Our commission will bring together a diverse group of students, physicians and other key stakeholders to ensure that DEI is the foundation upon which our Academy and its work is built.”

The initial commission will have 10 members and will grow to a total of 22 members by 2024, and will be composed as follows:

In June 2022, the commission will launch with 10 members:

- four family physicians, each serving a four-year term (2022-2025), one being a new physician;
- four family physicians, each serving a three-year term (2022-2024), one being a new physician;
- one family medicine resident to serve for 2022 and 2023, nominated by a chapter; and
- one medical student to serve for 2022 and 2023, nominated by a chapter.

By June 2024, the commission will have a total of 22 members:

- 16 family physicians (four classes of four people of which one per year must be a new physician);
- one family medicine resident (one-year term);
- one medical student (one-year term);
- one chapter executive (two-year term);
- two liaisons from other national organizations such as the National Medical Association, the National Hispanic Medical Association, etc. (two-year term); and
- one liaison from the AAFP Board of Directors (one-year term).

This article was reprinted with permission from the American Academy of Family Physicians (AAFP). It first appeared in AAFP News.



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



SEEKING PHYSICIAN MENTORS FOR UNDERREPRESENTED PRE-MED STUDENTS

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

MENTORSHIP PROGRAM REGISTRATION

Are you a physician? Register to get paired with a mentee at <https://bit.ly/3GBf3bH>.

Although being a physician who is BIPOC is not required, we recognize that students who are BIPOC may prefer mentors who are also BIPOC, and therefore will be intentional in our mentorship pairings. We do require that physician mentors carry the values of anti-racism and cultural humility.

QUESTIONS?

Reach out to **Jenny Zhang, MD**, at zhang852@umn.edu with any questions.

This article originally appeared in the MAFP Blog Advocating for Family Medicine on September 1, 2021.



Recognizing the long history of racism in medicine and the need to address racism as a public health crisis, Minnesota’s community of physicians must commit to anti-racist educational, recruitment and clinical practices. **One of the areas we know is important in creating a more equitable health system is mentoring students in BIPOC communities, with the goal of increasing diversity in our health care fields.**

Studies have shown that patients who are BIPOC receive better care when their medical providers are also BIPOC. Knowing that many pre-medical students, especially those from underrepresented backgrounds, may lack access to physician mentors, Allina Health/United Family Medicine Residency and the Minority Association of Pre-medical Students (MAPS) at the University of Minnesota are working together to address that barrier with a mentorship program.

The **MAPS-Physician Mentorship Program** launched in January 2021, with a goal to develop meaningful, long-term mentorship relationships between pre-med students and physicians.

MENTORSHIP PROGRAM EXPECTATIONS

- **Mentors must be willing and able to offer advice** about the medical school application and interview process and future educational and career goals.
- **Mentor-mentee pairs will uphold the values of mutual respect and cultural humility** and work to maintain a safe space for both parties.
- **The mentorship will last a minimum of one year.** At the end of the year, the mentor-mentee pair may continue their mentorship together, if desired.
- **The ongoing time commitment is flexible and will ultimately be left up to the mentor-mentee pair;** but, meetings should, ideally, occur every 1-2 months to develop meaningful mentorships. *(Virtual or phone meetings are the safest formats at this time.)*



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joanne.stadnik@voyagehealthcare.com

www.voyagehealthcare.com