

WINTER 2023 VOL. 7 • NO. 1

MFP

MINNESOTA FAMILY PHYSICIAN

**RENEWING JOY IN MEDICINE:
A CONVERSATION WITH
CYBILL ORAGWU, MD**

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MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

CONTINUING TO LEARN

When asked during my medical school interview about which specialty I was likely to pursue, I named family medicine, citing that the variety of patients and problems meant there was always something to learn. To this day, the need to constantly update my understanding is one of the most appealing—and *challenging*—areas of my career.

While I was in medical school and residency, it was difficult to imagine a time would come where learning wasn't a structured part of my day, where I wouldn't have preceptors or faculty asking me to look up a topic and report back on it. My residency director often told the residents that we were "self-directed adult learners," meaning that we bore the responsibility for choosing what and how to learn as we continued in our careers.

It took time, but I discovered I like quizzes and in-person conferences best. I prefer to have at least one other person to talk with during the conference—to chat about the evidence behind what was just presented, how we currently use a certain skill in our practice, the presence or absence of system supports for particular issues and *to debate the best conference snack*. Talking about what I am learning helps me create memories that tend to make the material stick.

As we continue in our practice, *our areas of opportunity may include:*

- **Technical skills** (like joint injections)
- **Knowledge gaps** (like the latest medications for diabetes management)
- **Adding care options at our practice site(s)** (*This need led me to a conference room in Rochester early in my practice, learning the finer points of the DOT exam.*)
- **Skills that our patient panel shows a need for** (like buprenorphine management or gender-affirming care)



Alex Vosooney, MD
MAFP President

We may get interested in health care policy or administration or pursuing master's degrees in business administration or public health. We can feel passionate about advocating for patient access and/or addressing care issues, learning to testify on legislation and/or participating in professional organizations.

In an effort to be well rounded, we may take up learning skills that were paused by the focus demanded of medical training, or to stay connected with family members. I now know how to knit and crochet (*if you see me at a conference, there is a strong chance I will have a project in hand while listening to the lecture*)—and I am currently steeling myself to learn how to snowboard with my son over the winter (*if you see me in a cast this spring, this is likely why*).

The **Minnesota Academy of Family Physicians** won't be the group that helps you finally master the guitar, but we stand at the ready to help keep your medical knowledge current. You can find a variety of upcoming continuing medical education and advocacy (and even networking/social) events at mafp.org/events. Topics are drawn from member suggestions, House of Delegates resolutions and current population needs. *Don't hesitate to reach out and offer feedback or suggestions on topics or modalities!*

No matter what you've decided to learn about, be it personal or professional, I hope it brings joy and satisfaction into your day-to-day activities.

Alex Vosooney, MD
MAFP President



MINNESOTA ACADEMY OF
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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 952-542-0130 or office@mafp.org.

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RENEWING JOY IN MEDICINE THROUGH ADVOCACY AND LEADERSHIP

A CONVERSATION WITH CYBILL ORAGWU, MD, ABOUT THE NATIONAL CONFERENCE OF CONSTITUENCY LEADERS Interview by **Emie Buege**, MAFP Communications & Marketing

The American Academy of Family Physicians (AAFP) National Conference of Constituency Leaders (NCCL) is an annual gathering of underrepresented member constituencies—recognized as women, minorities, new physicians, international medical graduates and LGBTQ+ physicians—to provide an opportunity to advocate, share and develop as leaders.

In addition to leadership and advocacy training, education sessions and networking, the constituencies put forth and debate resolutions that may affect AAFP policy and advocacy efforts at the state and/or national level and elect representatives to the AAFP Congress of Delegates (where policies are voted on).

Each year, the Minnesota Academy of Family Physicians (MAFP) sends members to NCCL to represent both Minnesota and underrepresented member constituencies. In 2021, one of those representatives was MAFP Special Constituency Director **Cybill Oragwu, MD**, who served as the New Physician Delegate from Minnesota. She returned to NCCL in 2022 as an AAFP new physician co-convenor.

We talked with Oragwu to learn more about NCCL and her involvement in advocacy and leadership.

HOW HAS PARTICIPATING IN NCCL IMPACTED YOU AS A LEADER?

Oragwu: Participating in NCCL continues to renew my joy in medicine. It reminds me that my voice matters and empowers me to advocate and speak out on issues that affect my patients,

my community and my wellbeing as a practicing physician. It also reminds me that my responsibilities as a leader go beyond the exam room. While there are external elements that impact and seek to define what goes on in the clinic, our role as family physicians includes addressing them to continue providing the care that our communities need.

WOULD YOU RECOMMEND NCCL TO OTHER PHYSICIANS?

Oragwu: Absolutely! While there are many reasons to be involved in NCCL, it's reinvigorating to be surrounded by other people with a shared goal. We go from being learners, trainees and parts of cohorts to becoming independent practicing family physicians, which can sometimes be isolating. NCCL is a great way to change that dynamic, make connections and take back ideas that enrich your practice and community.

It's vital for all voices to be heard. Our health care system is at a point where we cannot afford to be passive. Engagement in NCCL [and the AAFP Congress of Delegates and MAFP House of Delegates] are opportunities to represent our patients, communities and practice.

WHICH ISSUES ARE MOST IMPORTANT TO NEW-TO-PRACTICE FAMILY PHYSICIANS?

Oragwu:

- Shifting dynamics in family medicine, with less and less autonomy in practice
- Narrowing scope of practice
- Increasing shift towards the employed physician model and growth of corporate medicine



Cybill Oragwu, MD

- Shortage of family physicians (with a high number of retiring physicians)
- Administrative burden
- Low investment in primary care (especially since family medicine is the only specialty producing primary care physicians that provide comprehensive care for *all ages*)

All of these [listed] contribute to increasing burnout and departure from the practice of medicine.

TIPS FOR GETTING PLUGGED INTO LEADERSHIP AND/OR ADVOCACY?

Oragwu: If you have a cause that matters to you or a process that you feel can be improved upon, do some research into it. If there are people or organizations already doing work around that cause or issue, reach out to them and join them; and, if no one else is doing the work, feel empowered to start your own thing and/or find like-minded individuals to join you.

PARTING THOUGHTS?

Oragwu: I want to commend the MAFP for promoting family medicine in Minnesota and being a voice for family physicians across our state.

Cybill Oragwu, MD, is a new-to-practice family physician (defined as those within seven years of residency completion). She serves on the MAFP Board of Directors as our Special Constituency Director and is active in the AAFP. She was recently appointed to the Minnesota Board of Medical Practice and is the Physician Site Lead and Chief of Staff at her current practice at CentraCare - Long Prairie.



Oragwu testifying at the AAFP Congress of Delegates in September 2022.



HOUSE OF DELEGATES

SATURDAY, MAY 6, 2023

9 AM - 12 PM

DULUTH + ONLINE



ADD YOUR VOICE:



Author/co-author a resolution
(by April 9)

Help set the policy and/or direction of the MAFP.



Submit written commentary
(April 15-23)

Comment or provide testimony on any resolution (online).



Participate in the meeting
(register by May 2)

Attend online or in person to discuss and vote on resolutions.



MAFP.ORG/HOD2023

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2023 MAFP LEGISLATIVE PRIORITIES

The Minnesota Academy of Family Physicians (MAFP) Legislative Committee utilizes adopted House of Delegates resolutions and input from MAFP leaders and other members to recommend legislative priorities each year.

2023 LEGISLATIVE SESSION: WHAT TO EXPECT

With the Democrats winning both state legislative bodies and the Governorship, plus the increasing budget surplus, the MAFP anticipates there will be many groups lobbying the legislature for change and investment. It remains to be seen what can be accomplished and what Democrats will prioritize.

Nicole Chaisson, MD, MPH, Chair of the MAFP Legislative Committee, said, “We are hopeful that the 2023 session will focus on expansion of access to care for Minnesotans, prioritization of primary care and greater investment in our health care workforce. The MAFP will be at the table as an important voice, working on behalf of our patients and family physicians across the state.”

2023 LEGISLATIVE PRIORITIES: ISSUES WE’RE LEADING ON

The following priorities are those that the MAFP provides a leadership role in championing.

- **Update the All-Payer Claims Database to ensure we understand how health care is paid for in Minnesota by capturing non-claims payment data.** The MAFP believes gaining this understanding and greater transparency is critical to achieve a greater investment in primary care in Minnesota.
- **Expand and diversify the primary care workforce and pipeline.** The MAFP supports efforts to increase opportunities for training family physicians in rural and underserved areas, specifically through rural training tracks and grants to support medical education, and the expansion of loan forgiveness programs.
- **Limit mid-year formulary changes and simplify prior authorization processes.** Family physicians are frustrated with disruptions to their practices and patient care caused by formulary disruptions and prior authorizations. The MAFP supports legislation to limit mid-year formulary disruptions and efforts to simplify and streamline the prior authorization processes.



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

2023 LEGISLATIVE PRIORITIES: ISSUES WE’RE WORKING TO INFLUENCE

The MAFP will continue to work with partners on advocacy around important issues impacting our patients and family medicine, including the following:

- Ensuring access to **comprehensive, equitable reproductive health care.**
- Guaranteeing **gender-inclusive paid family leave.**
- Preventing gun violence through **common sense gun safety measures.**
- Banning conversion therapy and expanding access to **gender-affirming care.**
- Expanding access to health care by **allowing more Minnesotans the opportunity to buy into the state’s public health care programs.**
- Protecting family physicians and patient access to care by **addressing non-compete agreements.**

TAKE ACTION

Follow Us Online: We regularly post updates and legislative calls to action across our social media channels and on our advocacy blog, mafpadvocacy.org.



Join Us at the Capitol: On February 8, 2023, the MAFP will host a lunch for family physicians starting at 11:00 am at the Capitol building in St. Paul. After lunch, we will join our colleagues at the Minnesota Medical Association for afternoon legislative meetings. Register to attend and get details at mafp.org/events-advocacy.

Reach Out: Email Jami Burbidge, MAM, at jami@mafp.org for more information and/or to get plugged into legislative advocacy.

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UNDERREPRESENTATION OF INDIGENOUS HEALTH CARE PROVIDERS

A CONVERSATION WITH MARY OWEN, MD, DIRECTOR OF THE CENTER OF AMERICAN INDIAN AND MINORITY HEALTH

Interview by **Emie Buege**, MAFP Communications & Marketing



Mary Owen, MD

The number of Native American students applying to medical schools decreased from 0.4% to 0.2% between 1980 and 2016 (Association of American Medical Colleges, 2017). Even though the Native population has continued to see growth, the number of Native American students applying to, matriculating into and graduating from medical school has been low for decades.

Minnesota Academy of Family Physicians (MAFP) member **Mary Owen, MD**, gave the opening plenary at last fall's Family Medicine Midwest conference, where she spoke about the underrepresentation of indigenous providers in health care and shared recommendations for increasing those numbers.

Owen is a member of the Tlingit Nation. She has been director of the Center of American Indian and Minority Health (CAIMH) on the University of Minnesota Medical School, Duluth campus, since 2014, where her work has included developing and managing programs to increase the numbers of American Indian and Alaska Native (AIAN) students entering medical careers. The University of Minnesota Medical School is now second in the nation for successfully graduating Native American medical doctors.

In addition to her leadership of CAIMH, Owen also continues to see patients once a week for the Fond du Lac Nation.

We talked to Owen to learn more about the underrepresentation of indigenous providers in health care and how we can help increase the number of AIAN students going into medicine.

WHY IS THERE SUCH AN UNDERREPRESENTATION OF INDIGENOUS PROVIDERS IN HEALTH PROFESSIONS?

Owen: We are underrepresented in medicine for the same reasons that we have the highest health disparities, the worst educational outcomes and some of the highest poverty levels. We have survived the genocide imposed on us by the U.S. government and maintain our many different, rich cultures but, as a collective population, we continue to struggle in this society. Additionally, we remain second-class citizens on our own land and invisible to most people in this country.

Prior to the colonization of North and South America, Indigenous people across the continents had complex societal, education and health systems that sustained them for thousands of years. Settler colonialism aimed to eradicate this knowledge to replace it with Western ways of thinking and doing—all for the ultimate purpose of acquiring land and resources.

It is well documented that boarding schools were a critical tool used to destroy Native culture, with a particular emphasis on disrupting our sense of connection and commitment to our communities. Native students were coerced and forced into boarding schools—institutions that banned Native languages and culture while

imposing Western ways of thinking. In writing about the impacts of boarding schools, *The New York Times* cited that up to 80% of Native children attended these institutions by 1920.

Imagine the collective impact of this cultural genocide on Native people, their health and their education. Cultural genocide is not something that happens to one generation or two generations, but to all succeeding generations. I do not know of a single Native person who is not continuing to experience the impacts of the boarding schools.

Boarding schools were only one of many tools to eradicate Native ways and to disrupt our communities. Local, state and federal governments have, historically, negatively, impacted us. As our land was taken through the nineteenth century, we were moved to land with little value and on which it was hard to develop an economic base. Also, significant numbers of Native people were relocated from Tribal land in the 1950s and told they would receive housing, education and jobs with advancement opportunities. Of course, these offers rarely materialized and Native families were stranded in large, impersonal cities without the community support they would have had if they had stayed on the reservations.

These and many more actions have resulted in generations of Native people and families who are unable to escape poverty, succeed academically or simply survive in this society.

HOW CAN WE INCREASE THE NUMBER OF INDIGENOUS PROVIDERS IN HEALTH PROFESSIONS?

Owen: Start programming to support Native students as early as possible (long before they consider the health professions and even before college), led by or informed by Native people. Native leadership will ensure that programming contains critical elements of our cultures—most, if not all of which, include an emphasis on community and not individualism. Additionally, Native leadership will address the high rates of poverty, houselessness and food insecurity amongst our children. Most importantly, Native students need to see Native leaders and have their cultures, languages and traditional knowledge prominent in programs that serve them. Research shows that Native students who participate in their culture and community are more academically successful.

HOW IS CAIMH WORKING TO INCREASE THE NUMBER OF INDIGENOUS STUDENTS GOING INTO HEALTH CARE?

Owen: We have many programs, resources and activities for AIAN students, designed to support interest in the health care field—all led by Natives, incorporating culture and community and built on flexibility.

Two of our current projects:

- **C2Dream is a partnership aimed at demonstrating and documenting traditional activities in the Native community that positively impact the health of the population.** Currently, we are introducing students to—and supporting students already engaged in—Native lacrosse. In Duluth, we plan to invite students and their families to learn about the game and to form a team or teams to scrimmage. Lacrosse is a traditional Native game and exposes students to one of many Native strengths. Families will be invited and

encouraged to come to all events to form a larger community of support; food, transportation and equipment will be provided, as well.

- **A much larger project that CAIMH is spearheading is the development of a national collaboration of regional hubs of pathway programs.** There exist numerous pathway programs throughout the U.S. to serve Native American students. However, there is little, if any, longitudinal programming to connect the programs and to help support students in moving from one academic level to another. Additionally, most of the pathway programming that exists to increase Native representation in the health professions is at the college and graduate level. We must reach students much earlier, and we can if we provide support to the pathway programs that already exist for Native students in grades K-12 in each of our regions and identify where there are gaps.

WHAT RESOURCES OR ACTION STEPS WOULD YOU RECOMMEND?

Owen:

- *Reach out to local Native programs in and outside of schools to ask where help is needed.* Our students often need tutors, supplies, food and, simply, to be valued. Our programs often need money to support them.
- *Advocate on the local, state and federal levels for programs and policies to support Native students.* Most people are not aware that the federal government agreed to provide education, social services and health care to Native people, indefinitely, in exchange for the millions (99%) of acres of lands that were taken from us. Native people are not looking for handouts, only payment for what was already taken.



Owen gave the plenary at last fall's Family Medicine Midwest.

Remember: Though our communities often want and need your support, they are not always able to receive it. Most of our programs on and off the reservations have always been short of resources and staffing. The COVID pandemic amplified these shortages. People are aware of the devastating health impacts in Indian Country, but they don't always know about the economic toll of the pandemic. Every health director I've spoken to has stated that they have no capacity to support anything outside of the bare basics to meet the needs of their population.

ANYTHING ELSE TO ADD?

Owen: As David Jones, MD, PhD, of Harvard has pointed out in his writing and interviews, Native American health disparities have existed since colonization. By conservative estimates, Native American populations decreased by over 15 million to 200 thousand by 1900. It would take any population a while to recover, especially when that population's values continue to be oppressed and its members are treated as second-class citizens on their own land.

COMING SOON...

REPRODUCTIVE HEALTH CARE ECHO

The Reproductive Health Care ECHO is a four-part continuing medical education (CME) series for family physicians. ECHO sessions are held LIVE online and utilize the “all teach, all learn” model of learning.

Topics include **reproductive justice, early pregnancy loss, Mifepristone/medication abortion and legal considerations.**

When: Every other Thursday, 7:00 - 8:00 pm Central, from February 2, 2023, through March 16, 2023

Where: Online

Cost: Free

mafp.org/rhc-echo

LEGISLATIVE LUNCH + PHYSICIANS' DAY AT THE CAPITOL

Join family physicians, family medicine residents and medical students for a legislative luncheon at the State Capitol, hosted by the Minnesota Academy of Family Physicians.

Following lunch, meet with lawmakers as part of the Minnesota Medical Association's Day at the Capitol for physicians and physician groups from across the state.

When: Wednesday, February 8, 2023
11:00 am - 4:30 pm

Where: Minnesota State Capitol
(St. Paul)

Cost: Free

mafp.org/event/dac-2023

INNOVATION & RESEARCH FORUM

The Innovation & Research Forum brings together practicing family physicians, researchers, innovators, medical students and residents to:

- Dig into the latest in family medicine innovations and research and see how the findings can translate into clinical practice and improve patient care.
- Share research and innovation projects and receive valuable feedback from peers.

Opening presenter **Ann Gearity, PhD**, will present, “Lessons Learned from These Difficult Past Few Years: How Do Children Cope, and What Mediates Adversity?” Gearity has worked for more than four decades in mental health with children, teens, adults and families.

When: Saturday, March 11, 2023
8:00 am - 2:05 pm

Where: UCare
(Minneapolis + online)

Cost:

- \$150 for AAFP/MAFP physician members
- \$0 for AAFP/MAFP family medicine resident members and medical students

mafp.org/IRF

SPRING CME

Join us for a morning of continuing medical education (CME) on best practices in family medicine (includes case-based sharing) and/or an afternoon, hands-on Point-of-Care Ultrasound (POCUS) workshop.

Attend just the morning CME, just the hands-on POCUS workshop or both.

When: Friday, April 14, 2023
8:00 am - 5:00 pm

Where: Rush Creek Golf Club
(Maple Grove + online)

The morning CME is offered in a hybrid format—you may attend in person or online. The POCUS workshop is offered in person only.

View pricing info and registration options at mafp.org/spring-CME.



CALENDAR

Reproductive Health Care ECHO
Thurs., Feb. 2/16 & Mar. 2/16, 2023
7:00 - 8:00 pm (Online)

Legislative Lunch + Physicians' Day at the Capitol
Wednesday, February 8, 2023
11:00 am - 4:30 pm
St. Paul (State Capitol Building)

Innovation & Research Forum
Saturday, March 11, 2023
8:00 am - 2:05 pm
Hybrid: Minneapolis (UCare) + online

Health Care Systems Advocacy
Thursday, March 30, 2023
Time TBD (Online)

Foundation Innovation & Research Grant + Summer Externship Application Deadline
Friday, April 1, 2023
mafp.org/apply



Spring CME

Friday, April 14, 2023
8:00 am – 5:00 pm

- **Morning sessions:**
Hybrid: Maple Grove + online
- **Afternoon POCUS workshop:** Maple Grove (only in person)



House of Delegates

Saturday, May 6, 2023
9:00 am - 12:00 pm
Hybrid: Duluth + online



ABFM Group KSA: Care of Older Adults

Saturday, May 6, 2023
12:30 - 4:30 pm
Hybrid: Duluth + online



National Conference of Constituency Leaders (NCCL)

Tuesday-Thursday, May 9-11, 2023
Kansas City, Missouri
www.aafp.org/events/aclf-nccl/nccl.html



AAFP Family Medicine Advocacy Summit

Monday-Tuesday, May 22-23, 2023
Washington, DC
www.aafp.org/events/fmas.html

**Resident and medical student members can apply to receive reimbursement for costs related to attending the summit, maf.org/FMAS-reimbursement.*



Summer CME

Friday-Saturday,
August 25-26, 2023
Nisswa (Grand View Lodge)

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



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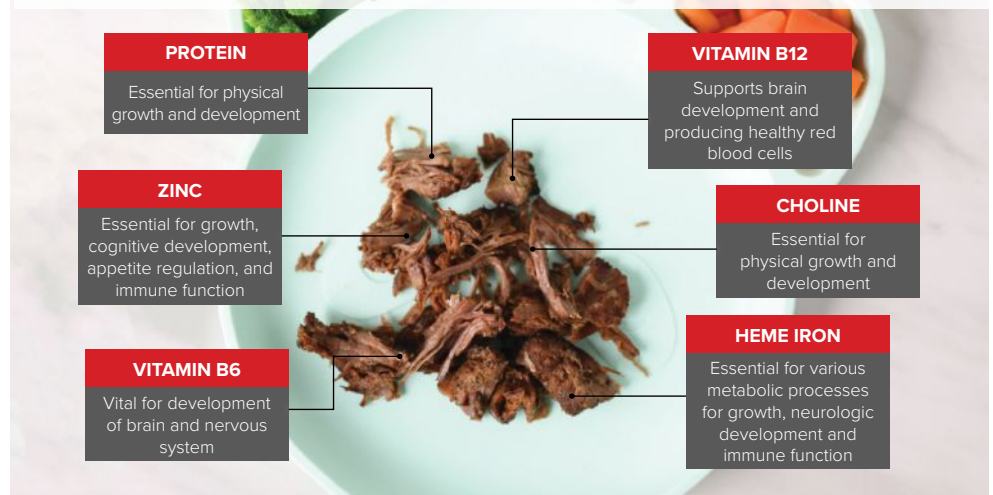
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Essential Nutrients in Every Beef Bite

The American Academy of Pediatrics recognizes key nutrients found in beef are essential to support growth and cognitive development during the early years – yet less than 10% of infants eat beef in the first twelve months of life.¹⁻³ The 2020-2025 Dietary Guidelines for Americans encourage parents to choose nutrient-dense foods, like beef, to make the most of every bite for their infants and toddlers.⁴



1. American Academy of Pediatrics Committee on Nutrition. Pediatric Nutrition. 7th ed. Elk Grove, IL: American Academy of Pediatrics, 2014.
 2. Roess AA, et al. Food Consumption Patterns of Infants and Toddlers: Findings from the Feeding Infants and Toddlers Study (FITS) 2016. J Nutr 2018;148 (suppl_3):1525S-35S.
 3. Schwarzenberg SJ, et al. Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. Pediatrics 2018;141(2).
 4. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at DietaryGuidelines.gov.



Roli Dwivedi, MD, *MAFP Speaker of the House*, was appointed the chief executive officer (CEO) of the Community-University Health Care Center on December 5, 2022, after serving as its interim CEO.

Several MAFP members were recently appointed to commissions for the American Academy of Family Physicians, including:

- **Betsy Gilbertson, MD** (pictured left), *Allina Health West St. Paul* – Commission on Quality and Practice
- **Christopher Prokosch** (pictured right), *medical student, University of Minnesota* – Commission on Membership and Member Services
- **Vineet Raman**, *medical student, University of Minnesota* – Commission on Federal and State Policy
- **Rebecca Stoll, DO** (pictured lower right), *family medicine resident, Mayo Clinic (Rochester)* – Commission on Membership and Member Services



Congrats to these physician, resident and student leaders on their appointments to national commissions!



Emily Onello, MD, *University of Minnesota Medical School, Duluth campus*, co-authored an article on health care and climate change, “Understanding the Knowledge, Attitudes, and Practices of Healthcare Professionals toward Climate Change and Health in Minnesota,” published in *Challenges* on November 1, 2022 (doi.org/10.3390/challe13020057). The article includes a reference to an MAFP resolution on climate change and health.

Carolyn Torkelson, MD, *adjunct associate professor, University of Minnesota Department of Family Medicine and Community Health*, co-authored the book *Beyond Menopause: Pathways to Holistic Healing*, published in October 2022. Torkelson is retired from clinical practice and was inspired to write about the many women she’s seen and cared for over her 30 years of practice. Find the book at womenagingwell.org/#book.



John Wilkinson, MD, *Mayo Clinic*, was among the 2022 Mayo Clinic Distinguished Educator awardees, which recognizes Mayo Clinic faculty who have significantly contributed to excellence in education throughout their career and have demonstrated leadership and professionalism.

A number of MAFP members presented at the National American Primary Care Research Group annual meeting in November 2022, held in Phoenix, Arizona, including:

- *From the University of Minnesota:* **Patricia Adam, MD, MSPH, Michele Allen, MD, MS, Casey Martin, MD, Tim Ramer, MD, FAAFP, and April Wilhelm, MD, MPH**
- *From Mayo Clinic, Rochester:* **Summer Allen, MD, Matthew Bernard, MD, FAAFP, Gregory Garrison, MD, MS, FAAFP, Benjamin Lai, MD, FAAFP, Tamim Rajjo, MD, MPH, David Rushlow, MD, MBOE, and Thomas Thacher, MD, FAAFP**
- *From Mayo Clinic, Red Wing and Lake City:* **Randy Foss, MD**
- *From Mayo Clinic, Mankato:* **Nicholas DeVetter, DO, Susan Laabs, MD, and Erin Westfall, DO**
- *From Minnesota Community Care:* **Kathleen Culhane-Pera, MD, MA**
- *From Hennepin Healthcare:* **Kate Vickery, MD, MSc**



INNOVATION & RESEARCH FORUM

Saturday March 11, 2023

8:00 am - 2:05 pm

Participate online or at UCare in Minneapolis

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Opening Presenter:



Anne Gearity, PhD

Lessons Learned from These Difficult Past Few Years: How Do Children Cope, and What Mediates Adversity?



REGISTER by March 8



mafp.org/IRF



MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

LAUNCHING THE STREET MEDICINE SELECTIVE

THE POWER OF COMMUNITY AND COLLABORATION TO MAKE AN IDEA COME ALIVE

Nothing spoke to me my first year of medical school like a talk street medicine pioneer and Street Medicine Institute founder **James Withers, MD**, gave to the Rochester, Minnesota, community in April 2021. As my classmates and I were in the midst of long days and nights studying biochemistry, histology, anatomy and pathology, Withers was talking about a different side of medicine.

He spoke of “the soul of our profession,” about what constitutes a “platform for healing” and of the vital importance of “deep affirmation, unconditional regard, harm reduction, love [and] consistency” in delivering medical care for anyone, but especially for communities that have been subject to stigmatization and have experienced and internalized a lot of shame imposed by society.

With my background as a non-traditional medical student who studied philosophy and religion in undergrad and grad school and who previously worked as a hospital chaplain and meditation teacher, Withers was clearly speaking my language. Over the course of that 45-minute talk, I became determined to do whatever I could to create a street medicine program in Rochester.

ESTABLISHING THE STREET MEDICINE SELECTIVE AT MAYO CLINIC (ROCHESTER)

Street medicine is an emerging field of medicine that addresses health inequities and the lack of medical care for those experiencing homelessness by delivering care to individuals where they are and on their own terms. Withers pioneered the field of street medicine in 1992 when he began making medical visits to people living on the streets of Pittsburgh, Pennsylvania. Since then, dozens of street medicine programs have sprouted up in cities across the country and across the world.

I left Withers’ talk hoping that Rochester could be next. As a first step, two classmates and I teamed up to create a street medicine “selective,” an optional elective for preclinical Mayo Clinic medical students. The selective consisted of service-learning experiences and trainings covering a range of topics from chemical dependency and mental health to community resources and skills for triaging and treating common medical conditions.

We (perhaps overly ambitiously) built into that inaugural Street Medicine Selective curriculum plans for students to go out and do essentially what Withers had done over 30 years ago in Pittsburgh: work with yet-to-be-identified physicians to start to bring needed medical care under bridges, in encampments and on street corners in our community. In that sense, the selective was a sort of leap of faith that student interest and enthusiasm could be a primary driver in creating a street medicine program and that, by the end of the academic year, selective participants could be helping with “street runs” as part of a brand-new program in Rochester.

While we didn’t quite reach that goal, by the end of the 2021-2022 academic year, we had at least created the beginning of a street medicine program. The **Zumbro Valley Medical Society** and its executive director, **Beth Kangas, PhD**, took the lead in coordinating all street medicine efforts and became the institutional “home” for street medicine in Rochester. Several Mayo Clinic consultants and fellows from internal medicine and emergency medicine became very engaged in devising how to deliver medical care on the streets of Rochester. We also received institutional support from both Mayo Clinic and Mayo Clinic Alix School of Medicine.

At the same time, to get more medical students engaged, we developed two hours of street medicine content that was integrated into the first-year medical student community engagement curriculum, including a session in which medical students visited a local homeless shelter where a panel of individuals with lived experience of homelessness discussed their own experiences and gave advice about ways to provide care. The hope is that it will be recurring, yearly content experienced by all incoming medical students.

GROWING THE STREET MEDICINE SELECTIVE—NOW IN ITS SECOND ACADEMIC YEAR

With the start of the new academic year in summer 2022, four students from the inaugural Street Medicine Selective took over as leaders of the selective’s second iteration. This time around, under their leadership, the selective has been further developed to include the “street medicine runs” that we originally envisioned.



by Jeffrey Woods

On those runs, teams consisting of medical students, a physician and a community service partner provide basic medical care to unhoused individuals on street corners, in encampments and under bridges. In December 2022, selective participants also ran a foot care clinic, where medical students, Mayo Clinic physicians and community partners collaborated to provide foot and nail hygiene, free socks and shoes, clinical care and social service support.

For first- and second-year medical students at Mayo Clinic in Rochester, street medicine has been invaluable to experientially learn how, as Withers put it, “deep affirmation, unconditional regard, harm reduction, love [and] consistency” are the “platform for healing” in all health care encounters, but especially on the street, where relationships of trust are an essential precondition for delivering medical care.

This academic year, 25 first-year students—nearly half the class—are participating in the selective. Students chose to participate to experience meaningful clinical encounters early in medical school, work with vulnerable and underserved populations, contribute to health equity and get to know realities within our local community that may not be encountered otherwise.

COLLABORATING WITH COMMUNITY MEMBERS EXPERIENCING HOMELESSNESS

As impactful as street medicine has been on many of my classmates and me, it goes without saying that the program exists for and is driven by the needs of the individuals we are serving. As we explore how to best deliver medical care on the streets in Rochester, our focus is on becoming known in the community and building rapport and trust with individuals who are experiencing homelessness. Our primary aim is to meet the people where they are, to listen, to learn and to continually adapt.



An encampment in Rochester.
Photo courtesy of Dan Fifeld and The Landing MN.

For that, collaboration is essential, and it is our guiding principle. Essentially every session of our selective and every step we’ve taken in establishing a street medicine program in Rochester has been in close collaboration with leaders of Rochester’s homelessness service agencies, Mayo Clinic physicians, leaders of the Zumbro Valley Medical Society and, most importantly, individuals with lived experience of homelessness.

COMING TOGETHER AS A BROADER COMMUNITY TO SUPPORT STREET MEDICINE

Support from the broader community has been an additional and unexpected difference maker, as well. Vastly more individuals and organizations within the Rochester community have taken an interest in supporting street medicine than I ever dared hope for.

Rochester Mayor **Kim Norton** proclaimed a week in April 2021 *Street Medicine Awareness Week*. Meetings of the Street Medicine Selective were covered by the *Post Bulletin* newspaper, which helped create visibility and momentum. The Minnesota Medical Association Foundation provided a grant that funded our early outreach efforts, which was instrumental in helping us get to know the medical needs of individuals in Rochester experiencing unstable housing. After our efforts were publicized in a Mayo Clinic intranet news article, we received inquiries from Mayo Clinic staff members asking how they could donate or contribute to street medicine efforts. Students from the University of Minnesota Medical School reached out to discuss how to create street medicine programs across the state. There are countless other ways community members have contributed.

When I started helping with street medicine efforts, I imagined that it would be a program collaboratively created primarily by medical providers, leaders from Rochester’s homelessness service agencies and individuals with lived experience of homelessness. The outpouring of support and interest street medicine has received has taught me that I was blind to not realize that there is, indeed, a role for every single one of us as we collectively tend to the health and well-being of those in our community. I am so thankful I experienced the power a community has to lift up a project and make it come alive.

Jeffrey Woods is a third-year medical student at the Mayo Clinic Alix School of Medicine. He helped launch the Street Medicine Selective in Rochester, Minnesota. If you’re interested in street medicine and want to get involved, go to zvms.org/street-medicine-longitudinal-selective or email woods.jeffrey@mayo.edu.

STUDENT-LED RESOLUTION BRINGS STREET MEDICINE AND RECUPERATIVE CARE TO THE MAFP

SEEKING TO RAISE AWARENESS OF AND BETTER ADDRESS THE HEALTH CARE NEEDS OF THOSE EXPERIENCING HOMELESSNESS

In 2022, a group of Minnesota medical students introduced a resolution (that was adopted) at the MAFP House of Delegates to raise awareness and support for street medicine and recuperative care (medical respite) within our family medicine community:

“BE IT RESOLVED that the MAFP raise awareness of and support for street medicine and recuperative care within the medical community and general public, such as through informational summits, panels composed of providers and financially compensated community members with lived experience and trainings to prepare family physicians to deliver street medicine care” (access the full text of the resolution at mafp.org/resolutions-2022).

Street medicine offers consistent relationship-based medical care to unsheltered persons wherever they live (National Health Care for the Homeless Council).

Recuperative care (medical respite) allows providers a safe place to discharge patients experiencing homelessness when they no longer require hospitalization but still need a place to heal from illness or injury (National Health Foundation).

With nearly 8,000 people experiencing homelessness in Minnesota¹, family physicians and physicians-in-training have an opportunity to serve some of the most vulnerable people in our communities. Each person’s experience with homelessness is unique, but statistics paint a painful pattern:

- 81% suffer from a **substance use disorder, serious mental illness or chronic physical health condition**².
- 67% have clinically **significant dental problems**, and 40% have **vision impairments**³.

- Fewer than half **sought medical attention for injury or acute illness**⁴.
- Nine times **more likely to be uninsured** and five times **more likely to have no consistent reliable source of health care** compared to the general population⁴.



by Christopher Prokosch

The barriers to health care for Minnesotans experiencing homelessness are numerous and include transportation challenges, mistrust of health systems and cost. Supporting these communities takes additional infrastructure, and street medicine and recuperative care can be part of that solution.

The student-led resolution to support street medicine and recuperative care is part of a collective state-wide effort to elevate and better address the needs of communities experiencing homelessness.

Efforts around the state include:

- The **street medicine elective at Mayo Clinic** Alix School of Medicine.
- A similar, **student-led resolution adopted by the Minnesota Medical Association**.
- A new **non-profit organization, MD Link**, which was developed by medical students in the Twin Cities to provide mentorship, education and support for vulnerable youth who have experienced homelessness or other trauma.
- The **Minnesota State Legislature and community partners working to advance recuperative care** throughout Minnesota.

I am energized by my Minnesota medical student peers who are determined to improve outcomes and well-being for

unsheltered Minnesotans. As **Paul Wellstone**, the late U.S. Senator from Minnesota and advocate for the homeless, said: “We all do better when we all do better.”

REFERENCES

1. Point-in-Time Count 2022, Minnesota’s Homeless Management Information System, www.hmismn.org.
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3. Baggett TP, O’Connell JJ, Singer DE, Rigotti NA. The unmet health care needs of homeless adults: a national study. *Am J Public Health*. 2010;100(7):1326-33.
4. Robertson MJ, Cousineau MR. Health status and access to health services among the urban homeless. *Am J Public Health: Public Health Briefs*. 1986;76(5):561-63.

Christopher Prokosch is a third-year medical student at the University of Minnesota. He was an author of the MAFP resolution to raise awareness and support for street medicine and recuperative care and more recently was appointed to the American Academy of Family Physicians Commission on Membership and Member Services.

“We all do better when we all do better.”

-Paul Wellstone

APRIL 14, 2023

Maple Grove + online

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mafp.org/spring-cme

SPRING CME

FOUR INNOVATION GRANTS AWARDED: ADDRESSING HEALTH EQUITY, COMMUNITY OUTREACH AND RESIDENT EDUCATION

The Minnesota Academy of Family Physicians (MAFP) Foundation awards grant funding to members via our Innovation & Research Grants (twice per year). For our October 1, 2022, grant cycle, four Innovation Grants were awarded.

IMPROVING OUTCOMES FOR LIMITED ENGLISH PROFICIENCY PATIENTS: INTERPRETER FOCUS GROUPS



Freeman



McPherson

Grantees:

- **Katie Freeman, MD**, Assistant Professor, University of Minnesota Department of Family Medicine and Community Health; faculty, University of Minnesota Woodwinds Hospital Family Medicine Residency
- **Lauren McPherson, MD, MPH, MAT**, Postdoctoral Fellow, University of Minnesota T32 Cancer Disparities Training Program
- **Faiza Aziz**, third-year medical student, Ohio University

Amount Awarded: \$1,000

This project will... host focus groups to study the experiences and reflections of trained medical interpreters who provide in-person and virtual interpretation in Minnesota.

The aim is to better characterize the benefits of each format and help prioritize how to best utilize health care and interpreter resources to improve patient, provider and interpreter experiences and improve health outcomes for patients.

INCORPORATING SOCIAL JUSTICE INTO RESIDENCY TEACHING CURRICULUM AS A LONGITUDINAL MODEL, SOCIAL JUSTICE BOOK CLUB AND QUALITY IMPROVEMENT PROJECT



Jahani Kondori

Grantee: Marjan Jahani Kondori, MD, third-year resident, Mayo Clinic Family Medicine Residency – Mankato

Amount Awarded: \$1,000

This project will... help support and grow a social justice and health equity residency teaching curriculum at the Mayo Clinic Family Medicine Residency – Mankato. The curriculum includes a monthly focus on building a different competency (based on “precepting toward social justice” from the University of Minnesota Department of Family Medicine and Community Health), a social justice book club and a quality improvement project on screening patients for social determinants of health.

The aim of this teaching curriculum is to recognize the inequalities in health care and work toward the elimination of health disparities to advance the goal of “health for all.”

SPORTS MEDICINE FOR KIDS: COMBINING COMMUNITY OUTREACH AND RESIDENT EDUCATION



McDonough

Grantee: Michelle McDonough, MD, third-year resident, Mayo Clinic Family Medicine Residency – Mankato

Amount Awarded: \$1,000

This project will... help train family medicine residents in casting and splinting while increasing awareness of the procedures that family physicians can perform. This is a community outreach partnership with the **Children’s Museum of Southern Minnesota** to provide hands-on, interactive sessions on splinting and sports medicine by family medicine residents to museum visitors.

The aim of these sessions is to increase community engagement, recruit future health care professionals (by providing early exposure to the health care field) and train resident physicians on casting and splinting.

WASTE INCINERATION, ENVIRONMENTAL JUSTICE AND HEALTH: GROWING HEALTH PROFESSIONALS AWARENESS



Rosenblum

Grantee: Aaron Rosenblum, MD, first-year resident, University of Minnesota North Memorial Family Medicine Residency

Amount Awarded: \$1,000

The project will... engage with a community partner to design a high-yield educational module on the health effects of waste incineration, geared toward health care providers in Minnesota, with a special focus on primary care providers in the Twin Cities

In addition to the module, health care providers will be surveyed (pre- and post-module) to assess their knowledge on waste incineration and its impact on the health of patients and communities.

The project addresses two questions: 1) What is the baseline knowledge of health care providers in Minnesota on waste incineration and its impact on the health of patients and communities? 2) Is the designed module effective in its goal of growing knowledge?

Want to apply for an MAFP Foundation Innovation and/or Research Grant? Applications are due April 1, 2023, for the next cycle. Get details and apply at mafp.org/apply.



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MAFP FOUNDATION RAISES NEARLY \$100K IN 2022

Thanks to generous members and other donors, the Minnesota Academy of Family Physicians (MAFP) Foundation raised close to \$100,000 in 2022 to:

- **Award seven Innovation & Research Grants to MAFP members**, including practicing family physicians, resident physicians and medical students. Recent projects have addressed interpreter resources and access, environmental health, social justice and health equity, sports medicine and more.
- **Fund three medical student externships in under-resourced communities** through the David Mersy, MD, Summer Externship.
- **Send 16+ Minnesota medical students to the 2023 American Academy of Family Physicians (AAFP) National Conference** of Family Medicine Residents and Medical Students in Kansas City, Missouri.



\$13,560 Raised
37.7% of Goal Reached

16+ Medical Students Sponsored

GROWING THE FAMILY MEDICINE PIPELINE

As of December 31, 2022, thanks to 37 donors and fundraisers like Give to the Max Day (“Minnesota’s giving holiday”), **the MAFP Foundation has raised \$13,560 to send 16+ medical students to the 2023 AAFP National Conference.**

The Foundation raises funds to send students to the AAFP National Conference because its influence on specialty choice is undeniable—*85.5% of Minnesota medical students who have attended since 2003 matched into family medicine.*

Our goal is to raise \$36,000 to send 45 students (*covering their conference registration, lodging and travel costs*).

YOU can help us close the gap by making a tax-deductible donation to our AAFP National Conference Student Fund at mafp.org/max.

THANK YOU, MEMBERS & DONORS!

In 2022, we received financial gifts from the following individuals and organizations.

Gifts from Individuals

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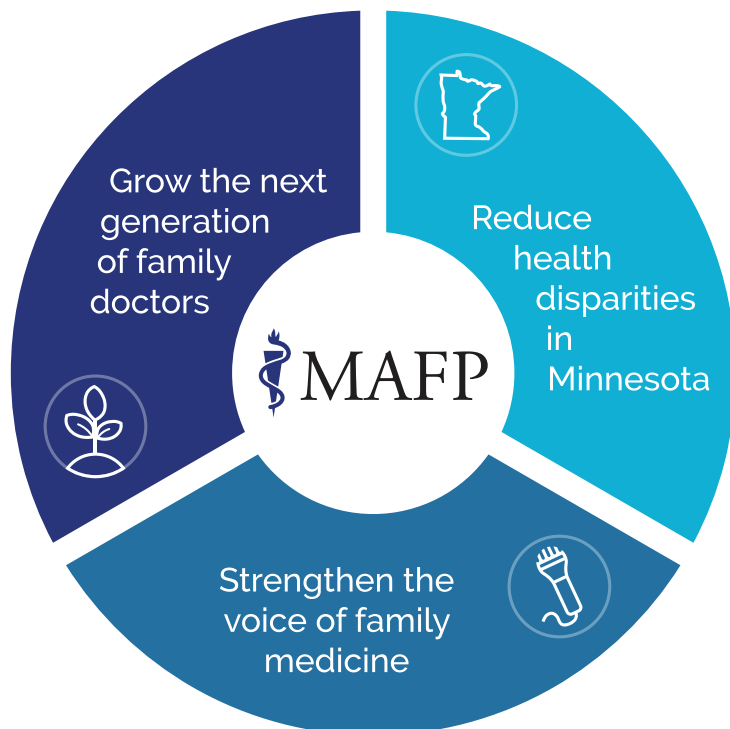
Gifts from Organizations + Grants/Matching Grants

American Academy of Family Physicians
 Minnesota Academy of Family Physicians
 University of Minnesota Department of Family
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Gifts from MAFP Local Chapters

Central
 East Metro
 Heart of the Lakes
 Lake of the Woods
 Lake Superior
 Minnesota Valley
 Park Region
 Range
 Southeast
 Southern
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**See Chapter info at mafp.org/chapters.*



ABOUT THE FOUNDATION

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

Together, we can advance family medicine, equip leaders, improve patient outcomes and lead innovations in practice-based research and clinical care.

Learn more about the Foundation and how you can help at mafp.org/foundation.

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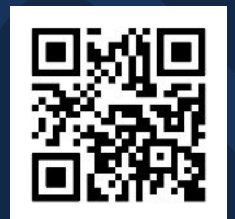
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MEDICAL CLINICS SERVING THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA— A FOCUS ON COMMUNITY AND HOLISTIC CARE

Last fall, Minnesota Academy of Family Physicians (MAFP) CEO **Maria Huntley, CAE, MAM**, visited the medical clinic that is part of the Fond du Lac Human Services Division at the Min No Aya Win Human Services Center in Cloquet, Minnesota, to connect with several of our family physician members and learn more about the care and services they provide to the Fond du Lac Band of Lake Superior Chippewa.

The mission of the Fond du Lac Human Services Division is to *elevate the health and social well-being of American Indian people living in the service area through the provision of culturally appropriate services, research, education and employment opportunities.*

Huntley loves the opportunity to visit with members across the state and see firsthand how the MAFP can better support them, the specialty and patients across Minnesota. During this latest visit to Fond du Lac, Huntley commented, “Every time I walk into this clinic, the community focus stands out to me. Not only does the clinic value the community it’s serving (and vice versa), but there is a sincere desire to pay attention to and address the wellness of the family physicians and staff.”

We talked with Medical Clinic Coordinator **Christine (Chris) Davis, FNP**, to learn more about the patient population, clinic services and clinic outreach.

WHERE ARE PATIENTS TREATED?

Davis: We see patients at the Min No Aya Win Human Services Center in Cloquet, Minnesota, and the Center for American Indian Resources in Duluth, Minnesota.

CAN YOU DESCRIBE YOUR PATIENT POPULATION?

Davis: We serve eligible Native Americans and their descendants living in Southern St. Louis County and all of Carlton County who are part of the Fond du Lac Band of Lake Superior Chippewa or members of a U.S. federally recognized tribe.



Pictured (l-r): MAFP member and clinic medical director **Charity Reynolds, MD**; MAFP CEO **Maria Huntley, CAE, MAM**; clinic coordinator **Chris Davis, FNP**; and MAFP Employed Physician Director and clinic physician **Jamie Conniff, MD**

WHAT SERVICES ARE PROVIDED AT THE CLINICS?

Davis: Our clinics offer primary care services from birth to end of life, with our physicians also providing hospitalist and obstetrics services at two local hospitals.

Our human services division also provides a variety of other health care services in the same facilities, including diabetes prevention and management, pharmacy services, dental care, optical care, substance use and recovery services, behavioral health, physical therapy, social services and more.

In 2023, we will begin offering on-site mammography services at our Min No Aya Win site. The human services division has also purchased a mobile unit, which we hope to use at community sites throughout the Fond du Lac Reservation.

Having many health care resources in our facilities helps us treat our patients holistically.

FEATURED FAMILY PHYSICIAN MEMBERS



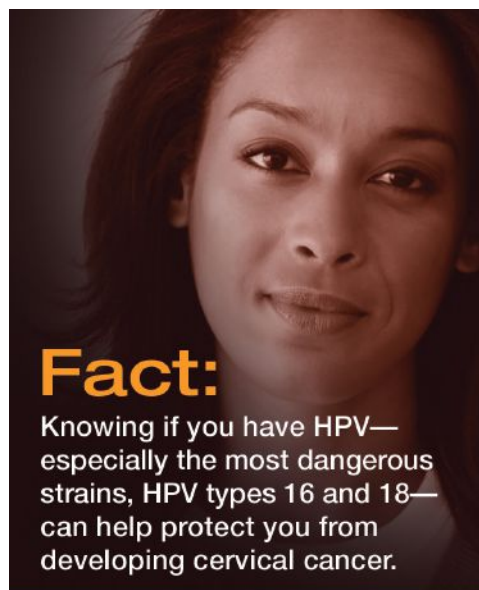
Lorraine Turner, MD: “There are so many things that I love about working at CAIR (the clinic in Duluth) and for FDL (the Min No Aya Win Clinic on the Fond du Lac Reservation). I love that we are all here to serve the community and that the community has input into what our priorities should be. I love that we work as a team and have physical therapy,

chiropractic services, massage therapy, pharmacy services, behavior health, substance use care and social services—all under one umbrella. I am forever in awe of the resilience and generosity of our patients and staff and the love that is shared and drives so many interactions.”

Charity Reynolds, MD, medical director: “It is wonderful to work in a community that takes you in as their own. [Patients] ask us what our opinion is in regard to what a specialist may recommend and appreciate us taking care of them in the hospital. I remember



one of my first days working in the hospital and introducing myself as the rounding physician of the day to one of Dr. Vainio’s patients; I was given automatic trust, because I was one of their doctors. Indigenous people have so many reasons to not trust the medical community, but they trust us. I am humbled and grateful to work for the Fond du Lac community.”



Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

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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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At Essentia Health, our mission guides us every day. We are called to make a healthy difference in people's lives. This calling resonates deeply for our caregivers and our colleagues working to bring high-quality, compassionate care to the patients we are privileged to serve.

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Essentia Health

*Contact: Eric Bain, Senior Recruiter
218-393-9518 or Eric.bain@essentiahealth.org
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Voyage Healthcare serves the Twin Cities North Metro with individualized, personalized, care for everyone and every age.

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.



Please submit your CV to Joanne D. Stadnik, CEO of Voyage Healthcare.

joanne.stadnik@voyagehealthcare.com

www.voyagehealthcare.com