SUMMER 2022 VOL. 6 • NO. 3

MFP

MINNESOTA FAMILY PHYSICIAN

MEET MAFP PRESIDENT ALEX VOSOONEY, MD

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The Minnesota Reception at the 2022 AAFP National Conference of Family Medicine Residents and Medical Students welcomed medical students, family medicine residents and faculty and health care organizations from across Minnesota.

The reception was held the evening of July 29 at Hotel Kansas City and hosted by the MAFP. See more about this year's National Conference on page 22.

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MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

FINDING JOY IN THE PRACTICE OF MEDICINE

Alex Vosooney, MD
MAFP President

Dear Colleagues,

I was at the hospital for a delivery on July 1 and had the pleasure of meeting an intern on their very first day of work as a doctor. Their excitement and enthusiasm caused me to reflect on my first day of residency—the excitement I felt and the aspects of our profession that keep me engaged today.

On my first day of residency, I was assigned to a sports medicine physician in Northfield. The commute from St. Paul gave me time to consider how much I would need to learn in the next three years. The provider I worked with clearly loved what he was doing and was generous with his knowledge. A summary of the day in my journal described it succinctly: "Felt like an idiot once, felt like a rockstar once."

Perhaps some of you had a similar feeling on your first day. The next three years went quickly—gathering new skills; learning about not just medicine, but different approaches to managing your clinic day; working as a team with nurses; and learning how to interact with patients.

Nine years after completing residency, my days have become more routine and include managing the challenges that many of us deal with on a regular basis: early morning meetings, an in-basket that seems to explode in the time it takes me to see one patient, reams of paperwork and late arrivals. While I still love learning new skills, I find that my joy in my work now comes from two places: *my patients* and *my colleagues.*

I'm fortunate to work with a fantastic group of physicians who are always willing to discuss a case, offering to add in a patient when someone is called out of the clinic for a delivery and bringing in treats for a birthday. I hope that each of you is as fortunate as I am in your professional circle. However, it's the patients that keep me coming back.

The relationships with patients that have been built over the past nine years that I've been in practice in West St. Paul are what lift me on a day-to-day basis, creating the bright spots we all need throughout the day. The pictures, cards and drawings patients have made for me are pinned up at my desk, reminding me about the impact we have on our patients—and that they have on us.

If you interact with the next generation of family physicians, be they little kids seeing you in clinic, telling you they want to be doctors when they grow up, or slightly nervous interns, I hope you'll take a minute to share what drew you to become a family physician.

As you reflect on your journey, from the first day of internship to the place where you are practicing now, I hope that you are *still* finding joy in the practice of medicine.

Alex Vosooney, MD
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@mafp.org.

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MEET MAFP PRESIDENT ALEX VOSOONEY, MD

Alex Vosooney, MD
MAFP President

On July 1, 2022, **Alex Vosooney, MD,** became president of the Minnesota Academy of Family Physicians (MAFP). Her term runs through June 30, 2023.

Vosooney has been practicing family medicine for about a decade and serves as the lead physician at Allina Health West St. Paul Clinic.

She has held a variety of leadership roles in her clinic and via the MAFP and American Academy of Family Physicians (AAFP), including serving as:

- **MAFP:** Past East Metro Chapter President, Past Speaker and Past President-Elect
- **AAFP:** Alternate Delegate (for the MAFP), Congress of Delegates; Chair, Commission on Health of the Public and Science

Vosooney is an alumnus of the Medical College of Wisconsin and United Family Medicine Residency. She is passionate about championing evidence-based care and doing so in a manner that is patient-centered and equitable.

We asked President Vosooney to share about her vision for her term as president, where she sees the MAFP has room to grow and how members can get more engaged in the work of the Academy.

WHY DID YOU CHOOSE FAMILY MEDICINE FOR YOUR SPECIALTY?

I enjoyed almost every rotation in medical school, but I always wanted to know what happened next for the patient. The variety of topics that family medicine covers and the longitudinal relationships that you have with patients are what drew me to—and keep me interested in—family medicine.

HOW DO YOU THINK THE MAFP IS OF VALUE TO MINNESOTA FAMILY PHYSICIANS?

The MAFP advocates for our specialty and family physicians, both within our state and in Washington, DC; fosters connections among family physicians around Minnesota; supports medical students and family medicine residents during their training; and provides family physicians with topical continuing medical education.

WHERE DO YOU THINK THE MAFP HAS ROOM TO GROW?

We need to continue to bring together members from all over the state to discuss their views on family medicine education, practice issues and advocacy topics.

WHAT ARE THE CURRENT CHALLENGES FACING FAMILY MEDICINE?

Some challenges are ones that we've faced before:

- Decreasing administrative burden.
- Maintaining the ability to practice the full scope of family medicine.
- Building a rural health workforce.

We also need to ensure that family physicians are receiving fair compensation and resources, as more insurers and health groups switch to value-based care.

WHAT IS YOUR VISION FOR YOUR TIME AS MAFP PRESIDENT?

I plan to continue the advocacy work started by other state chapters on primary care spend initiatives. Increasing investment in primary care decreases overall costs to the system.

I also want to visit with members throughout the state. The pandemic limited our ability to gather, exchange ideas and connect on the issues we are facing as family physicians. Creating and renewing connections among our members is very important to me.

WHY (AND HOW) SHOULD MEMBERS GET ENGAGED IN THE ACADEMY?

Working through the Academy (or MAFP) can help a member advocate for themselves, their profession and their patients. Whether it's testifying at the legislature, writing letters to the editor, speaking about resolutions at the MAFP House of Delegates or creating educational content, there is a way to work with the MAFP, no matter how much (or how little) time you have to give.

Email office@mafp.org to get connected.

ANYTHING ELSE YOU'D LIKE TO SHARE?

I love to read! If you've read something recently that you've enjoyed, please let me know. You can email me at president@mafp.org. I'm always on the hunt for new material!

The MAFP is governed by an 18-member board of directors, which meets every other month. Directors and officers are elected annually at our House of Delegates, the policy-setting body of the Academy.

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LUNG CANCER SCREENING: UPDATED RECOMMENDATION FROM THE U.S. PREVENTIVE SERVICES TASK FORCE

In 2021, the U.S. Preventive Services Task Force (USPSTF) updated their recommendation on screening for lung cancer with low dose computed tomography (LDCT). Following review, the American Academy of Family Physicians (AAFP) stated their support for the updated recommendation while also calling for more research into the potential harms associated with annual screening with LDCT as well as the need to address barriers to lung cancer screening in the community setting, especially among communities of color.

"Primary care teams understand the importance of prevention and screening and respect that recommendations are ever-evolving. As we continue to increase screening for lung cancer through low dose CT, we will observe a welcomed decrease in morbidity and mortality. However, we must not lose focus on tobacco cessation counseling as a primary prevention of lung cancer, and we need to demand equity in screening for ALL LIVES at risk in our diverse communities."
- Deb Dittberner, MD, MBA
Immediate Past President,
Minnesota Academy of
Family Physicians

The following sections on the importance of lung cancer screening and practice considerations are pulled directly from the USPSTF 2021 recommendation and report on lung cancer screening.

Access the full recommendation statement and supporting information at bit.ly/lungcancerscreen.

Recommendation Summary

Population	Recommendation	Grade
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	The USPSTF recommends annual screening for lung cancer with low-dose computer tomography (LDCT) 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. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B

USPSTF, 2021.

IMPORTANCE

Lung cancer is the second most common cancer and the leading cause of cancer death in the US. In 2020, an estimated 228,820 persons were diagnosed with lung cancer, and 135,720 persons died of the disease.

The most important risk factor for lung cancer is smoking. Smoking is estimated to account for about 90% of all lung cancer cases, with a relative risk of lung cancer approximately 20-fold higher in smokers than in nonsmokers. Increasing age is also a risk factor for lung cancer. The median age of diagnosis of lung cancer is 70 years.

Lung cancer has a generally poor prognosis, with an overall five-year survival rate of 20.5%. However, early-stage lung cancer has a better prognosis and is more amenable to treatment.

PRACTICE CONSIDERATIONS

Assessment of Risk

Smoking and older age are the two most important risk factors for lung cancer. The risk of lung cancer in persons who smoke increases with cumulative quantity and duration of smoking and with age but decreases with increasing time since quitting for persons who formerly smoked.

The USPSTF considers 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 to be at high risk and recommends screening for lung cancer with annual LDCT in this population.

African American/Black (Black) men have a higher incidence of lung cancer than white men, and Black women have a lower incidence than white women.

These differences are likely related to differences in smoking exposure (i.e., prevalence of smoking) and related exposure to carcinogens in cigarettes. The differences may also be related to other social risk factors.

Other risk factors for lung cancer include environmental exposures, prior radiation therapy, other (noncancer) lung diseases and family history. Lower level of education is also associated with a higher risk of lung cancer. The USPSTF recommends using age and smoking history to determine screening eligibility rather than more elaborate risk prediction models because there is insufficient evidence to assess whether risk prediction model–based screening would improve outcomes

relative to using the risk factors of age and smoking history for broad implementation in primary care.

Screening Tests

LDCT has high sensitivity and reasonable specificity for the detection of lung cancer, with demonstrated benefit in screening persons at high risk. Other potential screening modalities that are not recommended because they have not been found to be beneficial include sputum cytology, chest radiography and measurement of biomarker levels.

Screening Intervals

The two lung cancer screening trials that showed a benefit of lung cancer screening used different screening intervals. The National Lung Screening Trial (NLST) screened annually for three years. The Nederlands-Leuvens Longkanker Screenings Onderzoek (NELSON) trial screened at intervals of 1 year, then 2 years, then 2.5 years. Modeling studies from the Cancer Intervention and Surveillance Modeling Network (CISNET) suggest that annual screening for lung cancer leads to greater benefit than does biennial screening. Based on the available evidence and these models, the USPSTF recommends annual screening.

Treatment and Interventions

Lung cancer can be treated with surgery, chemotherapy, radiation therapy, targeted therapies, immunotherapy or combinations of these treatments. Surgical resection is generally considered the current treatment of choice for patients with stage I or II non–small cell lung cancer (NSCLC).

Implementation of Lung Cancer Screening

Available data indicate that uptake of lung cancer screening is low. One study using data for 10 states found that 14.4% of persons eligible for lung cancer screening (based on 2013 USPSTF criteria) had been screened in the prior 12 months. Increasing lung cancer screening discussions and offering screening to eligible persons who express a preference for it is a key step to realizing the potential benefit of lung cancer screening.

Screening Eligibility, Intervals and Starting and Stopping Ages

As noted, the USPSTF recommends annual screening for lung cancer with LDCT in adults aged 50 to 80 years who have at least a 20 pack-year smoking history. Screening should be discontinued once a person has not smoked for 15 years.

The NLST and the NELSON trial enrolled generally healthy persons, so those study findings may not accurately reflect the balance of benefits and harms in persons with comorbid conditions. The USPSTF recommends discontinuing screening if a person develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Smoking Cessation Counseling

All persons enrolled in a screening program who are current smokers should receive smoking cessation interventions. To be consistent with the USPSTF recommendation on counseling and interventions to prevent tobacco use and tobacco-caused disease, persons referred for lung cancer screening through primary care should receive these interventions concurrent with referral. Because many persons may enter screening through pathways besides referral from primary care, the USPSTF encourages incorporating such interventions into all screening programs.

Standardization of LDCT Screening and Follow-up of Abnormal Findings

The randomized clinical trials (RCTs) that provide evidence for the benefit of screening for lung cancer with LDCT were primarily conducted in academic centers with expertise in the performance and interpretation of LDCT and the management of lung lesions seen on LDCT. Clinical settings that have similar experience and expertise are more likely to duplicate the beneficial results found in trials.

In an effort to minimize the uncertainty and variation about the evaluation and management of lung nodules and to standardize the reporting of LDCT screening results, the American College of Radiology developed the Lung Imaging Reporting and Data System (Lung-RADS) classification system and endorses its use in lung cancer screening. Lung-RADS provides guidance to clinicians on which findings are suspicious for cancer and the suggested management of lung nodules detected on LDCT. Data suggest that the use of Lung-RADS may decrease the rate of false-positive results in lung cancer screening.

REFERENCES

USPSTF 2021 | recommendation statement, supporting information and full references list at www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening.

AAFP Updates Recommendation on Lung Cancer Screening, www.aafp.org/news/health-of-the-public/20210406lungcancer.html.

Grant support for this article provided by

A Breath of Hope
LUNG FOUNDATION

PATIENT'S NEXT STOP: RADIOLOGY

by **Michael McNeeley, MD**
RAYUS Radiology

At RAYUS Radiology, we recognize the need to expand coverage, access and awareness regarding low-dose chest CT (LDCT) as a screening test for lung cancer in high-risk patients. We have implemented two main pathways:

Pathway 1: A Primary Care Provider (PCP) Identifies a Patient Who Qualifies for Lung Cancer Screening and Submits an Order to RAYUS Radiology

Next steps:

1. Our scheduling team receives the order, reviews it to ensure all criteria are met and then calls the patient to arrange a time and date for their appointment.

2. Patients arrive at one of our centers for check-in. The CT scan takes less than 10 minutes and does not require fasting or intravenous access.

3. Our subspecialized body radiologists will review the images within 24-48 hours and send a detailed report back to the referring provider.

4. The patient's CT findings will be assigned a risk category (1-4) depending on the number, size and appearance of any lung nodules or masses. Follow-up recommendations will be tailored to the patient's needs. This may range from annual CT surveillance, short-interval CT, PET-CT or biopsy.

5. Based on the preference of the original referring provider, RAYUS radiologists and care team can help direct patients in need of biopsies, surgical consultations or surgical intervention with trusted partnerships with Minnesota Oncology or the Minnesota Lung Center. If logistics are already established for follow-up care, then the report can simply be directed back to the PCP to allow them to manage the next steps.

Pathway 2: Patients Who Have Not Been Fully Vetted but May Qualify for Lung Cancer Screening

Next steps:

1. The PCP can send a referral to RAYUS Radiology for us to determine the patient's eligibility for a LDCT lung screening exam.

2. Our care coordinator will connect with the patient to review their eligibility criteria as laid out by the USPSTF and to conduct a brief shared decision-making interview, during which they will review the importance of adherence to the care plan, the impact of any symptoms or comorbidities, the ability/willingness to undergo diagnosis and treatment and the importance of abstinence from tobacco use.

    - If the patient is deemed a candidate, the process will proceed similar to the steps laid out in Pathway 1.

    - If the patient is deemed not a candidate, the reasons are clearly explained to the patient (for example, not enough pack year history, or symptomatic with a cough) and they are guided to follow up with their PCP on next steps. A letter is sent back to the referring office letting them know why their patient is not eligible for the LDCT lung screening exam.

Our goal at RAYUS Radiology is to work closely with our referring clinicians to expand access to low-dose CT lung cancer screening for all eligible patients.

By identifying these patients and expediting their entry into the screening system, we will facilitate the early detection and timely treatment of lung cancer and, by extension, improve the lives of countless patients who might otherwise have gone undiagnosed until much later in their disease process.

The keys to promoting public health are education, access, coverage and communication. RAYUS aims to lead the way.

RAYUS RADIOLOGY™

COMING SOON...

OPIOID USE DISORDER EDUCATION AND TREATMENT ECHO SERIES

mafp.org/moud-echo

When: Tuesday, September 6 and 20, 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.

MINNESOTA RECEPTION AT AAFP FMX

When: Wednesday, September 21, 2022
5:30 - 6:30 pm

Where: District Chophouse & Brewery, Washington, DC

Cost: Free

The MAFP is hosting an open house reception during the 2022 AAFP FMX (Family Medicine Experience) conference in Washington, DC.

Open to any family physician, resident physician and medical student from Minnesota who is attending FMX.

For more about the FMX conference, visit aafp.org/fmx.

VIRTUAL GROUP KSAS

mafp.org/ksa

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:

- $200 for MAFP physician members
- Complimentary for third-year resident members

Earn Prescribed CME credits and certification points toward ABFM certification requirements in these online group learning experiences facilitated by content experts.

Up to four hours are allotted to complete each module.

CALENDAR

Opioid Use Disorder Education and Treatment ECHO Series
Tuesday, September 6 and 20, 2022
12:15 - 1:15 pm
Live Online

Minnesota Reception at AAFP FMX
Wednesday, September 21, 2022
5:30 - 6:30 pm
District Chophouse & Brewery, Washington, DC

Foundation Innovation & Research Grant Application Deadline
Saturday, 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
Sunday, October 16, 2022
4:30 - 8:30 pm
Live Online

Care of Women
Sunday, November 20, 2022
4:30 - 8:30 pm
Live Online

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

Nick DeVetter, DO, first-year resident at the Mayo Clinic Family Medicine Residency - Mankato, was selected as 1 of 30 participants in the American Academy of Family Physicians Foundation's Family Medicine Leads Emerging Leadership Institute, a year-long leadership development program for medical students and family medicine residents.

Roli Dwivedi, MD, was chosen to serve as the Interim CEO of the University of Minnesota Community-University Health Care Center (CUHCC), effective July 1, 2022. Dwivedi has been at CUHCC for over 13 years, most recently as the chief clinical officer and previously as the medical director.

Rose Marie Leslie, MD, Allina Health Faribault Clinic, discussed the menstrual product shortage and why it's a public health concern with KARE 11 (*air date June 16, 2022*).

Tamee Livermont, MPH, second-year medical student at the University of Minnesota, Duluth campus and MAFP Student Director, was named as a 2022 Morris K. Udall and John S. McCain III Native American Graduate Fellow in Tribal Policy. The Native American Graduate Fellowship is awarded to outstanding Native American and Alaska Native graduate students who are currently pursuing advanced degrees in health care fields and who have demonstrated a commitment to Native health care.

Sara Robinson, MD, third-year resident at the Mayo Clinic Family Medicine Residency - Mankato, wrote a blog post on housing as health care and why family physicians should advocate for safe, stable housing for those without homes for the American College of Osteopathic Family Physicians (*posted in May 2022*).

Maria Veronica Svetaz, MD, MPH, FSAHM, FAAFP, Hennepin Healthcare and Medical Director for Aquí Para Tí, was awarded the Minnesota Public Health Association's Paul and Sheila Wellstone Public Health Achievement Award for outstanding contributions to public health. "A visionary and inclusive leader and advocate for racial justice and health equity throughout her career, Svetaz wears many different 'hats' (physician and healer, leader, researcher, mentor, educator and advocate) to advance racial equity for all youth with a special focus on Latine, low-income and immigrant youth and families" (Minnesota Public Health Association).

Erin Westfall, DO, Associate Program Director of the Mayo Clinic Family Medicine Residency - Mankato, was quoted in a recent American Board of Family Medicine (ABFM) article on the ABFM's partnership with the AAFP on a free self-assessment and learning activity entitled *Health Equity: Leading the Change.*

ALICE MANN, MD, MPH: A CALL (BACK) TO ACT

MANN, A FAMILY PHYSICIAN AND FORMER STATE REPRESENTATIVE, IS RUNNING FOR A SEAT IN THE MINNESOTA SENATE.

by **Emie Buege,** Freelance Writer

Alice Mann, MD, MPH, is a family physician, a former state representative, an emergency room doctor at Northfield Hospital and the Primary Care Medical Services Director for Wayside Recovery Center, where she provides mental health and addiction treatment services for women, children and families.

Mann is also an immigrant and advocate. She is passionate about providing medical care to underserved populations, both locally and around the world.

Her time in the Minnesota House from 2019 to 2020 was spurred on by her desire to make things better for her patients and address rising, unaffordable health care costs. While there, she was chief author of laws working to improve access to health care (including but not limited to the following) that:

- Decreased health care costs for families with kids with disabilities.
- Secured funding for statewide tobacco cessation services.
- Increased reimbursement rates for doula services to improve maternal health outcomes and help address maternal health disparities.
- Decreased the cost of prescription drugs by regulating pharmacy benefit managers.

Mann said that, in 2018, she ran for the Minnesota House because she "felt called to act." She's been called back and is running for a seat in the Minnesota Senate in District 50, representing Bloomington and Edina.

We asked Mann more about her time in the Minnesota House, why she's now campaigning for the Minnesota Senate and why she believes it's more important than ever for practicing physicians to get involved in politics and advocacy.

WHAT WAS YOUR BIGGEST TAKEAWAY FROM YOUR TIME IN THE MINNESOTA HOUSE?

I had several takeaways from my first time getting involved in politics. One is the amount of time it takes to be an effective legislator. It takes a tremendous amount of time to fully understand the bills you are signing, to talk to the community, to engage stakeholders to make meaningful change, to write new bills and to disseminate appropriate, fact-based information to the masses. It truly isn't a part-time job.

Alice Mann, MD, MPH

I was also disappointed at how much misinformation guides policy. Misinformation is rampant in the age of social media, and we have people who believe in things that are not based on facts or data. This is one of the many reasons why physicians and scientists need to be more involved in politics.

WHY DID YOU DECIDE TO NOT SEEK RE-ELECTION IN THE HOUSE?

I left the Minnesota House in 2020 because I was having a difficult time coming from the emergency room, where I would see multiple deaths in one shift (which is not normal and very traumatic), and then going back to the Capitol where there were people saying that COVID-19 wasn't real.

I had to focus on one thing. At that time, I felt that I was most needed at the hospital. I could not increase the burden of my medical colleagues, who were all undergoing something we had never experienced in our lifetimes. Therefore, I did not seek re-election.

WHY ARE YOU CAMPAIGNING FOR THE MINNESOTA SENATE?

I had no plans to run for office again. However, the death of Paul Farmer, MD, PhD, gave me a wakeup call and compelled me to get involved again to try to make a difference and make meaningful change. I chose the Senate because there was an open Senate seat in my district.

There is a lot of work that still needs to be done. We still have people in Minnesota who cannot get care because of health care costs. We have people struggling with substance use disorders who can't get proven treatment. We have a mental health crisis in this country without appropriate or sufficient resources.

I worked in 2019 to decrease health care costs, and I hope to continue doing that work. We have a unique perspective as physicians, having heard stories of people struggling to get care from a first-hand perspective and seeing what occurs when people do not get the care they need.

This is also the reason why physicians need to get engaged. Physicians need to meet their representatives, donate and volunteer with candidates who will protect medicine and protect the physician-patient relationship, which is the basis of good patient care and is being slowly degraded.

We have politicians who are making medical decisions for our patients, and we need to make sure that the medical decisions are left to medical providers and patients.

Mann speaking on physician advocacy at a past MAFP House of Delegates.

WHAT ARE SOME PRACTICAL WAYS FOR PRACTICING DOCS TO GET INVOLVED IN LEGISLATIVE ADVOCACY?

Physicians can volunteer with their local candidates. *Local politics is more important than ever.* You can donate your time and/or money.

You can make sure that your friends and families all have plans to vote. You can help arrange voting caravans and provide rides for friends and family to get to the polls and help register people to vote.

You can also talk about politics with your neighbors and friends. Your opinions matter and people listen when you share your thoughts on candidates and policies.

Run for office! School boards, city councils, state legislatures and beyond can use the experience and viewpoint of physicians.

I really believe that sitting back and not getting involved is no longer an option if we hope to preserve the art of medicine and the science of effective patient care.

ANYTHING ELSE YOU'D LIKE TO ADD?

Reach out and meet your state representative and state senator and ask how you can help. You will be glad you did!

Sitting back and not getting involved is no longer an option if we hope to preserve the art of medicine and the science of effective patient care.
– Alice Mann, MD, MPH
MAFP member and Minnesota Senate candidate

GET ENGAGED IN ADVOCACY

Find your legislators and reach out to them via www.leg.mn.gov.

Order a free Vot-ER badge for health care workers at **vot-er.org**. Patients use their personal devices to scan the QR code on the badge and can register to vote or request a ballot through a nonpartisan platform.

Check out the MAFP advocacy blog at **mafpadvocacy.org**.

Follow us on Twitter **@MNFamilyDocs** and use the hashtag **#MAFPAdvocacy** for updates and calls to action about proposed legislation and advocacy efforts.

Contact **Jami Burbidge, MAM,** MAFP Chief Operating Officer, at jami@mafp.org, for more ways to get plugged in.

VOICE-ENABLED AI ASSISTANT DEEMED ESSENTIAL INNOVATION FOR FAMILY PHYSICIANS WITH DOCUMENTATION BURDEN

What would you do with a few extra hours every week that you didn't have to spend on documenting care in an EHR? Would you leave work half an hour earlier? Would you spend more time on each patient encounter?

These are the kinds of questions family physicians who use voice-enabled Artificial Intelligence assistants could soon be asking themselves after the second of two successful pilot labs, sponsored by the American Academy of Family Physicians' Innovation Lab.

It's no secret that physician burnout rates have reached epidemic proportions and that EHR use is closely correlated with burnout. Primary care physicians now spend more than 50% of their workdays on their EHR, according to an *Annals of Family Medicine* study.[1] Broken down, that's an average 4.5 hours per day in clinic and 1.5 hours per day at home—and nearly a quarter of that time is spent on documentation.

So, for clinicians with documentation burden, the AAFP's Phase 2 lab results (as one physician stated) "are a gamechanger." Unlike legacy voice recognition solutions, which require the physician to navigate within the user interface (UI) of the EHR and its respective documentation templates, voice-enabled digital assistants allow the physician to generate a note without UI navigation or editing.

The AAFP Innovation Lab studies also highlight a broader need for education around what voice-enabled AI can do—and what it can't do yet.

A CLOSER LOOK AT HOW VOICE AI ASSISTANTS WERE UTILIZED TO ENHANCE PHYSICIAN WORKFLOW

Tapping into Voice-Enabled Innovation

The use of smart, voice-enabled virtual assistants like Siri or Alexa are commonplace enough to warrant sketches on *Saturday Night Live*. Yet until 2020, it was unclear whether a Siri or Alexa home experience would translate well to the physician practice setting, given the more advanced professional demands and HIPAA-sensitive framework.

That's why, in 2020, the AAFP Innovation Lab (which focuses on innovations that optimize the family medicine experience) embarked on its first small lab study around digital voice assistants. In the first pilot, 10 physicians within three practice locations were asked to trial the solution in their practice.

by **Steven E. Waldren, MD, MS**

For the initial study, the Lab worked with Suki's voice-enabled digital assistant for doctors. It uses AI, machine learning and natural language processing to complete administrative workflows such as creating clinically accurate notes and retrieving patient information from the EHR. Physicians speak naturally, without having to memorize rote commands, and Suki accurately understands and completes their tasks.

After just 30 days, the clinicians in the lab saw documentation time reduced by 62% during clinic hours[2] and 70% during after-hours. Based on the results, the Innovation Lab expanded testing in Phase 2 to include a broader pool of AAFP members: 132 primary care clinicians across 47 clinics and 18 states.

Phase 2 results also reiterated the benefits of using a voice-enabled AI assistant:

- 60% of lab participants who tried the Suki AI Assistant for documentation adopted the solution.
- Those adopters realized a dramatic (72%) reduction in their documentation time per note.
- In addition to significantly reducing documentation time and burden, study participants said the Suki AI Assistant lowered burnout and stress levels.
- Clinicians were more satisfied with their notes—specifically, that they were able to create notes that were more meaningful and professional.

Takeaways for Family Physicians

Both studies demonstrated that voice-enabled AI's key features—including EHR integration, affordability and a mobile option—are important for family medicine.

However, family physicians should also be aware that not all voice-enabled AI solutions are alike. To generate effective time savings, a digital voice solution must demonstrate that it can go beyond simply dropping completed notes into the EHR. Also, physicians who want to adopt a voice AI assistant need to consider their EHR vendor's willingness and infrastructure to support integrating third-party applications.

For both phases of the AAFP Innovation Lab, Suki's AI Assistant enabled discrete data elements to flow into the EHR to populate data fields outside the note, like the problem list, the care plan, flowsheets and for electronic quality measurement.

In 2022, the AAFP Innovation Lab entered Phase 3 of the study, with the goal of educating its membership on AI assistants for documentation.

REFERENCES

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2. American Academy of Family Physicians (AAFP). AAFP digital assistant pilot opportunities. June 25, 2020. www.aafp.org/news/practice-professional-issues/20200625sukistagetwo.html.

Steven E. Waldren, MD, MS, *is the Vice President and Chief Medical Informatics Officer at the American Academy of Family Physicians (AAFP).*

To learn more about the AAFP Innovation Lab, visit bit.ly/aafpinnovationlab.

MAFP: YEAR IN REVIEW, 2021-2022

As we reflect on the past year, the Academy and its leaders remain as committed as ever to supporting our mission, advancing our priorities and remaining a member-led, member-focused organization.

OUR MISSION

Support Minnesota's family physicians as they provide high quality, comprehensive and continuous medical care for patients of all ages AND promote the specialty of family medicine in Minnesota.

OUR PRIORITIES

Three priorities guide our work:

- **Grow the Next Generation of Family Doctors**
- **Reduce Health Disparities in Minnesota**
- **Strengthen the Voice of Family Medicine**

Everything the MAFP does—from legislative advocacy to continuing medical education to grant funding and more—connects back to those three priorities, with the goal of advancing them and upholding our mission.

OUR AREAS OF IMPACT

MAFP at the Capitol

MAFP members, leaders and staff were active at the Capitol in St. Paul and in Washington, DC, advocating for:

- **Increasing financial support for primary care** and **reforming health care spending.**
- **Limiting mid-year formulary disruptions** and **reducing administrative burdens** on clinics and physicians/providers.
- **Expanding and diversifying the primary care workforce pipeline** via increased funding for health care loan forgiveness programs and rural residency training.
- **Continuing access to telehealth** and supporting clinics/providers in **addressing the financial burdens of the ongoing COVID-19 pandemic.**
- **Integrating behavioral health into primary care** and **increasing support for addressing physician and health care worker burnout.**
- **Working to influence a variety of public health issues impacting Minnesotans,** including (but not limited to):
  - gun violence prevention
  - paid family leave
  - conversion therapy bans
  - patient access to medical interpreters
  - the ongoing opioid crisis

We have also continued to convene a broad primary care coalition that includes family physicians, advance practice registered nurses, the Minnesota Department of Health Office of Rural Health and Primary Care, payers, health systems and others. This stakeholder group has been working to identify ways to support and increase investment in primary care in Minnesota and paved the way for legislation (**HF 3606/SF 3689**), introduced by **Representative Jennifer Schulz,** this past session, that would help provide a more complete picture of health care spending in Minnesota and inform future reforms. This legislation received bipartisan support and is expected to be revisited next session.

MAFP & Our Foundation

The MAFP works in concert with our Foundation to support our mission and advance our priorities.

In the last year, the Foundation raised **$20,000,** thanks to **80+** donors, and funded the following;

- **29 scholarships for Minnesota medical students** to attend the AAFP National Conference in Kansas City, Missouri.
- **11 scholarships for first-year family medicine residents.**
- **7 innovation and research grants** for medical students, family medicine residents and practicing family physicians, working to address health disparities, social factors influencing health and more.
- **3 student externships** on health equity, food insecurity and quality improvement.

MAFP Programming

The MAFP hosted/helped facilitate 46 events/programs in the past year.

JUL 2021	AAFP National Conference *(Minnesota medical students)* – Jul 29-31
SEP 2021	Greater Minnesota New to Practice Discussion Group – Sep 20, Oct 27, Jan 11
OCT 2021	Group KSA (virtual): Health Counseling – Oct 17
NOV 2021	Opioid Use Disorder Education and Treatment ECHO sessions *(co-hosted series)* – Nov 2, 2021 - Sep 20, 2022
	New Resident Welcome Event – Nov 13
	Family Doc Community Chat – Nov 18, Dec 15, Jan 26
	COVID-19 ECHO sessions *(co-hosted series)* – Nov 18, 2021 - Jan 27, 2022
	Group KSA (hybrid): Diabetes – Nov 20
DEC 2021	Retired Family Docs Discussion Group – Dec 6, Jan 10, Feb 14, Mar 14, Apr 11, May 9, Jun 28
JAN 2022	Kick-Start CME – Jan 22
MAR 2022	Innovation & Research Forum – Mar 5
	Resident/Medical Student Discussion on Access to Reproductive Health Care – Mar 24
APR 2022	Spring CME: Essential Evidence – Apr 22
MAY 2022	House of Delegates – May 14
	Group KSA: Behavioral Health Care – May 14

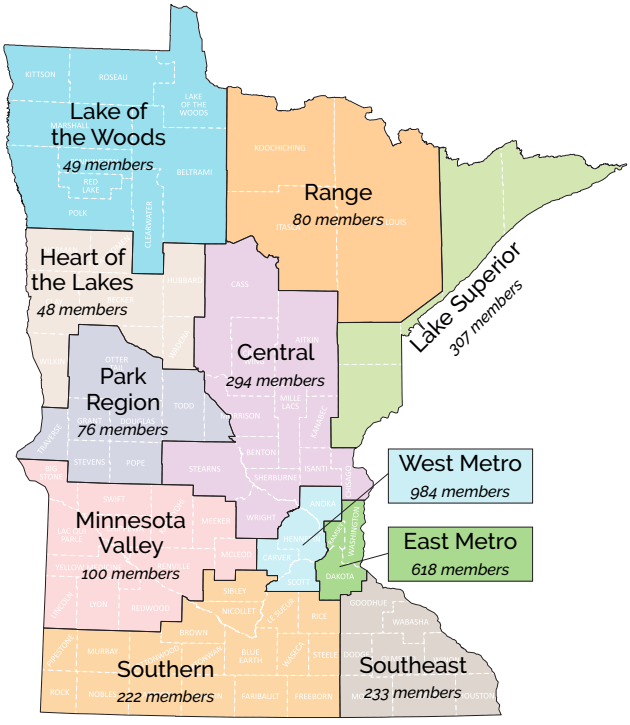
To learn more about the work we do and ways you can help, email office@mafp.org.

OUR MEMBERS

Nearly 90% of family physicians practicing in Minnesota are MAFP members. *(Source: AAFP 2021 Market Share Report.)*

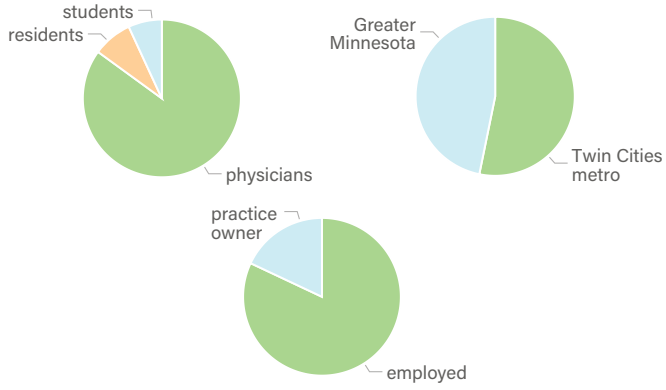
Members per local chapter:

(as of 6/30/2022)



Member demographics:

(as of 6/30/2022)



2022 AAFP NATIONAL CONFERENCE

Minnesota Medical students were back in person for this year's American Academy of Family Physicians (AAFP) National Conference for Family Medicine Residents and Medical Students, July 28-30, in Kansas City, Missouri. Scholarships were provided through the generosity of individual donors, the Mayo Clinic and University of Minnesota departments of family medicine and MAFP local chapters across the state.

The National Conference brings together medical students and residents from across the U.S. who share a passion for family medicine with family physician leaders, residency programs and potential employers. This can't-miss event offers educational workshops, inspiring talks, networking, resident and student congresses and more.

"Attending the National Conference was a valuable opportunity. I talked to medical students going into the specialty, current residents, faculty and program directors, and I could start to imagine them as my future colleagues and friends. Thanks to the conference I have a better understanding of family medicine, of all the AAFP does and of how I can get more involved. I'm very grateful to the MAFP for supporting medical students!"
- Jeff Woods, third-year medical student,
Mayo Clinic Alix School of Medicine

A reception was held on Friday, July 29, at the Hotel Kansas City, for those who were attending the National Conference from Minnesota and to welcome students and residents interested in residency or practice opportunities in our state.

MINNESOTA STUDENTS AND RESIDENTS REPRESENT

29 medical students from the University of Minnesota and Mayo Clinic Alix School of Medicine received scholarships to attend the conference.

4 resident and student delegates represented Minnesota at the congresses, addressing important issues for the specialty of family medicine.

4 posters were presented by Minnesota medical students, and **7 Minnesota members** led presentations.

MINNESOTA DELEGATES

Resident Delegate
Nirmal Lumpkin, MD,
University of Minnesota St. John's Hospital

Resident Alternate Delegate
Shelby Owens, MD,
Mayo Clinic - Rochester

Student Delegate
Matthew Foman,
third-year medical student, University of Minnesota, Twin Cities campus

Student Alternate Delegate
Tamee Livermont, **MPH,**
second-year medical student, University of Minnesota, Duluth campus

ADOPTED RESOLUTION

The Minnesota student delegation introduced a resolution calling for the AAFP to increase the visibility of Native and Indigenous communities by inviting representative members to contribute to the new Commission on Diversity, Equity and Inclusiveness. The resolution was adopted.

MINNESOTA POSTERS

Resident Poster Winner: Increasing Healthcare Agent Documentation in a Residency Clinic (Community Project)
Mariah Eggebraaten, MD, *and* ***Janisha Manhas, MB BCh,*** *University of Minnesota Methodist Hospital Family Medicine Residency*

Student Poster Winner: Exploring Associations Between Social Determinants of Health and Mental Health Outcomes in Socioeconomically and Racially/Ethnically Diverse Families (Research)
Christopher Prokosch *and* ***Ayomide Ojebuoboh,*** *University of Minnesota Medical School, Twin Cities campus*

Creating a Street Medicine Initiative in Southeast Minnesota (Educational Program)
Jeffrey Woods *and* ***Yong-hun Kim,*** *Mayo Clinic Alix School of Medicine*

The Association Between Adverse Childhood Experiences and Impulsivity in Tobacco Users and Tobacco-Cannabis Co-Users (Research)
Sally Jeon, *University of Minnesota Medical School, Twin Cities campus*

MINNESOTA PRESENTERS

Rose Marie Leslie, MD, Allina Health Faribault Clinic, was one of four health care leaders featured in *Student Storytelling: A Collection of Powerful Stories.* She shared her unique narrative of what led her to family medicine.

Sara Oberhelman-Eaton, MD, FAAFP, Chris Boswell, MD, Shennin Hudoba, MD, Shelby Owens, MD, Nathan Nielsen, DO, and **Elizabeth Curry, DO, Mayo Clinic Department of Family Medicine,** taught hands-on clinical skills procedures.

THANK YOU TO OUR SPONSORS

Welcome to everyone who became new members of the MAFP between May 1 and July 31, 2022.

NEW TO THE LAND OF 3,100 FAMILY DOCS

- **Jon Bylander, MD, FAAFP,** Red Wing (transferred from Washington)
- **Todd Domeyer, MD,** St. Paul (transferred from Wisconsin)
- **Thomas Erickson, MD,** Willmar
- **Anne Gallion, MD,** Albert Lea (transferred from Colorado)
- **Kristin Hanson, MD,** St. Paul
- **Tina Ozbeki, MD,** St. Paul (transferred from Wisconsin)
- **Gregory Paczkowski, MD, MBA,** Minneapolis
- **Raymond Pollock, MD,** Eitzen
- **Folubi Salami, MD**

NEW RESIDENT MEMBERS

Hennepin Healthcare

- **Sariu Bisiriyu, MD**
- **Zachary Devney, MD**
- **Olivia Dudek, MD**
- **Allyssa Jonsson, DO**
- **Sohail Mohammad, MBBS**
- **Naomi Ojumah, MD**
- **Oluwatobi Oyeneye, MBBS**
- **Dhip Roy, MD**
- **Ankit Singh, MD**
- **Ijeoma Toulassi, MD**
- **Stuart Yee, MD**

Mayo Clinic - Mankato

- **Olive Albanese, MD**
- **Marijo Botten, DO**
- **Nicholas DeVetter, DO**
- **Kaleigh Longcrier, DO**
- **Kindom Megan, MD**

Mayo Clinic - Rochester

- **Hope Brus, MD**
- **Fred Davis, IV, DO**
- **Camry Kelly, DO**
- **Eric Leveille, MD**
- **Vrinda Munjal, MBBCH**
- **Manpreet Nijjer, MBBS**
- **Audrey Potts, MBBCH**
- **Rebecca Stoll, DO**
- **Devin Wright, DO**

United

- **Laura Hurley, MD**
- **Steven Quam, MD**
- **Fernanda Ribas, MD**
- **Lydia Tortorici, MD**

University of Minnesota CentraCare St. Cloud

- **Kristina Chien, MD**
- **Jason Hogge, MD**
- **Gregory Jacobs, DO**
- **Katrina Johnson, MD**
- **Luke McFarland, DO**

University of Minnesota Duluth

- **Emily Edwards, DO**
- **Josephine Gable, MD**
- **Elena Jaffer, MD**
- **Sarah Kinsey, MD**
- **Megan Sandberg, MD**
- **Rachel Seiler, MD**
- **Jacob Wilcox, MD**

University of Minnesota Medical Center

- **Sofia Haile, MD**
- **Christine Harb, DO**
- **Alexander Johnson, DO**
- **Julia Krumholz, MD**

University of Minnesota Methodist Hospital

- **Anne Magnuson, DO**
- **Brittany Schultz, MD**

University of Minnesota North Memorial

- **Loretta Akpala, MD**
- **Layne Anderson, MD**
- **Nardos Dawit, MD**
- **Ellis Fualefeh-Morfaw, MD**
- **Adjoa Kusi-Appiah, MD**

University of Minnesota St. John's Hospital

- **Asila Osman, MBBS**
- **Sarah Rajala, MD**

University of Minnesota Woodwinds Hospital

- **Taylor Atkinson, DO**
- **Jacob Lentner, DO**
- **Aisha Mohamed, MD**
- **Victoria St Martin, DO**
- **Nickolas Steer, DO**
- **Daniel Zaiss, DO**

Amita Health/Saints Mary & Elizabeth Center

- **Rosa Rios Avendano, MD**

NEW STUDENT MEMBERS

Mayo Clinic Alix School of Medicine

- **Maia Young**

University of Minnesota Medical School, Duluth campus

- **Natasha Crawford, MS**
- **Alexis Kodet**
- **Koushik Paul**
- **Lucas Radermacher**

University of Minnesota Medical School, Twin Cities campus

- **Johanna Back**
- **Kari Carlson, MPH**
- **Sonia Chowdhury**
- **Jae Creger**
- **Abdulaziz Gabow**
- **Allan Gao**
- **Khalid Haji-Kusow, MD**
- **Adaobi Izuora**
- **Mervat Lotfalla**
- **Linda Lu**
- **Michael Schroeder-Toya, JD**
- **Malavika Suresh**
- **Aditi Tayal**
- **Anna Van Deelen, MS**
- **Lauren Vasilakos**

Ross University School of Medicine

- **Brady Peterson**

Saba University School of Medicine

- **Alina Seletska**

St. George's University School of Medicine

- **Lucas Remme**

IN MEMORIAM

- **Gregory Angstman, MD, FAAFP,** Byron

We have recently learned of the passing of four of our past-presidents and wanted to honor them here.

- **Edward P. Donatelle, MD,** Edina
- **Raymond J. Lindeman, MD, FAAFP,** Buffalo
- **Richard E. Streu, MD, FAAFP,** Gold Canyon, AZ
- **John E. Sutherland, MD,** Stillwater

ABORTION CARE & RESOURCES

Abortion *is* health care.

As a result of the Supreme Court's decision to overturn *Roe v. Wade*, many Americans have lost, or will lose, access to abortion and comprehensive reproductive health care. Such laws and regulations are dangerous, not just to the health of individuals but to the practice of medicine. The Minnesota Academy of Family Physicians (MAFP) adopted a resolution in 2019 that states, *"BE IT RESOLVED that the MAFP will oppose any future efforts in Minnesota to criminalize physicians for providing abortion care."*

The MAFP has and will continue to advocate for family physicians and our patients:

- **For the right to health care, including abortion care.**
- **For the right to practice evidence-based medicine without governmental interference on the confidential relationship between patient and physician.**
- **Against the criminalization of medical care and physicians and medical providers.**

"Physicians must be able to practice medicine that is informed by their years of medical education, training, experience and the available evidence, freely and without threat of punishment, harassment or retribution. Patients, not policymakers, must make their own medical decisions" (American Academy of Family Physicians, 2022).

Criminalizing people and medical care and restricting, reducing or removing access to health care treatment and services puts patients at risk and disproportionately harms patients who are from historically marginalized communities and already facing barriers to care and access because of systemic racism and discrimination (including Black women, Latinas and other people of color).

Lack of access to abortion will, unquestionably, lead to poorer health outcomes and an increase in pregnancy-related deaths. Disparities will widen and health inequities deepen.

So, what does abortion care look like in Minnesota, right now? And what resources can physicians tap into for support and training regarding reproductive health care?

ABORTION CARE IN MINNESOTA

Abortion is still legal in Minnesota and protected under the 1995 Minnesota Supreme Court *Doe v. Gomez* precedent. Clinics across the state continue to provide patients with compassionate, expert abortion care and family planning services.

In a statement released June 27, 2022, **Minnesota Attorney General Keith Ellison** joined with a national coalition of 22 attorneys general to issue a joint statement reaffirming their commitment to supporting and expanding access to abortion care. Attorney General Ellison said that "while he is attorney general that no one from another state who seeks, helps someone seek or provides an abortion in Minnesota that is legal in Minnesota will be prosecuted. He also pledged that no one from another state will be prosecuted in Minnesota for having a miscarriage in Minnesota and to oppose extradition requests from other states for people who have sought, helped someone seek or provided an abortion in Minnesota that is legal in Minnesota."

On July 11, 2022, the Ramsey County District Court permanently blocked several abortion restrictions as unconstitutional in the state of Minnesota, including the physician-only law, requirement for two-parent notification for minors, requirement to review state-mandated consent language and requirement for a 24-hour delay prior to having an abortion. The court explained that *Doe v. Gomez* protects both the right to choose an abortion AND the ability to exercise that right—acknowledging that the Minnesota Constitution is more protective than the U.S. Constitution.

MAFP leader **Nicole Chaisson, MD, MPH**, who is the Associate Medical Director at Planned Parenthood North Central States, urges physicians and patients alike to reach out to lawmakers and make their voices heard: "Legislative champions in the Reproductive Freedom Caucus, Governor Walz and Lieutenant Governor Flanagan are committed to protecting abortion access, but we need more pro-active efforts at the legislature to firmly protect bodily autonomy."

For more on Minnesota's abortion laws, barriers, restrictions and the recent District Court decision, go to unrestrictmn.org/minnesota-abortion-laws.

REPRODUCTIVE HEALTH CARE RESOURCES

Training/Education

- *Abortion Training Roadmap* (for medical students and residents): www.abortiontrainingroadmap.com
- Midwest Access Project: midwestaccessproject.org/individual-clinical-training
- Reproductive Health Access Project (RHAP): www.reproductiveaccess.org
- Reproductive Health Education in Family Medicine (RHEDI): rhedi.org
- Early Abortion Training Curriculum (TEACH): www.teachtraining.org/training-tools/abortion-training-curriculum
- *Access, Delivered: A Toolkit for Medication Abortion* (University of Washington): familymedicine.uw.edu/accessdelivered
- Innovating Education in Reproductive Health: www.innovating-education.org

Policy, Research & Reproductive Justice

- Center for Reproductive Rights: reproductiverights.org
- Guttmacher Institute: www.guttmacher.org/united-states/abortion
- Sister Song: www.sistersong.net
- Unite for Reproductive & Gender Equity (URGE): urge.org
- UnRestrict Minnesota: unrestrictmn.org

Additional Resources

- *Limits of Conscientious Refusal in Reproductive Medicine*: bit.ly/acog385
- RHAP: Values Clarification Workshop: bit.ly/rhapvaluesworkshop

TAKE ACTION:

- **Learn where access to abortion is still legal**: www.plannedparenthoodaction.org/abortion-access-tool/US
- **Join the Minnesota RHAP (Reproductive Health Access Project) Cluster,** a statewide network of reproductive justice advocates who are working to ensure that abortion is safe, legal and accessible and that fertility care, pregnancy care and safe childbirth are realities for everyone: network.reproductiveaccess.org/clusters/Minnesota
- **Reach out to your representatives and let them know you want them to protect abortion rights and reproductive health care access**: leg.mn.gov
- **Scan the QR code** to go to a blog post from May 2022 that includes links to the reproductive health care resources listed in this article.

Human Trafficking Warning Signs

Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual "partners"
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)

How Hospitals Can Help

What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act

Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient

How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

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We are committed to improving the health and wellbeing of our diverse community and to be the trusted healthcare providers on our patients' lifelong health journey.

For over 65 years, Voyage Healthcare (formerly North Clinic) has proudly served the Twin Cities North Metro with our four convenient locations; Maple Grove, Osseo, Plymouth and Crystal. We have a gifted team consisting of Physicians and Advanced Practice Providers in Family Medicine, Internal Medicine, OB/GYN, Colon and Rectal Surgery, Sports Medicine, Podiatry, Rheumatology and Diabetes Education. We also have in-house x-ray, mammography, DEXA, and our own state of the art fully-equipped lab.

We offer competitive compensation and benefits including medical, dental, disability, life insurance, malpractice insurance, vacation time, CME, cell phone reimbursement, 401K, profit sharing, and relocation allowance. **As an independently owned clinic, our physicians have the opportunity to be involved in the business aspect of medicine, by becoming a Physician owner of Voyage Healthcare.** We encourage a work-life balance by offering our full-time Family Medicine Physicians a 4-day work week and rotating call coverage 1-2/month.

Voyage Healthcare is dedicated to building a positive relationship with not only our patients but our providers and medical personnel to ensure the kind of care we'd want for our own families. **If this sounds good to you, joining our team would be rewarding!** Please visit our website for more information.

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