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Pictured L-R: Chief Operating Officer **Jami Burbidge, MAM**, Chief Executive Officer **Maria Huntley, CAE, MAM**, and outgoing President **Deb Dittberner, MD, MBA**, on their way to Wisconsin for the 2022 Ten State Conference.

Save the date: Ten State, an AAFP regional meeting, is coming to Minnesota next year: **February 17-19, 2023, at the JW Marriott Minneapolis Mall of America.**

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Understanding Health Care Spending in Minnesota

Photo credit (cover): University of Minnesota Center for Global Health and Social Responsibility



MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA



Deb Dittberner, MD, MBA
MAFP President

What a year! Through another year of COVID-19 waves, I had the privilege of serving as your President. Despite the challenges of the pandemic, the Academy has stayed laser-focused and worked diligently to support you in providing **high quality, comprehensive and continuous medical care for patients of all ages.**

WHERE HAVE WE FOCUSED OUR WORK?

Health Equity

Our Academy acknowledges that racism and discriminatory practices are a public health crisis. We strive to make health equity our first lens and a priority in all the work we do as an Academy. We had the opportunity to present that work at Ten State (a collaboration of AAFP state chapters) this year. Our board is also an intentionally diverse group to represent the state and ALL the patients we serve.

Advocacy for Family Medicine and Patients

We have worked to increase support for primary care through our primary care stakeholder group and legislative advocacy (like advocating for changes to the All-Payers Claims Database to more comprehensively capture how health care is paid in Minnesota, which will help inform future funding and support for primary care—see page 26).

We have continued advocacy efforts to expand and diversify the primary care workforce and pipeline, end mid-year formulary disruptions and more. Visit our advocacy blog at mafpadvocacy.org to see additional ways we're advocating for family physicians and patients alike.

Student Recruitment and Resident Involvement

Supporting students and residents in their pursuit of family medicine remains a priority for the Academy. Minnesota medical students and family medicine residents are active on our Board of Directors and serve on MAFP committees, and our leaders regularly visit with students and residents across the state to share more about the

Academy and learn how we can best support them and keep building Minnesota's primary care pipeline.

Continuing Medical Education (CME)

We continue to deliver CME programming for members. In the past year, we have hosted four CME-accredited events on a variety of primary-care-related topics, with options for members to participate virtually and in person.

BE THE CHANGE

In closing, I don't need to remind you that health care is complex, and it's rapidly changing. Patients, payers and the economy are realizing the incredible value of our specialty—providing comprehensive, complex and continuous primary care. Population health and value-based care are emerging as proven solutions to ever-rising health care costs.

It's time for family doctors to step up and lead—not only in our clinics, health systems and communities, but throughout health care and in legislation that affects health care. Be proud of our specialty, and "be the change."

Thank you for the opportunity to be your President of the MAFP. I'm proud to be a family doctor with you.

Sincerely,

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 127,600 members.

The MAFP promotes the specialty of family medicine in Minnesota and supports family physicians as they provide high quality, comprehensive and continuous medical care for patients of all ages.

The **Minnesota Family Physician (MFP)** is the official publication of the MAFP.

Contact the MAFP at 952-224-3875 or Lisa Regehr, lisa@maf.org.

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The University of Minnesota Department of Family Medicine and Community Health held its inaugural **Macaran A. Baird, MD, MS**, Lecture in Family Medicine and Community Health Leadership on April 12, 2022, at the Weisman Art Museum.

Jamie Conniff, MD, Essentia Health - Lakewalk Clinic, appeared on Minnesota Public Radio on March 4, 2022, discussing medical respite for people experiencing homelessness.



Congratulations to **Jonathan Dickman, MD, PhD**, faculty at United Family Medicine Residency, for achieving board certification in addiction medicine!

The University of Minnesota Department of Family Medicine and Community Health has created a new role to advance community engagement and advocacy, selecting **Roli Dwivedi, MD**, as their first Vice Chair for Community Engagement and Advocacy.



Cybill Oragwu, MD, CentraCare - Long Prairie, testified before the Minnesota House Health Finance and Policy Committee on February 21, 2022, in support of HF 1310, legislation which will increase funding for loan forgiveness for physicians and other health care professionals.

Shelby Owens, MD, Mayo Clinic Family Medicine Residency Program - Rochester, was featured by the American Academy of Family Physicians in their *Family Doc Focus* on March 22, 2022: "Resident Leader Is Eager to Return to Rural Roots."



Charity Reynolds, MD, Medical Director of Min No Aya Win Clinic, Cloquet, and The Center for American Indian Resources, Duluth, was featured by the American Academy of Family Physicians in their *Family Doc Focus* on April 4, 2022: "Family Medicine Was Path to Help Underserved Patients."

Bill Roberts, MD, MS, FAAFP, professor at the University of Minnesota Department of Family Medicine and Community Health, was inducted into the 2022 Minnesota State High School League Hall of Fame. Under the direction of Roberts, the League's Sports Medicine Advisory Committee has developed an abundance of guidance that has since been modeled around the country, including weight certifications in wrestling, standardizing health forms and establishing guidelines for participation in the heat and sub-zero conditions.



Kim Tjaden, MD, CentraCare - Southway Clinic, was the Minnesota Medical Association Advocacy Champion for April.

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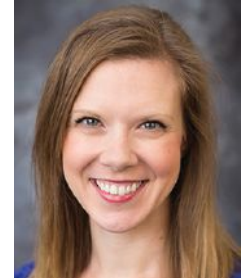
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BEHAVIORAL HEALTH INTEGRATION AND PRIMARY CARE: WHY CARE IN TODAY'S WORLD REQUIRES A TEAM

by **Dana Brandenburg, PsyD** (pictured, left), **Christine Danner, PhD, LP** (pictured, center), and **Lisa Zak-Hunter, PhD, LMFT** (pictured, right)



As we pass the two-year anniversary of the COVID-19 pandemic, communities continue to see a sharp rise in mental health and substance use concerns across the lifespan. Over the course of the pandemic, the number of adults reporting symptoms of anxiety or depression have increased from 1 in 10 to 4 in 10.¹ Negative impacts on mental health and well-being include difficulty sleeping (36%) or eating (32%), increases in alcohol/substance use (12%) and worsening chronic conditions (12%) due to worry and stress related to the pandemic.¹ Children's mental health has also suffered, particularly for those with social disadvantages.^{2,3}

While telehealth increased access for some, in many areas, community mental health resources are strained to meet this growing need. Family medicine has always provided frontline care to screen, identify and treat mental illness, and this has never been more true than within the current context. Given the mismatch of need and available services, along with prolonged wait times for specialty mental health care, we can expect that primary care providers will need to bridge this care gap for patients with mental health concerns longer than would be typical in other times.

Fortunately, the skill set of primary care physicians makes them well equipped to address and treat these concerns. Yet, many barriers exist to addressing these conditions adequately within the allotted time in a busy primary care clinic. Primary care providers are already stressed by the tremendous pressures of addressing complex patient needs with limited time and few resources.

INTEGRATED BEHAVIORAL HEALTH: THE GOLD STANDARD

Integrated behavioral health (IBH) models are a means to support physicians, address patient concerns and reduce barriers to the provision of mental health treatment. IBH is “the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors, life stressors and crises, stress-related physical symptoms and ineffective patterns of health care utilization.”⁴ Considered to be the gold standard of care, IBH is shown to facilitate efficient access to mental health care, improve patient outcomes and support primary care physicians who are addressing mental health needs.⁵

Doherty and colleagues (1996)⁶ proposed that there is a continuum of levels of integration in IBH. This was simplified to three levels by a Substance Abuse and Mental Health Services Administration workgroup in 2013.⁷ (See table for these levels and their qualities.)

The Institute of Clinical Systems Improvement (2019)⁸ released a “call to action” report stating that fully integrated care is the optimal approach to care but, in instances where full integration is not possible, co-location can be pursued as

a means to improve access and care. The increased mental health needs spurred by the pandemic have led to the introduction of legislation (Bill HR 5218) at the federal level to provide funding to primary care practices to invest in Collaborative Care models. While this is promising, it will still take time for this legislation to move forward.

STARTING WHERE YOU ARE AT: STEPS TOWARDS INTEGRATION

When full integration on site is not possible, there are still steps that health care organizations and clinics can take to improve care for their patients.

- 1. Community Partnerships:** Reach out to mental health agencies in the community to examine how pathways between agencies and local primary care clinics can be created or enhanced to decrease barriers for patients trying to establish care and to allow easier communication between the two facilities to coordinate care for patients.
- 2. Collaborative Care:** Collaborative Care is a specific model of integrated care based on principles of population health management, focusing on patients with common mental health concerns, such as depression and anxiety. The primary care clinic utilizes registries to systematically track identified mental health patient populations. Care coordinators

Levels of Integration in Integrated Behavioral Health

Level of Integration	Characteristics	Example
Coordinated Care	Behavioral health and primary care are at separate facilities and have separate systems. Communication typically occurs based on a specific need or issue.	A primary care clinic makes referrals to a mental health agency in the community. They have some communication with one another when there is a concern or issue regarding the shared patient.
Co-Located Care	Behavioral health and primary care are in the same facility, so have closer proximity and share some systems (e.g., charts). Communication is more regular between care team providers. Yet, the team and how it functions is not clearly defined, so decisions about care are still made by the individual practitioners.	A primary care clinic leases space to a mental health agency, where they have someone from the agency available to patients on site.
Integrated Care	There is close collaboration between all care providers. Providers have shared goals and plan of treatment, co-manage patients and have shared schedules. Patients who may need services are systematically identified.	Every new patient is screened for mental health needs. If the screens are positive, a behavioral health provider sees them at the time of their visit with the primary care provider to discuss mental health needs.

manage the registries; primary care and/or embedded behavioral health clinicians provide psychosocial or medication-based treatments and a psychiatrist provides regular consultation. Various iterations of this evidence-based model may occur based on clinic resources. For example, if a clinic does not have a behavioral health provider on staff, the primary care provider may provide most of the treatment with consultation with a psychiatrist for the more challenging cases. A consulting psychiatrist could be shared among a number of clinics in the health care organization.

3. Behavioral Health Care

Coordination: Hire on site care coordinators who have a background in addiction counseling or clinical social work who could provide additional mental health related services (SBIRT model), such as crisis intervention, comprehensive substance use assessments or basic psychosocial interventions. One example of this is the Behavioral Health Home program created by the state of Minnesota. This program not only provides a service to complex patients, it's also set up as a billable service that allows it to be financially self-sustaining (see the Resources section at the end of this article).

4. Brief Intervention Models: There are brief interventions that can assist primary care teams in providing this care to patients as they connect with other needed services. This includes patient education on depression/anxiety or substance use (SBIRT model); discussion around the interrelationship between thoughts, actions and emotions and how this exacerbates distress; in the moment techniques such as deep breathing or grounding; a behavioral activation plan; or providing brief interventions around various health behaviors such as sleep hygiene, limiting screen time, healthy eating, movement and socialization. The Change that Matters website provides training on brief interventions, as well as EHR documentation and handouts that can be used with patients to facilitate this counseling (changethatmatters.umn.edu).⁹

5. Training Partnerships: Another option is to partner with local psychotherapy (e.g., social work, psychology/counseling, family therapy) or psychiatry training programs either to streamline referral pathways for training sites with their own clinics or to inexpensively increase the number of behavioral health providers within the primary care setting. As a reminder, all learners must be supervised,

ideally on site, due to the differences in integrated care versus conventional psychotherapy/psychiatric care.

CONCLUSION

While the pandemic has increased the number of people seeking mental health services and strained the health care system, it also creates an opportunity for health systems to consider how best to support both patients and providers by implementing high quality care models to provide patients with needed and lifesaving mental health and substance use services within our communities.

RESOURCES

Behavioral Health Home Information mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/behavioral-health-home-services/

SBIRT (alcohol/drug screening and intervention) www.samhsa.gov/sbirt

Toolkits and Implementation Support

- integrationacademy.ahrq.gov/about/integrated-behavioral-health
- www.milbank.org/wp-content/uploads/2016/04/EvolvingCare.pdf
- aims.uw.edu/collaborative-care

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E-LEARNING MODULE ON INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

Check out the latest Health Care Homes e-learning module to learn how organizations in Minnesota and nationally are integrating behavioral health and primary care through the Collaborative Care Model.

Explore how this evidence-based model is improving outcomes for primary care patients with behavioral health needs, and consider action steps for implementing the model in your organization.

This module is offered at no cost from the Minnesota Department of Health (MDH). To register, visit the MDH Learning Center at bit.ly/MDHlearningcenter.

The authors are all assistant professors at the University of Minnesota Department of Family Medicine and Community Health and serve as directors of behavioral health for the University of Minnesota Medical Center Family Medicine Residency (Brandenburg), University of Minnesota Woodwinds Family Medicine Residency (Danner) and University of Minnesota St. John's Hospital Family Medicine Residency (Zak-Hunter).

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Webinar Opportunity

Food Is Medicine: Integrating Effective Nutrition Interventions Into the Health Care System

About 1 in 10 Minnesotan households struggle with food insecurity. Black, Latinx, Native Americans, people with disabilities, and people living in rural and lower-income counties suffer the greatest disparities in access to quality nutrition. They are more likely to suffer diet-related chronic diseases, including heart disease, certain cancers, stroke, and diabetes.

We know that what we eat affects our health and the idea of food as medicine is rapidly gaining momentum. Food and nutrition interventions such as food pharmacies, produce prescriptions, and medically-tailored meals can help prevent and manage diet-related chronic diseases.

Join us to learn more about integrating nutrition security and education into clinical care systems to improve health.



Presented By:

Dr. Dariush Mozaffarian, a respected leader in nutrition and research who serves as dean at the Tufts Friedman School of Nutrition Science and Policy and teaches at Tufts School of Medicine.

When:

Tuesday, June 28, 2022 | 12-1:30 p.m. CST

Register Here:

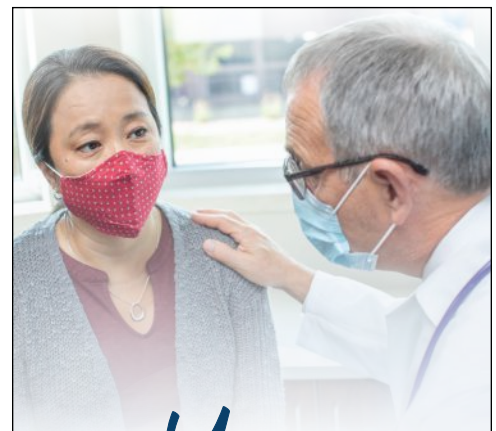
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Contact your licensing board to see if this program meets continuing education requirements and CEU values

This webinar is presented by a collaboration of Minnesota health plans and the Minnesota Department of Health working to improve diabetes health care in Minnesota. Thank you to Blue Plus, HealthPartners, Hennepin Health, Medica, South Country Health Alliance, and UCare for their commitment to this issue.

This and future webinar recordings will be posted on the Stratis Health website under Health Plan Performance Improvement Projects.



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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 treatment in Minnesota.

SUMMER CME

mafpa.org/summer-cme-2022

When: Friday-Saturday, August 26 – 27, 2022

Where: Grand View Lodge (Nisswa, MN)

Cost: View registration fee schedule online.

Deadline to register: August 17, 2022

A weekend to refresh + reset, with CME in the mornings and afternoons to rest and/or play at one of Minnesota's top-rated resorts.

Participate in clinical sessions and/or additional offerings to include **Implicit Bias Training** (August 25) and a **group KSA on Care of Hospitalized Patients** (August 26).

MEMBER PICNIC & AWARDS CELEBRATION

mafpa.org/picnic-2022

When: Saturday, September 10, 2022
11:00 am – 2:00 pm

Where: Elm Creek Park Reserve (Maple Grove, MN)

Cost: Free

Deadline to register: September 4, 2022

Join MAFP leaders and family physician colleagues from across the state for a member picnic and awards celebration. We will recognize MAFP Academy Award honorees, enjoy traditional picnic foods and games and offer space for connecting with old and new friends. Open to all members. Guests are welcome.

VIRTUAL GROUP KSAS - ONLINE

Registration opening this summer.

Care of Hospitalized Patients

When: Sunday, October 16, 2022
4:30 pm – 8:30 pm

Care of Women

When: Sunday, November 20, 2022
4:30 pm – 8:30 pm

Cost/Session:

- Complimentary for third-year residents
- \$150 for MAFP physician members



CALENDAR



Opioid Use Disorder Education and Treatment ECHO Series

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



Retired Family Docs Get-Together

June 28, 2022 • 5:00 - 7:30 pm
Pinstripes (Edina, MN)



Implicit Bias Training

August 25, 2022 • 6:00 - 9:00 pm
Grand View Lodge (Nisswa, MN)



Group KSA: Care of Hospitalized Patients

August 26, 2022 • 2:00 - 6:00 pm
Grand View Lodge (Nisswa, MN)



Summer CME

August 26-27, 2022
Grand View Lodge (Nisswa, MN)



Member Picnic & Awards Celebration

September 10, 2022 • 11:00 am - 2:00 pm
Elm Creek Park Reserve (Maple Grove, MN)



Foundation Innovation & Research Grant Application Deadline

October 1, 2022



Family Medicine Midwest

October 7 - 9, 2022
McNamara Alumni Center (Minneapolis, MN)
www.fmmidwest.org



Virtual Group KSAs

Care of Hospitalized Patients
October 16, 2022 • 4:30 - 8:30 pm



Care of Women
November 20, 2022 • 4:30 - 8:30 pm

Visit mafpa.org/events to register and for complete event details (unless otherwise noted).

THANK YOU, SPONSORS!

We're grateful for our health care partners and their support of our events and Minnesota's family physicians.

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MAFP MEMBERS & LEADERS ON CAPITOL HILL



A group of MAFP members and leaders attended the 2022 American Academy of Family Physicians Family Medicine Advocacy Summit (FMAS) in Washington, DC, in May.

They met with the offices of **Representative Angie Craig** (DFL-MN02), **Senator Amy Klobuchar** (DFL-MN), **Representative Betty McCollum** (DFL-MN04), **Senator Tina Smith** (DFL-MN), and **Representative Pete Stauber** (R-MN08) to advocate for continuing access to telehealth, improving access to primary care through Medicaid/Medicare payment parity, integrating behavioral health into primary care and more.

Thank you to **Jené Carter, MD, Nicole Chaisson, MD, MPH, Patricia Fontaine, MD, MS, Miranda Harris, Burton Masem, MD, Austen Ott, Christopher Prokosch** and **Vineet Raman** for their advocacy on Capitol Hill on behalf of Minnesotans and family medicine.

Interested in attending next year's FMAS? Contact MAFP Chief Operating Officer **Jami Burbidge, MAM**, at jami@mafp.org.



Summer CME

August 26-27, 2022

Grand View Lodge (Nisswa, MN)

A weekend to **refresh + reset**, with **CME in the mornings** and afternoons for **rest and/or play** at one of Minnesota's top-rated resorts.

Educational offerings to include:

- **Clinical sessions on primary care topics**
- **Implicit Bias Training** (Aug. 25, optional)
- **Group KSA on Care of Hospitalized Patients** (Aug. 26, optional)

Gather for a summer weekend at the lake with:

- a **new pool and recreation facility**
- **golf course and spa**
- + more amenities & activities

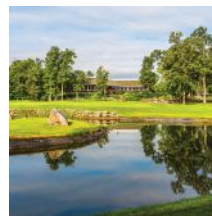


photo credits: Grand View Lodge ©2019

Limited capacity! Register soon.

mafp.org/summer-cme



MEMBERS MAKING A DIFFERENCE

by Maria Huntley, CAE, MAM, MAFP Chief Executive Officer (pictured right)



In 2022, the MAFP launched an initiative called **Members Making a Difference** to allow for more opportunities to recognize our extraordinary members and the work they do throughout the year and across the state.

Go to mafp.org/member-stories to fill out a short form and tell us about a **family physician, family medicine resident and/or medical student making a difference** in their clinic, school/residency, community and/or beyond.

We want to recognize and celebrate our members for the incredible work they do inside and outside of clinic walls, including (*but not limited to*):

- **community outreach**
- **advocacy**
- **innovation in patient care**

We welcome submissions from MAFP members and nonmembers alike at ANY time throughout the year.

You can tell us about any member making a difference (whether it's YOU or someone else) and why it matters to the MAFP and family medicine.

We will follow up on submissions as needed and amplify the stories of family medicine in Minnesota across our communications channels.

GOT OTHER NEWS TO SHARE?

If you have other news/updates of importance to family medicine in Minnesota, let us know by emailing office@mafp.org with the subject "News to Share."

KNOW A MINNESOTA FAMILY PHYSICIAN, RESIDENT AND/OR MEDICAL STUDENT MAKING A DIFFERENCE?

We want to hear about them! Help us share the stories of family medicine in Minnesota: mafp.org/member-stories.





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PREPARING MINNESOTA'S NEXT GENERATION OF FAMILY PHYSICIANS FOR RURAL PRACTICE

by **Emie Buege**, Freelance Writer

Let's talk about rural health. According to the U.S. Department of Agriculture, 46 million Americans live in rural areas, which is about 14% of the US total population,¹ and rural communities represent nearly two-thirds of primary care health professional shortage areas (HPSAs) in the U.S.² While there isn't one singular cause deepening rural health disparities, barriers in accessing care are a significant contributing factor to why rural Americans continue to face higher disease incidence and worse health outcomes.

In Minnesota, we know that family physicians are THE doctors taking care of our rural communities. More than 50% of physicians practicing in small, rural communities and more than 66% of physicians practicing in isolated areas are family doctors.³

Despite being THE specialty that largely fills this need across rural Minnesota, more family physicians are needed, especially with current and projected physician shortages coupled with the number of rural physicians nearing retirement.

It's more important than ever to build on the great work of programs like the renowned University of Minnesota Rural Physician Associate Program (RPAP) and the University of Minnesota Medical School, Duluth campus, in driving medical students to choose family medicine (and primary care) and to continue to improve and increase rural training opportunities for Minnesota's family medicine residents, ensuring that they're equipped to meet the diverse needs of our state.

UNIVERSITY OF MINNESOTA TO LAUNCH RURAL RESIDENCY TRAINING TRACKS

The University of Minnesota Department of Family Medicine and Community Health is currently developing rural training tracks for family medicine residents to help meet this need and increase the number of residency graduates going into rural practice.

We chatted with **Shailey Prasad, MBBS, MPH**, who is the Vice Chair for Education in the Department of Family Medicine and Community Health at the University of Minnesota, to learn more about these new rural training tracks.



Shailey Prasad, MBBS, MPH

In addition to his role as vice chair, Prasad is a professor in family medicine, serves as the Executive Director of the Center for Global Health and Social Responsibility at the University of Minnesota, sees patients at M Physicians Broadway Family Medicine Clinic in North Minneapolis and more. He has worked extensively as a primary care physician, educator and researcher in underserved rural and urban areas and is actively involved in developing primary care in various parts of the world.

Q&A WITH SHAILEY PRASAD, MBBS, MPH

Vice Chair for Education, University of Minnesota Department of Family Medicine and Community Health

Why do we need rural-specific training for residents?

There is a strong need for more family physicians in rural areas of the U.S., which will significantly improve access to care and decrease health disparities. In Minnesota, as in other parts of the country, we know that there will be a shortage of primary care physicians. We also know that residents, generally, practice close to where they train. So, it is important to add the context of rural life into the training of the next generation of learners.

"The United States could see an estimated shortage of between 17,800 and 48,000 primary care physicians by 2034."

(Association of American Medical Colleges, 2021)

How are Minnesota family medicine residents being prepared for rural practice?

In Minnesota, we do a good job of training family physicians for a wide variety of practices. Many of our residents have a passion for caring for the underserved, and a good number of our graduates go into rural practice.

While this may sound ironic, some of the issues that we see in urban areas are based on access issues to health care—this is an important aspect of rural health care too. I, myself, trained in an urban area and was a rural doc for 10 years in Mississippi.

In some ways, we have done a good job of training for rural practice, and our amazing colleagues in rural Minnesota are a testament to that. However, we know that we need to do more, and training in a rural immersive environment is needed.

What will the rural residency training tracks look like?

Historically, we [at the University of Minnesota] have been good at orienting learners to rural medicine. RPAP, now more than 50 years old, was the first longitudinal integrated clerkship of its kind, and we have amazing family docs across Minnesota who have been preceptors and supporters of that program.

We are now developing rural training tracks for residency training. Residents will spend the first year with a larger established residency program and the second and third year, longitudinally, at a rural site. Our first will be in Willmar, Minnesota, where the first year of training will be at the St. Cloud Family Medicine Residency and the second and third year will be in Willmar. CentraCare has been an amazing partner in this!

Rural training tracks tend to have a three-year “runway” before they become mature. We are planning on launching in August 2022.

There are rural training tracks like this around the country, but we don't have one in Minnesota yet. With our state's strong history of rural medical education, we should be developing more, and there is energy and support from the University of Minnesota Department of Family Medicine and Community Health, our medical school and various organizations across Minnesota in creating these opportunities.

The Minnesota Department of Health Office of Rural Health and Primary Care has also been a tremendous ally. They have been very supportive in mobilizing resources for this training.

Our hope is that we will have more rural training track sites around the state and continue to produce more amazing rural family docs.

How will these new training tracks impact Minnesota?

We hope that these training tracks will increase the number of family physicians practicing in rural Minnesota. I am sure this will also help health systems recruit excellent rural-oriented/-trained family physicians.

Rural training has also been shown to improve reputations of hospitals, increase federal funding and increase satisfaction amongst other physicians who train residents (I am amazed at our RPAP preceptors—how much joy they have and how generous and involved they are in the education of our medical students).

There have been conversations about rural training for other health professionals, as well, like nurses, physical therapists, occupational therapists and pharmacists. Hopefully, this will be a nidus for more health professional training in rural areas.

Are there ways that MAFP members can support this training?

I think our MAFP is one of the most dynamic state chapters! As such, the energy of MAFP members for education-related activities is high, including mentorship. I see a need for more preceptors and/or mentors in the rural training track programs.

Also, we need advocacy to keep the program viable. I would encourage members to talk to their legislators about the need for state funding to support rural training tracks.

We are hoping that, eventually, there is a critical mass of rural training track programs around the state. The MAFP and its membership can be an amazing support for this learning community.

FIND OUT WHO REPRESENTS YOU AND HOW TO CONTACT YOUR LEGISLATORS AT [BIT.LY/HOWTOCONTACTMLEG](https://bit.ly/howtocontactmleg).

REFERENCES

1. U.S. Department of Agriculture. Rural America at a Glance, 2021 Edition.
2. U.S. Department of Agriculture. Rural America at a Glance, 2019 Edition.
3. Minnesota Department of Health. Overview of the Physician Workforce. 2017.

LAKE SUPERIOR CHAPTER AWARD SETS STUDENTS ON A PATH TO FAMILY MEDICINE

The Minnesota Academy of Family Physicians (MAFP) Lake Superior Chapter Award recognizes medical students who demonstrate a strong interest and potential in the family medicine specialty.

This effort launched in 2011 and was led by **Ruth Westra, DO, MPH**, who was then chair of the University of Minnesota Department of Family Medicine and Community Health, Duluth campus. Associate professor **Emily Onello, MD**, now oversees this award.

Second-year Duluth campus medical students are nominated by MAFP Lake Superior Chapter members who are faculty at the University of Minnesota. Fourteen out of 16 of the award recipients have chosen family medicine as their specialty.

We asked two past awardees, **Kate Chamberlain, MD**, and **Austin Spronk, MD**, to talk about the award and how it influenced their path to family medicine.



AUSTIN SPRONK, MD

WHERE DO YOU PRACTICE?

I currently practice in Luverne, Minnesota, a small community in the far southwestern corner of the state. I spent time here as an RPAP (Rural Physician Associate Program) student and really loved the

community as well as the physician group—seven family physicians, three nurse practitioners, an OB/GYN and a general surgeon, all of whom are very supportive and work well together.

WHY DID YOU APPLY TO THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, DULUTH CAMPUS?

Growing up on a farm, there was always a variety of work to be done—that variety is what I loved and why I was interested in family medicine. I saw Duluth as a great way to pursue that, with the Rural Medical Scholars Program (RMSP) as well as the focus on RPAP. Also, growing up in a town with

no stoplights, the traffic of living in the Twin Cities seemed a bit daunting!

HOW DID YOUR MEDICAL SCHOOL EXPERIENCE INFLUENCE YOUR CHOICE TO PURSUE FAMILY MEDICINE?

In Duluth, the exposure to family medicine, starting with the RMSP program, really confirmed my desire to pursue family medicine. The doctor I worked with was a great example of the variety of care that family [physicians] provide, from obstetrical care to clinic care to hospital care to nursing home care.

HOW DID RECEIVING AN AWARD FROM THE LAKE SUPERIOR CHAPTER OF THE MAFP AFFIRM YOUR CHOICE OF SPECIALTY?

I felt the support of the local family physicians in a way that reaffirmed my desire to be part of that practice to support each other and advocate for the importance of family physicians, in both rural and urban settings.

WHAT WOULD YOU TELL MEDICAL STUDENTS ABOUT CHOOSING FAMILY MEDICINE?

I love the melding of personal relationships with medical care. I am able to have a personal relationship with my patients—discussing weather, local sports teams and crops—and be a voice of medical knowledge to help them better understand their medications, medical issues and questions that have come up from other specialists or hospitalizations.



KATE CHAMBERLAIN, MD

WHERE DO YOU PRACTICE?

I am practicing at Olmsted Medical Center (OMC) in their Pine Island Branch Clinic. I get to serve the community that I grew up supported by. From 4-H awards to medical mentors, this rural area helped me get to where

I am today. OMC's focus on and reputation for primary care in the Rochester area makes it the perfect organization in which to feel both appreciated and challenged.

WHY DID YOU APPLY TO THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, DULUTH CAMPUS?

I was confident that I wanted to practice rural family medicine and, knowing the reputation of the University of Minnesota Medical School, Duluth campus, and their strong commitment to training rural physicians, there was no better place for me to train. I was so committed to this path that it was the only medical school I applied to through early decision.

HOW DID YOUR MEDICAL SCHOOL EXPERIENCE INFLUENCE YOUR CHOICE TO PURSUE FAMILY MEDICINE?

There was so much opportunity for clinical experience in the first two years to keep me connected to patient care and immersed in the rewarding patient relationships that drew me to family medicine. It was both refreshing—while in the midst of “textbook” learning years—and motivating to keep going through the difficult times of medical school. Their RMSPP program gave me weeks of time in a rural family medicine practice as a new student, putting my learning into practice, connecting with a passionate family physician mentor and maintaining my ability to build rapport. They also give you time shadowing in local clinics, volunteer opportunities with a free clinic and an option to follow an OB patient through pregnancy to delivery, all well before you get to clinical rotations. It makes the abstract learning applicable early on, which deepens your understanding of the high volume of material you’re trying to commit to memory.

HOW DID RECEIVING AN AWARD FROM THE LAKE SUPERIOR CHAPTER OF THE MAFP AFFIRM YOUR CHOICE OF SPECIALTY?

It affirmed my choice of family medicine by reinforcing the lifelong community this specialty shares. To have the support of current physicians, paying it forward to me as the “next generation” of family medicine, made me feel welcomed.

WHAT WOULD YOU TELL MEDICAL STUDENTS ABOUT CHOOSING FAMILY MEDICINE?

There’s no other specialty like it! Every single day, I have diagnostic puzzles, joyful news, difficult challenges and the privilege to walk with patients through struggles. I see newborns, great-grandmothers and everything in between. It’s hard work that is incredibly rewarding.

To learn about making a donation in support of the Minnesota Academy of Family Physicians Lake Superior Chapter Award, contact:

Elizabeth Simonson, Director of Development

University of Minnesota Medical School, Duluth Campus

University of Minnesota Foundation

esimonso@umn.edu

LAKE SUPERIOR CHAPTER AWARD RECIPIENTS

2011-2012

Barrett Park and Julia Welle

2012-2013

Justine Trumm and Jason Brill

2013-2014

Libby Russell and Austin Spronk

2014-2015

Bradley Kruckeberg and Emma Sieling

2015-2016

Kate Chamberlain and Stephen Palmquist

2016-2017

Christopher Hughes and Jill LaBine

2017-2018

Benita Behm and Tenaya Siva

2018-2019

Christy Atkinson and KC Riley

2019-2020

Kaylie Evers and Rebekah Fiers

2020-2021

Casey Johnshoy and Kynzie Smedsrud

2021-2022

Brandon Haugrud and Lindsay Simonson

2022 MAFP HOUSE OF DELEGATES RECAP

Forty-seven members from across Minnesota attended the 2022 Minnesota Academy of Family Physicians (MAFP) House of Delegates (HOD) on May 14 via Zoom or in-person in Rochester. Members deliberated and voted on resolutions—*written motions that guide the work of the MAFP*—and elected the next Board of Directors.

Eleven resolutions were submitted for this year's HOD. Prior to May 14, members were given the opportunity to submit written commentary on resolutions. Comments were then shared with Reference Committees and utilized in making recommendations for action to the HOD.

RESOLUTION ACTIONS:

- Six were adopted (*summarized below*).
- Four were referred to the Board of Directors for further discussion.
- Two were filed for information.

ADOPTED RESOLUTIONS:

Advocating for New ICD Codes for Gender Affirming Care

The MAFP will submit a resolution to the AAFP Congress of Delegates asking for support and advocacy for comprehensive ICD-10 codes for gender affirming care that are inclusive of the patient experience.

Educate MAFP Members on Affirming Care for People with Intersex Traits

The MAFP will provide two CME credits about caring for intersex individuals from the lens of the family physician and an intersex individual and/or clinical expert as well as compile and distribute a resource list of leaders in the intersex community for patient/family referral.

Build Street Medicine and Recuperative Care Awareness and Support Among Family Physicians

The MAFP will raise awareness of and support for street medicine and recuperative care within the medical community and general public.



L-R, the 2022 Speaker of the House **Bob Jeske, MD**, Vice Speaker **Roli Dwivedi, MD**, and Parliamentarian **Alex Vosooney, MD**.



L-R, Chief Operating Officer **Jami Burbidge, MAM**, Reference Committee Chair **Cybill Oragwu, MD**, President Elect **Alex Vosooney, MD**, Chief Executive Officer **Maria Huntley, CAE, MAM**, and member **Jay-Sheree Allen, MD**.

Decriminalization [for Drug Level Charges for Possession and Use]

The MAFP will support efforts to decriminalize (not legalize) drug level charges for possession and use (excluding trafficking) and support a "Dissuasion Commission" advisory council to oversee county courts and treatment facilities. The MAFP will join State Opioid Oversight Project (SOOP) efforts and support comprehensive care and connection to community medications for opioid use disorder upon release when incarceration and drug charges still result.

Expanded Obstetrical Skills Training and Credentialing

The MAFP will look to partner with the American College of Obstetricians and Gynecologists (ACOG) in Minnesota to review and apply AAFP/ACOG national policy recommendations for obstetrical procedures, including C-sections and operative vaginal deliveries, to create recommendations for credentialing practices in Minnesota and as well as opportunities for physicians to demonstrate and maintain full spectrum OB skills.

Prior Approval

The MAFP will work through non-legislative means toward moving insurance companies and pharmacy benefit managers to always include in their "non-coverage notices" the specific reason a drug is not approved, as well as the potential replacement drugs that would be approved.

Read more details about each resolution at mafp.org/resolutions.



2022-2023 BOARD OF DIRECTORS - OFFICERS & DELEGATES

The new Board of Directors begins their one-year term on July 1, 2022.



President & AAFP Senior Alternate Delegate
Alex Vosooney, MD



President Elect
Bob Jeske, MD



Immediate Past President
Deb Dittberner, MD, MBA



Treasurer & AAFP Senior Delegate
Dania Kamp, MD, FAAFP



Speaker of the House
Roli Dwivedi, MD



Vice Speaker of the House
Alex Sharp, MD



AAFP Junior Delegate
Dave Bucher, MD, FAAFP



AAFP Junior Alternate Delegate
Nicole Chaisson, MD, MPH

For a complete list of your elected leaders for 2022-2023, visit mafp.org/leaders after July 1.

MAFP FOUNDATION GRANTS SUPPORT INNOVATION & RESEARCH

The Minnesota Academy of Family Physicians Foundation funded the following six grants for its spring 2022 grant cycle.



Krystina Kalland

DAVID MERSY, MD, SUMMER EXTERNSHIPS

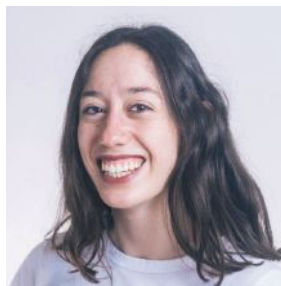
Project: *Applying Quality Improvement and Patient Safety Methodology to the Under-Reporting of Sexual Abuse in Competitive Athletics*

Grantee: Krystina Kalland, fourth-year medical student, University of

Minnesota, Twin Cities campus

Mentor: David Satin, MD, assistant professor, University of Minnesota Department of Family Medicine and Community Health

This summer externship will include both family medicine and sports medicine research to address the under-reporting of sexual abuse in athletics through a quality improvement (QI) and patient safety approach. The aim will be to evaluate the dynamics of this problem and its scope; explore why QI and patient safety methodology is a good fit for addressing this problem; and perform a root cause analysis to identify sources for the persistence of this problem, offer evidence-based targeted interventions and share findings with the larger academic and athletic communities.



Miranda Harris

Project: *Learning from Latinx Youth as Patients and Researchers at Aquí Para Ti*

Grantee: Miranda Harris, second-year medical student, University of Minnesota, Twin Cities campus

Mentor: Maria Veronica Svetaz, MD, MPH, FSAHM, FAFP,

Medical Director, Aquí Para Ti

and Between Us; faculty, University of Minnesota Leadership Education in Adolescent Health Program; Adjunct Assistant Professor, University of Minnesota Department of Family Medicine and Community Health

In this summer externship experience, Harris will shadow a family medicine physician, facilitate *Aquí Para Ti's Youth Advisory Board* (a development clinic for Latinx youth in Minneapolis' Whittier neighborhood) and guide participants in Youth Participatory Action Research in efforts to gain their input on how to continuously improve clinic services so they feel empowered in their health care.



Erika Kaske

Project: *Less-Lethal Weapons and Public Health: A Quality Improvement Initiative*

Grantee: Erika Kaske, fourth-year medical student, University of Minnesota, Twin Cities campus

Mentor: David Satin, MD, assistant professor, University of Minnesota Department of Family Medicine and Community Health

In this summer externship, Kaske will continue researching injuries from less-lethal weapons in Minnesota. She will describe injury patterns of less-lethal weapons and health inequities, documented from recent demonstrations such as the George Floyd and Daunte Wright protests; explain how quality improvement methodology can be applied to public health and safety; and identify "act" steps applicable to the next Plan-Do-Study-Act cycle aimed at decreasing injuries from less-lethal weapons.

INNOVATION & RESEARCH GRANTS



Sally Jeon

Project: *The Health Care Needs of People Experiencing Homelessness During the COVID-19 Pandemic*

Grantee: Sally Jeon, third-year medical student, University of Minnesota, Twin Cities campus

Mentor: Kate Vickery, MD, MSc,

Co-Director, Health, Homeless,

and Criminal Justice Lab,

Hennepin Healthcare Research

Institute; Medical Director, Hennepin County Health Care for

the Homeless; Assistant Professor, University of Minnesota

Medical School

This project focuses on the hypothesis that people experiencing homelessness experienced more unmet health care needs than those with stable housing at the HCMC emergency department during the COVID-19 pandemic. Jeon hopes to compare the chief complaints, health care needs and the experiences of patients experiencing homelessness in seeking health care vs. general patients at the HCMC emergency department during the COVID-19 pandemic. The hope is that findings will inform primary care physicians, the majority of which are family physicians, to best understand the health care experiences, unique challenges and health care needs of patients experiencing homelessness.



Rosabella Pitera

Project: *Food Insecurity in the Twin Cities: What Did We Learn from Families and How Can We Intervene Through Primary Care?*
Grantee: Rosabella Pitera, third-year medical student, University of Minnesota, Twin Cities campus
Mentor: Laura Miller, MD, MPH, FAAFP, assistant professor, University of Minnesota Department of Family Medicine and Community Health

The primary care setting is ideal for addressing food insecurity as it provides the opportunity to intervene on a family level. Since food insecurity is associated with leading causes of adult morbidity and mortality, intervening at primary care visits to improve food insecurity could majorly improve patient health and outcomes.

The next deadline to apply for an innovation or research grant is **October 1, 2022**, and summer externship applications are due **April 1, 2023**. View requirements and apply at mafpl.org/apply.



Lauren McPherson, MD, MAT

Project: *Addressing Racism in the Exam Room: A Family Physician Survey*
Grantee: Lauren McPherson, MD, MAT, University of Minnesota General Pediatrics Fellowship (family physician)
Mentor: Maria Veronica Svetaz, MD, MPH, FSAHM, FAAFP, Medical Director, Aquí Para Ti

and Between Us; faculty, University of Minnesota Leadership Education in Adolescent Health Program; Adjunct Assistant Professor, University of Minnesota Department of Family Medicine and Community Health

It is unclear how often or how well clinicians address and discuss racism and discrimination with patients. This project will help to address this gap by gaining a better understanding of what family physicians are currently doing (or not doing) to screen for and address racism with patients, how comfortable they are/would be addressing this topic and facilitators and barriers to engaging in this work.

**innovation
research
externship**

**MAFP
FOUNDATION**

Welcome to everyone who became members of the MAFP between January 1 and April 30, 2022.

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Berit Amundson, MD**, Northfield (transferred from Wyoming)
- **Nailah Cash-O'Bannon, MD**, Minneapolis (transferred from Michigan)
- **Sarah Cook, MD**, Sauk Centre (transferred from Oregon)
- **Keith Johnson, MD**, Minneapolis (transferred from North Carolina)
- **Donald Joyce, MD, MS**, Minneapolis (transferred from North Carolina)
- **Masoumeh Kiamanesh, MD**, transferred from Virginia
- **Deborah King, MD**, Paonia, CO (transferred from Colorado)
- **Lionel McIntosh, MD**, Sauk Centre
- **Scott Meyer, MD**, Eagan (transferred from Iowa)
- **Kari Newquist Sikkink, MD**, New Richmond, WI (transferred from North Dakota)
- **Meghan OConnell, MD**, St. Paul (transferred from South Dakota)
- **Sapna Patel, MD**, Plymouth (transferred from Iowa)
- **Sneh Patel, MD**, Plymouth (transferred from North Dakota)
- **Michelle Reynolds, MD**, Tyler
- **Lacey Running Hawk Stawarski, MD**, Ironton
- **Jithinraj Edakkanambeth Varayil, MD**, Rochester (transferred from Illinois)
- **Jenna Walters, MD**, Minneapolis (transferred from Oregon)

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Yong-hun Kim**, Rochester
- **Rachel Lopdrup**, Rochester
- **Jessica Trinh**, Rochester

University of Minnesota Medical School, Twin Cities campus

- **Niklas Damberg**, Shoreview
- **Rachel Gallagher**, Minneapolis
- **Miranda Harris**, Minneapolis
- **Louis Hey**, Hopkins
- **Mikayla Hong**, Ramsey
- **Krystina Kalland**, Maplewood
- **Erika Kaske**, Minneapolis
- **Samuel Newell, MS**, Minneapolis
- **Sonam Palmo**, Minnetonka
- **Gerardo Ramirez**, Minneapolis
- **Madison Sundlof**, Minneapolis
- **Annika Tureson**, Minneapolis



- **Garrett Wagner**, Shoreview
- **Beth Westphal**, Richfield
- **Shannon Zhou**, Woodbury

University of Minnesota Medical School, Duluth campus

- **Claire Baumgartner**, Duluth
- **Morgha Byrne**, Duluth
- **Joseph Demello**, Minneapolis
- **Morgan Johnson**, Duluth
- **Emilie Mouritsen**, Fergus Falls
- **Rosabella Pitera**, St. Paul
- **Tatum Williams**, Staples
- **Katie Wilson**, Duluth

Medical University of the Americas (Nevis)

- **Daniel Obermiller, MD**, Minneapolis

St. George's University School of Medicine

- **Anshika Kapur, MPH**, Cottage Grove

Wayne State University School of Medicine

- **Pavithra Margabandu**, Farmington Hills, MI

Windsor University School of Medicine

- **Nuradin Abdishikur, MD**, Brooklyn Park

IN MEMORIAM

- **Amos S. Deinard, MD, MPH**, Minneapolis
- **David W. McQuoid, MD**, Fort Mill, SC
- **Richard D. Mulder, MD, FFAFP**,
Ivanhoe (MAFP past president)

MAFP ACADEMY AWARDS

EDUCATOR *of the Year*
RESIDENT *of the Year*
STUDENT LEADERSHIP *Award*
INNOVATION & RESEARCH *Award*

**NOMINATE A PEER,
MENTOR OR COLLEAGUE
FOR A 2022 MAFP
ACADEMY AWARD!**

It only takes 5 minutes.

Deadline for nominations is
Friday, July 1.

Learn more & nominate:

MAFP.ORG/AWARDS



DARON GERSCH, MD, FAAFP, SEEKS RE-ELECTION FOR AAFP VICE SPEAKER

Minnesota Academy of Family Physicians (MAFP) past president **Daron Gersch, MD, FAAFP**, of Avon, Minnesota, was elected to the role of vice speaker for the **American Academy of Family Physicians (AAFP) Congress of Delegates for 2022**. *He is seeking re-election at the Congress of Delegates this fall.*

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

For more than 25 years, Gersch has been a practicing rural family physician in Minnesota and a long-time leader in the MAFP. Currently, he practices at CentraCare - Long Prairie Hospital.

11AM-2PM
09.10.22
ELM CREEK PARK RESERVE

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& AWARDS CELEBRATION**

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UNDERSTANDING HEALTH CARE SPENDING IN MINNESOTA

The Minnesota Academy of Family Physicians (MAFP) worked with **Representative Jennifer Schultz** (DFL, Duluth) to introduce legislation (HF 3606/SF 3689) in 2022 that would help provide a more complete picture of how health care is paid for in Minnesota.

WHAT WILL THIS LEGISLATION DO?

- **COLLECT NON-CLAIMS HEALTH CARE PAYMENT DATA:** Require payers to annually submit non-claims, value-based payment data to the Minnesota Department of Health (MDH).
- **REPORT ALL HEALTH CARE PAYMENT DATA:** Require MDH to report Minnesota's current claims and non-claims data as well as the state's investment in primary care.
- **RESEARCH TYPES OF HEALTH CARE PAYMENTS IN USE:** Conduct interviews with health plan companies and third-party administrators to better understand the types of non-claims-based payments in use and their goals.

WHY IS THIS LEGISLATION NEEDED?

Currently, Minnesota only collects claims data through the All-Payer Claims Database (APCD), missing all non-claims-based payments, including value-based payments, infrastructure costs, care coordination and other patient support services. All of these payments are vital to keeping Minnesotans healthy while also addressing health disparities and improving cost efficacy.

This legislation will give policymakers a clearer, more comprehensive picture

of Minnesota's health care spending and help inform next steps on health care payment reform. Only with the whole picture can we begin to set a vision for a payment system that is value- not volume-based.

HOW DID THE MAFP BECOME INVOLVED IN THIS LEGISLATION?

For several years, the MAFP has been convening a broad primary care coalition that includes family physicians, advance practice registered nurses, the MDH Office of Rural Health and Primary Care, payers, health systems and others. This stakeholder group has been working together to identify ways to support and increase investment in primary care in Minnesota.

In 2020, the MDH Health Economics Program, using the APCD, analyzed payment for primary care services from 2013 through 2015. Utilizing their broadest definition of primary care, **the data showed that on average only 6.8% of total health care dollars are spent on primary care dollars by private and public payers.** This small amount pales in comparison to what is needed to meet the needs of Minnesotans.

Many MAFP members state loud and clear that our health care system's current fee-for-service payment model isn't working. Health care costs are high and not affordable for many Minnesotans, and primary care—*taking care of the whole patient*—is not valued or appropriately reimbursed. Understanding this reality, and building from this 2020 MDH report, the MAFP and our partners set out to understand how primary care is being paid for and incentivized outside of the fee-for-service system.

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

We know that primary care is increasingly being paid for through value-based payments. Yet, as a state, we don't have our arms around what that means. The aim of this legislation (HF 3696/SF 3689) is to give policymakers a more clear, comprehensive picture of Minnesota's health care spending.

WHAT MEMBERS ARE SAYING

We need to capture all the ways that we're paying for health care to understand how to make our health care system work best for the people it serves and to ensure that we are getting value for our health care spending. Without this data, how do we—policy makers, health care team members and patients—set a vision for a system that works for Minnesotans?

- Katie Freeman, MD,
MAFP member

A recent Minnesota Department of Health study of claims data [found] only about 6% of health spending goes to primary care in Minnesota. We need a more complete picture of health care spending in our state to truly understand the needs and gaps.

- Deb Dittberner, MD, MBA,
MAFP President

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¹ U.S. Department of Agriculture and U.S. Department of Health and Human Services, Dietary Guidelines for Americans,

² CDC.gov, Stress and Coping, <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping>.

³ Zanovec M et al. Lean beef contributes significant amounts of key nutrients to the diets of US adults: National Health and Nutrition Examination Survey 1999-2004. Nutrition Research. 2010.



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