

SPRING 2023 VOL. 7 • NO. 2

MFP

MINNESOTA FAMILY PHYSICIAN

**LEADING AND
ADVOCATING WITH
PATIENTS AT THE CENTER:
A CONVERSATION WITH
ROLI DWIVEDI, MD
12**



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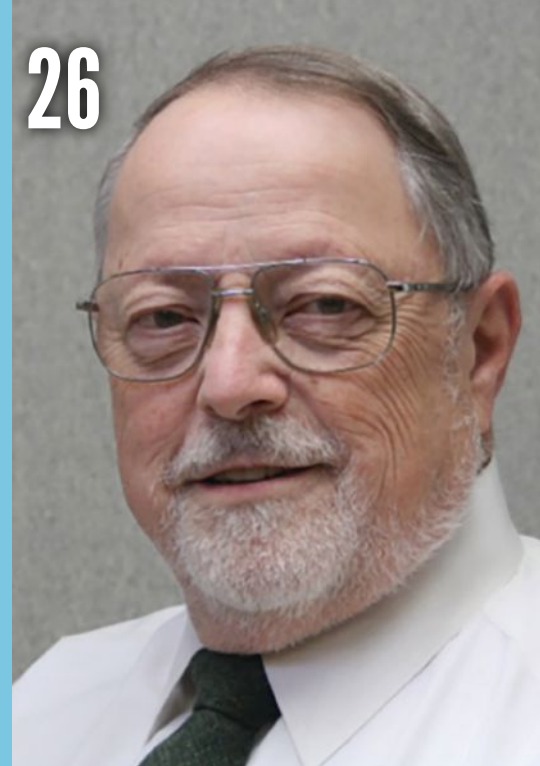
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MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

LEAD AND ADVOCATE FOR FAMILY MEDICINE

As I near the end of my term as President, I have reflected on why I have stayed active in the Minnesota Academy of Family Physicians (MAFP): *leadership and advocacy.*

FAMILY PHYSICIANS MUST LEAD

I believe family physicians are the cornerstone of primary care and that the MAFP and American Academy of Family Physicians (AAFP) have been strong advocates for our profession and in helping family physicians develop as leaders. While the education we have received to be family physicians has been extensive, it often does not include formal leadership development.

It is imperative that family physicians take on leadership roles within health care, and both the MAFP and AAFP have played important roles in helping me improve my comfort as a leader.

OUR VOICES ARE NEEDED

Though primary care is the foundation of any future in which health care is high quality and cost effective, family physicians are undervalued in the larger health care framework. Our voices are needed at the local, state and national level to highlight the benefits we provide to our patients, our communities and the larger health care landscape.

We need to advocate for:

- Exposure to family medicine in medical school.
- Financial support for more family medicine residency slots.
- The ability to perform our full scope of practice in different clinical settings.
- Equitable reimbursement for the care we provide.

If we don't participate in shaping health care systems or policy, our specialty will likely be an afterthought, our skills disregarded and our voices unheard.



Alex Vosooney, MD
MAFP President

Knowing that your days are full with professional and personal responsibilities, the idea of taking on another task may seem daunting. So, I will simply ask that in *whatever way you can and with the time and capacity you feel you have, lead and advocate for our profession.*

- *If your capacity is limited*, consider simply sharing your stories, like emailing an elected official about what eliminating prior authorizations would mean to your daily work or volunteering to testify at a state hearing about the importance of rural family physicians.
- *If your capacity is greater*, consider teaching a new skill to other physicians, joining a credentialing committee at work, mentoring a medical student or asking how you can serve in a leadership role at the MAFP.

Your participation will help elevate our specialty.

The problems we face in health care at times feel insurmountable. The dedicated MAFP members I have met—particularly the amazing students and residents in our chapter, the passion they bring to their clinical work and their willingness to step up and lead—give me hope for the future of family 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 129,600 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@mafpa.org.

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COLORECTAL CANCER SCREENING AND THE ROLE OF FAMILY MEDICINE



James Hougas III, MD, FAAFP

The U.S. Preventive Services Task Force (USPSTF), American College of Gastroenterology and American Cancer Society are among the groups with updated recommendations on screening for colorectal cancer, lowering the age to begin screening to age 45.

Recommendation Summary

USPSTF Recommendation for Colorectal Cancer Screening	Grade
Screen adults aged 45-49 for colorectal cancer.	B
Screen all adults aged 50-75 for colorectal cancer.	A
Selectively screen adults aged 76-85 for colorectal cancer, considering the patient's overall health, prior screening history and preferences.	C

USPSTF, [uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening)

We asked **James Hougas III, MD, FAAFP**, assistant professor at the University of Minnesota, to share his thoughts on the updated recommendations on colorectal cancer screening and about his experience as a family physician who performs colonoscopies in practice.

HOW DO YOU FEEL ABOUT THE RECOMMENDATION TO EXPAND COLORECTAL CANCER SCREENING?

Hougas: I think reducing the age to start screening is a good idea. People are developing colon cancer at younger ages (12% in patients under age 50) and increased screening of average-risk patients has the potential to prevent cancer for them entirely. Considering that colorectal cancers are the third most common cancer in men and women in the U.S., these screenings can impact a lot of people.

WHAT IS THE ROLE OF FAMILY MEDICINE IN COLORECTAL CANCER SCREENING?

Hougas: Encouraging recommended follow-up makes a difference. While it may not be a surprise to anyone, the patients most likely to die from colon cancer are the ones who have fallen behind on their screenings. Overall, 1 in 23 men and 1 in 25 women will develop colorectal cancer in their lifetime.

WHAT IS THE ROLE OF FAMILY MEDICINE IN COLONOSCOPIES, AND WHAT SHOULD IT BE?

Hougas: Physicians should be able to practice the full range of their skills. If we have been adequately trained and keep up the skill sufficiently, there is no reason that we shouldn't be able to practice that skill. Colonoscopy is no different. There are vast swaths of rural areas with limited access to endoscopy in Minnesota. Family medicine is already in those communities, providing critical access to a wide range of care. Colonoscopy can be another piece of a full spectrum practice. If you don't personally do colonoscopy, being able to talk your patients through their concerns or worries about the procedure can improve their willingness to get it done.

CAN YOU SHARE ABOUT YOUR EXPERIENCE PERFORMING COLONOSCOPIES?

Hougas: It is one of my favorite parts of my clinical practice. It is great to be able to take a clinic patient who might not otherwise get their screening done and carry that trust into the procedure room. It also keeps variety in my week.

WHAT DO YOU THINK FAMILY PHYSICIANS NEED TO KNOW ABOUT COLORECTAL SCREENING?

Hougas: Any type of screening for colon cancer has benefit, not just colonoscopy! For your average-risk patients, encouraging FIT, Cologuard™ or colonoscopy makes a difference. If your patients are higher risk, like a first-degree relative who had an advanced adenoma or colorectal cancer, they should only be recommended for colonoscopy. The follow up (surveillance) guidelines after polypectomy were updated in 2020 and allow for increased time between colonoscopies for many patients.

PARTING THOUGHTS...

Hougas: Despite a recent *New England Journal of Medicine* article that was in the headlines, we still believe that colonoscopy and general screening saves lives. While that study out of Europe adds important data to medical science, there are several flaws in its interpretation. For one, only 42% of the patients in the colonoscopy study group actually had the procedure performed. Even with fewer than 50% of the invited patients completing the intervention, patients in the colonoscopy group were at lower risk of developing colon cancer.

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ABOUT THE EXPERT

James Hougas III, MD, FAAFP, is an assistant professor in the University of Minnesota Department of Family Medicine and Community Health and a faculty member at St. John's Hospital Family Medicine Residency. His clinical and research interests include infectious diseases, antimicrobial stewardship, trauma care and systems, office-based procedures, physician leadership and colonoscopy.

AAFP Clinical Recommendation

Following review of the USPSTF recommendations, the American Academy of Family Physicians (AAFP) agreed that screening should be recommended for all adults aged 50-75 but found "insufficient evidence to assess the benefits and harms for screening for colorectal cancer in adults aged 45-49." View the AAFP's recommended clinical considerations and rationale on colorectal cancer screening and other clinical topics at bit.ly/AAFPclinicalrecommendations.

Your patients deserve colon cancer prevention, not just screening.

Encourage your patients 45 and older to be proactive. By referring them to MNGI for a colonoscopy, you're helping them to prevent colon cancer before it develops, not just screen for it. What's more, MNGI has better outcomes and a more comfortable prep and procedure. So, get your patients the only treatment that can prevent colon cancer: a colonoscopy from MNGI. We provide the preventative digestive care your patients need and deserve.

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NOVEL PROGRAMS ADVANCE MEMBERS' WELL-BEING, LEADERSHIP SKILLS

by David Mitchell and Cindy Borgmeyer, AAFP Member Communications

This content originally appeared on the American Academy of Family Physicians (AAFP) website at www.aafp.org/news/focus-on-physician-well-being.html (October 24, 2022); portions have been reprinted with permission from the AAFP News team.

Burnout is a well-documented issue among medical students, residents and new physicians. In fact, just over half of family physicians report symptoms of burnout, according to Medscape's 2022 *Physician Burnout & Depression* report. To effectively thwart this growing problem, it's vital for family medicine to take action during the early career years and even in medical school, where burnout often starts.

The AAFP has joined with key stakeholders to tackle the burnout dilemma. New resources and well-being programming for students and residents embrace peer-to-peer learning techniques and safe spaces. Practicing physicians can benefit from an innovative program that gives them the leadership skills and expertise they need to improve the well-being of physicians and other clinicians in their practices and organizations.

LEADING PHYSICIAN WELL-BEING PROGRAM TRAINS PHYSICIANS IN PRACTICE

Practicing family physicians are accustomed to having patients rely on them for support. But they're often far less comfortable being the ones who need to be supported.

Leading Physician Well-being, a tuition-free certificate program funded by the United Health Foundation, is helping meet that need by giving participants a safe space in which to share their personal well-being



struggles, as well as the specialized leadership skills required to champion well-being among other health care professionals in their practice or organization.

According to **Heather Woods**, manager of Continuing Professional Development Education in the Academy's Continuing Professional Development Division, who administers the program, those skills include building expertise about the current state and importance of well-being, how to measure it and best practices to achieve it. Scholars also learn how to lead through wielding influence, implementing change management and performance improvement activities, and communicating effectively with medical colleagues and others.

Although the program is open to all practicing AAFP members, it has a special focus on recruiting participants from physician groups for whom leadership opportunities have been largely limited

— new physicians, women, physicians from minority groups or other groups underrepresented in medicine and those who work in rural practices or with other vulnerable populations.

Find Leading Physician Well-being program information online at bit.ly/physicianwellbeingaafp.

PROJECT ECHO SUPPORTS RESIDENTS

In recognition of the growing burnout problem among students and residents, an increasing number of medical schools and residency programs are providing education regarding well-being.

In an initiative funded by the Health Resources and Services Administration, residency programs may apply for their residents to participate in a five-month Project Extension for Community Healthcare Outcomes focused on improving well-being and preventing burnout.

continued on page 10

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continued from page 8

The **Resident Well-being and Burnout Prevention Project ECHO**[®] [offers] programs a way to increase morale and support their residents' well-being through a structured program led by experts. Participants in the online program earn CME, support their peers and work through dozens of topics related to well-being.

"It's just for residents, so it's an avenue to discuss some well-being topics in a safe space that doesn't involve their faculty or program directors," Woods said. "They'll be able to talk through some of their well-being concerns or issues that they've seen within their residency and get feedback from their colleagues. It's really to create a culture of well-being within the residency program."

Find Resident Well-being and Burnout Prevention Project ECHO information online at bit.ly/residentwellbeingecho.

STUDENTS BECOME WELL-BEING CHAMPIONS

A new program designed to give students the skills needed to create a culture of well-being and increase joy in their own studies and practice started with a pilot [last] fall.

In the **Family Medicine Interest Group (FMIG) Well-being Champion Program**, five medical students from four schools are working with **Catherine Pipas, MD, MPH, FAAFP**, professor of community and family medicine at the Dartmouth Institute for Health Policy and Clinical Practice and the Geisel School of Medicine and well-being co-chair of the Academy's Leading Physician Well-being program. These FMIG Well-being Champions are developing workshops on topics related to finances, resiliency, relationships, substance use prevention, burnout prevention and suicide prevention.

The champions [presented] their own workshops, which include didactic presentations, hands-on activities and toolkits, to FMIGs and other student organizations on their respective campuses [last] fall. In the spring, they will trade topics and train to deliver workshops developed by their fellow champions.

Find FMIG Well-being Champion Program information online at bit.ly/FMIGwellbeingchampion.



Scan the QR code to see AAFP content on physician burnout, resilience and well-being.

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mafp.org/meet-match-2023



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LEADING AND ADVOCATING WITH PATIENTS AT THE CENTER

A CONVERSATION WITH ROLI DWIVEDI, MD

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

Roli Dwivedi, MD, is a family physician, leader, advocate, educator and change-maker. For nearly 15 years, Dwivedi has been instrumental in advancing health equity and centering care on patients and communities at the Community-University Health Care Center (CUHCC), a Federally Qualified Health Center at the University of Minnesota. On December 5, 2022, she became CUHCC's new Chief Executive Officer (CEO).

Dwivedi is also an associate professor at the University of Minnesota Department of Family Medicine and Community Health, where she teaches and mentors the next generation of family physicians with a focus on culturally competent care and serves as both the Vice Chair for Community Engagement and Advocacy and Mac Baird Endowed Chair in Advocacy and Community Engagement.

In addition to leading, teaching and advocating through her roles at the University of Minnesota, Dwivedi is a valued member of several health care leadership and quality committees across the state and part of the Minnesota Academy of Family Physicians (MAFP) executive leadership team, currently serving as the MAFP Speaker of the House.

When asked how she strikes a balance among all these important roles, Dwivedi said, "They are all interconnected; just the hats are changing. My patients are always at the center, whether I am seeing them in the exam room, building a care model, fundraising, advocating for an issue or teaching a learner. Keeping my patients at the center keeps me focused and grounded."

We asked Dwivedi to share more about her work as a leader and advocate and why advocacy and leadership is so important for family physicians.

WHAT WAS YOUR PATH TO BECOMING CUHCC'S CEO?

Dwivedi: I started my professional journey as a physician in India. Early in my career, I had the opportunity to build and run a charitable clinic but, soon after, I needed to immigrate to the U.S. Starting school, learning new ways of providing care, using computers and evidence-based medicine was all new for me. I mostly learned patient-centered care in India. These learnings in two worlds gave me a third way of seeing things.

Joining the University of Minnesota Department of Family Medicine and Community Health and CUHCC and staying in academia was one of the best decisions of my life. At CUHCC, I have the opportunity to serve the underserved, marginalized populations and people of color who are coming from all over the world. Within my capacity as a medical director and later as chief clinical officer, I was able to create several innovative approaches of providing community-centered care.

When I was offered the job of CEO at CUHCC, I needed to pause, but then realized that I have an opportunity to touch several thousands of lives and advocate for them, and that led me to my current role.



Roli Dwivedi, MD

CAN YOU SHARE ABOUT YOUR LEADERSHIP ROLES AT THE UNIVERSITY IN ADVOCACY AND COMMUNITY ENGAGEMENT?

Dwivedi: The Department of Family Medicine and Community Health at the University of Minnesota has always been excellent at providing comprehensive primary care to our communities and creating models for family medicine. COVID was an opportunity for the department to extend its role in creating community-engaged and -led health care.

My role as the Mac Baird Endowed Chair will help in equipping the department with infrastructure that supports our faculty, residents and clinics in working closely with community members and organizations to identify important health topics, connect resources for better health and advance health equity.

Our vision is to bring together faculty, staff, learners, community members and resources to address the social determinants of health and racism in

order to eliminate barriers and make measurable improvement in the health of our patients and communities.

WHY DO YOU THINK ADVOCACY TRAINING IS SO IMPORTANT FOR PHYSICIANS?

Dwivedi: There is an abundance of research and literature that advocacy leads to improved health outcomes and patient experiences. Advocacy is also inclusion—we can address racism and systemic issues that directly impact the health of our communities.

Physicians should advocate for addressing the physical, social, emotional and political determinants of health. All this involves training and skill set. With the right kind of training, impactful advocacy happens.

WHAT DO YOU SEE AS AREAS OF OPPORTUNITY FOR THE MAFP IN ADVANCING HEALTH EQUITY?

Dwivedi:

- Advocating for access to primary care for marginalized populations (i.e., BIPOC, rural and global communities).
- Continued advocacy on issues like reproductive health, addiction care, LGBTQ+ health, gun violence and racism.
- Working to increase diversity in the family medicine workforce and strengthening financially sustainable mechanisms for a continuous pipeline.
- Increasing access to primary care in rural areas.

WHY DO YOU THINK IT'S IMPORTANT FOR FAMILY PHYSICIANS TO BE LEADERS IN HEALTH CARE?

Dwivedi: Family physicians are the strongest pillar of primary care. They also serve the most underserved populations

in both urban and rural areas. To advance health equity, strengthening primary care is very important. And, in order to strengthen primary care, family physicians must embrace the role of leaders.

Health systems are constantly evolving and ever changing, from payment models to population health to innovative technologies to care delivery, etc. Having

family physicians at the table will ensure that health care systems are centered around equity.

We also need family medicine leaders in academia to prepare future leaders to respond to health care needs.

MAFP

PROGRAM

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- Preceptor workshop

• Enjoy time for rest/play
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(“Minnesota’s Playground”)








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Limited capacity! Register soon.

mafp.org/summer-2023





Jay-Sheree Allen, MD, assistant professor at Mayo Clinic and creator and host of the *Millennial Health* podcast, joined Cathy Wurzer on Minnesota Public Radio to discuss the uptick in domestic violence since the start of the COVID-19 pandemic (airdate: February 21, 2023).

In February 2023, the Blue Ridge Institute for Medical Research published its annual rankings of medical schools, departments and investigators based on the funding they receive from the National Institutes of Health (NIH). **The University of Minnesota Department of Family Medicine and Community Health** ranked number two among family medicine departments. Congrats to MAFP member **Michele Allen, MD, MS**, associate professor in the University of Minnesota Department of Family Medicine and Community Health and Director of the University of Minnesota Program in Health Disparities Research, who was the second highest NIH-funded family medicine researcher in the nation.



Art + Medicine: Healthy Aging, a television program co-produced by the Center for the Art of Medicine at the University of Minnesota Medical School and Twin Cities Public Television that explores healthy aging through story, song and the arts, was recently picked up for national distribution by American Public Television. *The Art + Medicine* series is co-hosted by **Jon Hallberg, MD, FAAFP**, professor in the University of Minnesota Department of Family Medicine and Community Health and Creative Director for the Center for the Art of Medicine.



Ebiere Okah, MD, MS, assistant professor in the University of Minnesota Department of Family Medicine and Community Health, and **Andrea Westby, MD**, assistant professor and Vice Chair for Equity, Diversity and Inclusion in the University of Minnesota Department of Family Medicine and Community Health, are among co-authors of “Race-Based Care and Beliefs Regarding the Etiology of Racial Differences in Health Outcomes,” published February 8, 2023, in the *American Journal of Preventive Medicine* (<https://doi.org/10.1016/j.amepre.2022.10.019>).



Cybill Oragwu, MD, MAFP Special Constituency Director and Physician Site Lead and Chief of Staff at *CentraCare - Long Prairie*, was appointed to the Minnesota Board of Medical Practice for a three-year term (December 13, 2022 - January 6, 2025). The mission of the Board of Medical Practice is to protect the public’s health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

Bill Roberts, MD, MS, professor and Vice Chair for Faculty Affairs, University of Minnesota Department of Family Medicine and Community Health, was interviewed by CNN about the health benefits of having a balanced fitness program with both strength and aerobic activity (“Midriff Bulge Linked to Later Physical Decline, Study Says,” January 24, 2023).





Keith Stelter, MD, MMM, assistant professor, Mayo Clinic Family Medicine Residency - Mankato, received the 2022 Mayo Clinic Health System Community Caring Award on January 11, 2023, and was recently named the Mayo Clinic Health System Family Medicine Teacher of the Year.

Got member news to share? Email office@mafp.org with the subject "News to Share."



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INTRO TO ADVOCACY: MODULES AND RESOURCES

The Minnesota Academy of Family Physicians (MAFP) held an Intro to Advocacy workshop for family physician, resident physician and medical student members in January 2023 to help equip them to advocate effectively for their patients and family medicine.

As part of the workshop, the MAFP created five online modules to support members as they advocate across different mediums and settings:

- **Preparing for Legislative Visits**
- **Getting an Op-Ed Published**
- **Using Social Media for Advocacy**
- **Making an Advocacy Action Plan**
- **Setting MAFP Policy/Direction via Resolutions**

The online modules include videos, tips and links to additional resources. View them online at mafp.org/advocacy-modules.

PREPARING FOR LEGISLATIVE VISITS

Know Your Ask:

Know why you are holding the meeting. Do you want the legislator to vote a certain way on an issue, get familiar with an issue and/or get to know you as a resource? *Get as clear as possible on your ask and be up front with the reason for the meeting.*

Prepare a Story:

Stories are powerful and can change hearts and minds. *Is there a story that explains and personifies your issue?*

Gather Facts and Data:

Be ready to back up any story you share with facts and data.

Be OK Not Knowing an Answer:

It's OK to not know the answer to a question. If you don't know an answer, tell your legislator that you'll get back to them and then be sure to follow up after the meeting.

Respect Your Legislators' Time:

Legislators are busy. *Begin by asking them how much time they have to chat and make good use of your time together.*

Learn About Your Legislator (*Before Meeting*):

Look for background information on your legislator: Which political party are they affiliated with? Which legislative committees are they part of? Do they have policy issues they are passionate about?

Thank Your Legislator (*After Meeting*):

Thank your legislator for work that you appreciate and *offer to be a resource* (most legislators are not experts on health care).

GETTING AN OP-ED PUBLISHED

Choose the Right Publication:

- When choosing a publication, think *geography, topic and timeliness*. Where will your message go? Is it relevant and timely for the audience/readership?
- Read a publication before you pitch to it.

Check Submission Guidelines:

- Check the publication guidelines for word-count and instructions on how to submit.
- Structure your op-ed as follows:
Anecdote → Problem → Solution →
Call to action → back to Anecdote

Make a Connection:

- Tell a story and/or relate the issue to a recent event or something local.
- Communicate a clear, unique point of view.
- Hook readers with your main point.

State Your Case:

- Utilize data and stories.
- Offer specific recommendations.
- Acknowledge the opposition.
- Appeal to your authority and expertise.

Follow Up and Share:

- *After publication*, share across social media, with your legislators, with communications contacts at your clinic/health system and physician groups like the MAFP and with your networks.
- *If your submission is rejected*, ask if you can submit it as a letter to the editor or try a different publication.

USING SOCIAL MEDIA FOR ADVOCACY

Find Out Who Represents You:

Search “Who Represents Me Minnesota” online or use the “Who Represents Me” tool (www.gis.lcc.mn.gov/iMaps/districts) from the Minnesota Legislature.

Follow Your Legislators:

- Follow your legislators across social media platforms.
- Study the kinds of posts they respond to.
- Engage consistently. Be sure to *add your district in posts/messages* to legislators to show you are their constituent.
- Let legislators know that you appreciate their time—do what you can to build a relationship.
- Thank them on social media after an interaction and after they vote your way on an issue.

Track Issues and Engage:

- Be aware of conversations happening online around your issue, and join in.
- Connect with other physicians on social media.
- Use social media as a tool for educating the public.

Use Relevant Hashtags:

Hashtags can increase your post visibility. Recommended hashtags to use: #MNLeg and #MAFPAdvocacy. Look at posts from other physicians/organizations advocating on your issue to know other relevant hashtags to use.

MAKING AN ADVOCACY ACTION PLAN

Organize Your Thoughts and Identify Next Steps:

- Putting your thoughts in a document may help. Download the Advocacy Plan Worksheet at bit.ly/advocacyactionplan.
- *Things to consider:* The issue. What is your story? What are the facts? Identify assets and liabilities. Who are the decision-makers? Whose voices should be at the table? Who stands to lose, and who stands to gain? What are your short- and long-term goals? What will success look like?

Engage in Advocacy at Your Own Pace:

- Connect to the work that is already happening.
- Find partners.
- Ask how you can be most helpful as a physician voice.

Know Your “Ask”:

Prior to engaging with an issue: Get as clear as possible on your “ask,” and think through the stories and facts/data that you will use to support your “ask.”

TIPS FOR MEETING WITH LEGISLATORS:

- Know your ask.
- Prepare a story.
- Gather facts and data.
- Be OK not knowing an answer.
- Respect your legislators’ time.
- Learn about your legislator (*before meeting*).
- Thank your legislator (*after meeting*).



TIPS FOR PUBLISHING AN OP-ED:

- Choose the right publication.
- Check submission guidelines.
- Make a connection.
- State your case.
- Follow up and share.



TIPS FOR ADVOCATING ON SOCIAL MEDIA:

- Find out who represents you.
- Follow your legislators.
- Track issues and engage.
- Use relevant hashtags.



TIPS FOR ADVOCACY ACTION PLANNING:

- Organize your thoughts and identify next steps.
- Engage in advocacy at your own pace.
- Know your “ask.”
- Understand the other side.



THINGS TO KNOW ABOUT SETTING MAFP POLICY:

- Resolutions guide our work.
- Every member can have a voice.
- Online resources and staff support are available.



THINGS TO KNOW ABOUT WRITING RESOLUTIONS:

- Begin with “Whereas” clauses to explain the issue/concern.
- Use “Be it resolved” clauses to outline the “ask” or “asks.”
- Access writing tips and tools at mafp.org/resolutions.



continued from page 17

Understand the Other Side:

Strengthen the argument by asking yourself: Who is on the other side? What is their argument? What info will you need to counter their argument?

SETTING MAFP POLICY/DIRECTION VIA RESOLUTIONS

Resolutions Guide Our Work:

- Resolutions are written motions to set a specific policy/direction.
- Resolutions come from members who can author, deliberate and/or vote.

Every Member Can Have a Voice:

- Any MAFP member can submit a resolution.
- All MAFP members are invited to submit comments and deliberate on resolutions prior to voting and policy decisions.

Online Resources and Staff Support Available:

- *Need help writing and formatting resolutions?* Go to mafp.org/resolution-writing.
- *Have questions about how a resolution becomes policy, what happens when a resolution is adopted, where you can find past resolutions and more?* Visit mafp.org/resolution-faqs.

Begin With “Whereas” Clauses to Explain the Issue/Concern:

An example: *Whereas Minnesota has some of the greatest health disparities in the country...*

Use “Be It Resolved” Clauses to Outline the “Ask” or “Asks:”

An example: *Be it resolved that the MAFP provide continuing medical education addressing health disparities...*

Access Writing Tips and Tools Online: mafp.org/resolutions



ENJOY LEAN BEEF

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- Beef is as effective as chicken as part of a healthy diet to manage cholesterol^{1,2,3}

MNBEEF.ORG/NUTRITION

1. McNeil SH, et al. The evolution of lean beef: Identifying lean beef in today’s U.S. marketplace. *Meat Sci.* 2012; 90(1):1-8.
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BLENDING CLINICAL FAMILY MEDICINE WITH COMMUNITY-ENGAGED RESEARCH

A CONVERSATION WITH KATE DIAZ VICKERY, MD, MSc

A mission of the Minnesota Academy of Family Physicians (MAFP) nonprofit foundation is to support educational and scientific initiatives that advance family medicine and improve health outcomes of patients and communities. One of the ways we live that mission is by funding innovation and research projects, led by practicing family physicians, resident physicians and medical students. Since 2009, we have funded more than 85 innovation and research grants.

*We asked past research grant recipient and MAFP member **Kate Diaz Vickery, MD, MSc**, about her grant experience and how it helped shape her career path in community-engaged research.*

CAN YOU SHARE ABOUT THE GRANT YOU RECEIVED FROM THE MAFP FOUNDATION?

Vickery: When I was a resident (in 2009), the MAFP Foundation awarded me and **Katie Guthrie, MD**, funding for a research grant titled, “Healthy West 7th: A resident-neighborhood partnership to improve neighborhood health.”

This grant catalyzed ongoing work at the Allina Health United Family Medicine Residency to connect people and organizations around the residency clinic to the community-oriented primary care projects of residents. We conducted a needs assessment via focus groups, interviews and surveys with people who lived, worked or sought health care in the neighborhood.

We talked to 183 people, which led to clarity about the needs and assets of the neighborhood; increased collaborations between resident physicians and people from the neighborhood; and a resolution honoring the Healthy West 7th initiative from the Minnesota House of Representatives in 2012.

HOW DID THE MAFP FOUNDATION GRANT INFLUENCE YOUR CAREER PATH?

Vickery: It was a key first step for me to a career blending clinical family medicine with community-engaged research. The grant, mentorship and the presentations we shared about it with local, national and international audiences (at the North American Primary Care Research Group conferences) helped me secure a spot in the Robert Wood Johnson Foundation



Kate Diaz Vickery, MD, MSc, and her mentor **Katie Guthrie, MD**, pose at the 2023 Innovation & Research Forum in Minneapolis. Vickery credits Guthrie’s mentorship as being key to starting her on her research journey.

Clinical Scholars fellowship program. The fellowship led to my faculty role at Hennepin Healthcare, where I’ve now had more than 20 grants funded by the National Institutes of Health, Patient-Centered Outcomes Research Institute, Commonwealth Fund and Robert Wood Johnson Foundation, among others.

HOW DID YOU KNOW THAT YOU WANTED TO BE A PHYSICIAN RESEARCHER?

Vickery: I decided I wanted to be a physician researcher when I saw family medicine researchers and learned about community-engaged research to improve health equity. Suddenly, research became a place where I could partner with and lift up the voices of the patients and communities I served. Research became an outlet for my creativity and a place to redesign so many of the broken parts of our health care and public health system. Research also offered the flexibility I needed—and wanted—to raise a family while growing my career.

ANY RECOMMENDATIONS FOR THOSE INTERESTED IN PURSUING RESEARCH?

Vickery: *Follow your passion and interests.* Pursue the ideas that keep you up at night or that stick with you.

Partner with people with lived experience of the topics you want to study. These partnerships can guide you to creative solutions.

Build a network of mentors and supporters. One mentor should be someone who does research or measurement. Other mentors may provide you with career or life advice, connect you to patients or partners and/or share their ideas. It really is a team effort.

Find ways to collaborate. There's a growing network of family medicine researchers and a huge number of public health, social science and other scholars who likely share your interests. The quickest way to learn is to do a project together!

Consider a fellowship for advanced training, if you think research will be something you will focus on. Just like clinical care, research skills take time and guidance to develop correctly.

CAN YOU SHARE ABOUT WHAT YOU'RE DOING NOW?

Vickery: I work in the Health, Homelessness, and Criminal Justice Lab at Hennepin Healthcare Research Institute. I co-founded the lab with **Tyler Winkelman, MD, MSc**, a med-peds colleague with expertise in people who have interacted with the justice system.

I focus on the health needs of people experiencing homelessness in both my research and my clinical work with Hennepin County Health Care for the Homeless.

The Quorum for Community Engaged Wellness Research guides our research from their perspectives as people with lived experience of homelessness and chronic disease. Together, we're

building wellness coaching programs for people who have experienced homelessness—focused first on diabetes, but now expanding to support cardiometabolic health.

Learn more about our work at www.hhcjlab.org.

Apply for an MAFP Foundation Grant

Grant categories:

- Family medicine research
- Clinical innovations improving patient care
- Clinic-community partnerships/outreach
- Healthcare policy/family medicine advocacy



Application deadlines: April 1 and October 1 (annually)

mafp.org/apply



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SAFE WATER FROM THE KITCHEN FAUCET: A FAMILY PHYSICIAN'S ROLE

by Casey Johnshoy, Katie Loth, PhD, MPH, RD, Jeffrey Stoner and Jeffrey Broberg, MnLPG

Safe drinking water is an essential component of health.

The Minnesota Department of Health (MDH) estimates that a quarter of Minnesotans obtain their drinking water from private water wells. In Minnesota, understanding and maintaining the quality of water from private wells is the responsibility of the well owner.

An MDH survey¹ shows that private well users are not routinely testing their drinking water, do not always inspect or maintain their water systems and may neglect the potential health effects of tainted drinking water.

Too often, private well users are uncertain about ensuring safe water at the kitchen sink.

THE IMPORTANCE OF ROUTINELY TESTING WELL WATER

The MDH recommends that private well users routinely test their tap water.

In Minnesota, levels of nitrate, bacteria, arsenic, manganese and lead in well water occasionally exceed health risk limits. These contaminants should be monitored because they cause acute and chronic health problems.

Promoting water quality testing of drinking water from private wells has been a collaborative effort among the **Minnesota Well Owners Organization** (MNWOO) and **Minnesota Ground Water Association** (MGWA). They have been offering free clinics to screen water quality since 2020 and working in collaboration with the **University of Minnesota Medical School** and



University of Minnesota Extension Regional Sustainable Development Partnerships to enhance public knowledge about drinking water quality since 2021.

Among the reasons for this focus on water quality testing by well owners is the fact that illnesses from private well drinking water, although rare, are a preventable health risk that most commonly affects infants, the elderly and the disadvantaged. Via the recent partnership with the University of Minnesota Medical School, MNWOO, MGWA and researchers have been able to better understand how to work with primary care providers to increase awareness about the health risks of contaminated drinking water.

Included in this awareness-raising effort is the opportunity to highlight the importance of well testing as a first step in understanding and eliminating household exposure to harmful contaminants in drinking water that cause illnesses.

FAMILY PHYSICIAN SURVEY: DISCUSSING WELL WATER SAFETY (RESULTS)

Casey Johnshoy, third-year University of Minnesota medical student, recently surveyed family physicians across Minnesota to assess how water quality awareness through health risk communication between well users and their primary care physician can be improved. This initial survey explored doctor-patient interactions about safe drinking water and family health. Findings indicate a need for continuing education for doctors and their patients.

In the survey, we assessed physician awareness, comfort, barriers and frequency in discussing well water safety with their patients. The survey was completed by physicians from across the state serving communities of various sizes.

Physician Responses on Discussing Well Water Safety

Ninety-five percent of responding physicians stated that they have patients that drink well water, suggesting that the topic of well water safety is a statewide issue and not limited to rural communities. Over half of physicians stated that they think well water safety is either moderately or very important and that they were aware of health risks associated with common well water contaminants. However, only 45% of physicians said that they currently discuss well water safety with patients and, in fact, 43% said they are not comfortable discussing the topic of well water safety.

Barriers to Discussing Well Water Safety with Patients

Primary care physicians have a lot to discuss during increasingly short visits, so identifying barriers to discussing well water with patients was a priority of the survey. As expected, the largest barrier was time constraints, followed closely by provider lack of knowledge. Other common barriers stated by survey participants included patient and physician disinterest and lack of incentive.

Lack of knowledge as a barrier makes a great deal of sense, as only one-third of physicians reported receiving any education regarding well water safety—most of which was obtained from local or state public health departments, rather than from their medical education. Despite the lack of education about well water safety, 81% of physicians stated that, although they do not currently provide patients with education or resources to learn more about their well water, they would be willing to provide this type of education if materials or information was provided to them or made more easily available.

Unfortunately, only one-fourth of physicians believe that their patients are concerned about the safety of their well water. Several barriers were identified regarding patients' ability to test and, if needed, treat their well water, with the largest barriers being limited

financial ability, lack of concern and lack of resources. Responding physicians provided various ideas that could encourage patients to test their well water, including providing free and convenient education and access to water testing.

Summary of Survey Findings

Overall, time constraints during patient visits and lack of physician knowledge about well water safety are huge gaps in an ongoing discussion about how to ensure every Minnesotan has access to safe water at the kitchen sink. There are known health consequences related to exposure to common well water contaminants and many Minnesotans drinking well water may not be aware of them.

Discussing well water safety with patients can and should be a collaborative effort between primary care physicians and public health departments in order to bolster awareness about well water safety and its impact on public and individual health.

TAKE ACTION: HELP EDUCATE PATIENTS ABOUT WELL WATER SAFETY

There are a number of actionable steps that can help bridge the gap in education on well water safety for both physicians and patients.

- **Consider making it a routine part of annual visits** to ask patients where they obtain their drinking water.
- **Encourage patients who are drinking water from private wells to participate in annual testing** and consider mitigation strategies if their water is determined to be unsafe to drink.
- **Watch for information regarding local well water testing clinics** and refer patients to them when applicable.
- **Gain more education about well water safety and the health complications associated with common well water contaminants** via continuing education courses as well as through online resources,

QUICK LOOK:

Minnesota Family Physicians on Discussing Well Water Safety with Patients

95% of responding physicians reported that they **have patients who drink well water.**

50% (+) of responding physicians **think well water safety is moderately to very important** and are **aware of potential health effects.**

45% of responding physicians currently **discuss well water safety with patients.**

43% of responding physicians are **not comfortable discussing well water safety with patients.**

Barriers to Discussing Well Water Safety with Patients

- **Time constraints**
- *Provider lack of knowledge*
- Patient and physician disinterest
- Lack of incentive

continued from page 23

including those from the Minnesota Department of Health^{2,3} and Centers for Disease Control and Prevention.^{4,5} This increased awareness will enable physicians and other health care providers to better facilitate informed discussions with patients in their care.

It is important to note that the survey findings presented in this article represent data collected from a small pilot sample of family physicians in Minnesota (n=42) and may not be generalizable to all physicians. Additional research is needed to more fully understand physician awareness, comfort, barriers and frequency in discussing well water safety with patients.

Reach out to the MNWOO team (email paul.wotzka@mnwoo.com or consult their website at mnwoo.org) if you are interested in engaging with this group about future work or if you have questions or comments about work to date.

Find additional information about drinking water quality from private wells in Minnesota on the MGWA's website at www.mgwa.org/education.

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Authors:

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- *Jeffrey Stoner*, retired hydrologist, Minnesota Ground Water Association
- *Jeffrey S. Broberg, MnLPG*, director, Minnesota Well Owners Organization

Acknowledgments:

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- University of Minnesota Extension Regional Sustainable Development Partnerships

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HONORING JIM BOULGER, PHD, AND HIS CONTRIBUTIONS TO FAMILY MEDICINE

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

James (Jim) Boulger, PhD, a cornerstone in Minnesota family medicine and rural medical education, died on January 14, 2023, at age 81.

Boulger touched many lives, both directly and indirectly, through his instrumental role in the development of the University of Minnesota Medical School, Duluth campus (formerly the University of Minnesota Duluth School of Medicine), and its mission “to be a leader in educating physicians dedicated to family medicine, to serve the needs of rural Minnesota and Native American communities.”

For nearly 50 years, Boulger taught, led and mentored medical students and played a key role in helping build the family medicine pipeline in our state. Among Boulger’s many honors, he was a Distinguished University Teaching Professor in the University of Minnesota Medical School, Duluth campus, Department of Family Medicine and Biobehavioral Health and received the Outstanding Educator Award (2003) and Outstanding Program Award (1990) from the National Rural Health Association, as well as the Minnesota Rural Health Hero Award from the Minnesota Department of Health (2014).

Boulger was also awarded Honorary Membership in the American Academy of Family Physicians (AAFP), an honor designated for persons who have rendered outstanding service to the AAFP or the medical profession.

Upon retirement (in 2021), Boulger was asked about his favorite part of his work. His response: “The students and their questions. It was a gift watching students progress from medical neophytes to competent caregivers. My job was to make the learning process as enjoyable as possible while upholding the highest standards of professional training.... I loved it. The best part was the ceremonies of educational achievement. Every bit of it means something, and it has been a wonderful career to experience with so many people.”

We are so grateful for Dr. Boulger, his wonderful career, the difference he made and the legacy he left in family medicine and Minnesota.



Jim Boulger, PhD, with then AAFP Board Chair **Michael Munger, MD, FAAFP**, at the 2018 AAFP Congress of Delegates, receiving honorary membership.

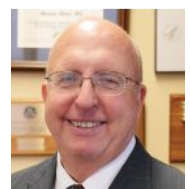
REMEMBERING JIM BOULGER, PHD

Former colleagues and friends share memories and reflect on the impact **Jim Boulger, PhD**, had on family medicine and rural health.

“**Jim Boulger, PhD**, embodied the heart and soul of the Duluth campus of the University of Minnesota Medical School. For students, faculty, residents and anyone else who asked, he could recite the history of the campus, the curriculum and how it had evolved, and he could review the career pathway for almost every medical student who graduated from Duluth. I always looked forward to the twinkle in his eye as he offered his wise insights. He cannot be replaced but his positive imprint will last for generations.”

– **Macaran Baird, MD, MS**

Professor Emeritus and Retired Department Head, University of Minnesota Department of Family Medicine and Community Health



“As one of the Duluth School of Medicine’s earliest faculty members and deans, Dr. Boulger launched numerous initiatives that were novel and innovative at the time (the early 1970s), which helped chart the school’s successful path in training rural family physicians.

With his PhD in psychology, Dr. Boulger introduced a **significant emphasis on behavioral health concepts** into the curriculum.

He partnered with Duluth’s community doctors **to place first-year medical students with local family physicians** so that students could learn more about the specialty and better understand how the scientific concepts from the lecture hall and laboratory applied to the care of patients. This early clinical exposure to family medicine remains in place 50 years later.

Dr. Boulger developed and maintained a network of volunteer family physicians across the region to place students in the homes and practices of rural family doctors for the apprenticeship-style, required experience called the **Rural Preceptorship Course**. Therein, students experienced rural practice firsthand, sharing the joys and challenges of living in and caring for a rural community.

Dr. Boulger recognized that the Duluth educational model could deliver outcomes that most other institutions could not—to train generalist physicians for rural and frontier medical practice.

Throughout his career, he remained a passionate advocate for the specialty of family medicine and for the obligation of medical schools to train excellent doctors to care for rural America.”

– **Emily Onello, MD**

Associate Professor, University of Minnesota Medical School, Duluth campus, Department of Family Medicine and Biobehavioral Health



“I first met Jim Boulger as a brand-new rural GP in Moose Lake. He was seeking preceptors for the first class of students at the new medical school in Duluth, designed to meet rural physician needs. Jim played a major role in its formation and success. He understood the importance of family medicine and the need for it in rural America. He always articulated the mission for Duluth and steadfastly stayed true to it, holding us to it at times when specialty-straying and health reform lured. He taught me, with this focus, there were always other rural and rural-friendly specialists trained by Duluth.

Jim was a very caring, giving person. He interacted with students and their joys and challenges. He was loved and respected by staff and his peers. His impact in rural health and family medicine has been etched forever in Minnesota and nationally.

For me, Jim was complete in all phases of life, from family to spiritual and professional—a true Irish leader. I loved and will miss him, but his voice is still in my ear from our first meeting.”

– **Ray Christensen, MD**

Associate Professor and Associate Dean for Rural Health, University of Minnesota Medical School, Duluth campus, Department of Family Medicine and Biobehavioral Health, and Associate Director, University of Minnesota Rural Physician Associate Program and Metro Physician Associate Program



Record-Setting Match for Family Medicine

All 11 Minnesota family medicine residencies filled again in this year’s National Resident Matching Program (NRMP) Match. *Congrats to the programs, their faculty and residents!*



Nationally, family medicine welcomed its largest class ever, filling 4,530 positions in the Match. When results of the Supplemental Offer and Acceptance Program are added to the Match total, the incoming class of family medicine residents is expected to top 5,000 individuals.

COMING SOON...

HOUSE OF DELEGATES

All MAFP members are invited to attend our House of Delegates meeting to deliberate and vote on resolutions, which set the policies and direction of the MAFP. Attend in person or online.

When: Saturday, May 6, 2023
9:00 am - 12:00 pm

Where: University of Minnesota
Medical School, Duluth campus
(Duluth + online)

Cost: Free

mafp.org/HOD2023

GROUP KSA ON CARE OF OLDER ADULTS

Join us for policy-setting in the morning and CME in the afternoon. Complete a group KSA (Knowledge Self-Assessment) on care of older adults with guidance from a peer facilitator, a content expert and other family physician learners.

This KSA will be held immediately following the House of Delegates meeting. Attend in person or online.

Only open to MAFP members who are currently in practice or a third-year resident.

When: Saturday, May 6, 2023
12:30 - 4:30 pm

Where: University of Minnesota
Medical School, Duluth
(Duluth + online)

Cost:

- **AAFP/MAFP members:**
\$200 (+ ABFM Continuous Certification fees)
- **Third-year resident members:**
Complimentary

mafp.org/KSA

SUMMER CME

We're looking forward to another summer weekend to refresh + reset, with CME and time for rest and/or play in the Brainerd Lakes Area, "Minnesota's Playground."

Clinical sessions will cover a variety of primary care topics that are evidence-based and relevant to practice.

Additional offerings include a **preceptor workshop** and a **group KSA on care of children**.

Limited capacity and room availability!

When: Friday-Saturday,
August 25-26, 2023

Where: Grand View Lodge (Nisswa)

Cost: See pricing and registration options on our website.

mafp.org/summer-2023

MEET YOUR MATCH: MEDICAL STUDENTS + FAMILY MEDICINE

Meet family medicine residency programs from across Minnesota and neighboring states. Practice hands-on procedures. Includes brunch.

When: Saturday, September 9, 2023
9:00 am - 12:00 pm

Where: Pinstripes (Edina)

Cost: Free

mafp.org/meet-match-2023



CALENDAR



House of Delegates

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



Group KSA: Care of Older Adults

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



AAFP National Conference of Constituency Leaders (NCCL)

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



AAFP Family Medicine Advocacy Summit

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



AAFP National Conference of Family Medicine Residents and Medical Students

Thursday-Saturday, July 27-29, 2023
Kansas City, MO
**Medical students: Apply by April 30 to receive reimbursement for attendance-related costs. mafp.org/NC2023*



Summer CME Conference + Preceptor Workshop

+ **Group KSA on Care of Children**
Friday-Saturday, August 25-26, 2023
Nisswa, MN (Grand View Lodge)



Meet Your MATCH: Medical Students & Family Medicine

Saturday, September 9, 2023
9:00 am - 12:00 pm
Edina, MN (Pinstripes)

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



THANK YOU, PARTNERS

We're grateful for our partners and their support of family medicine and Minnesota and our recent events: the **new-to-practice socials** and **Innovation & Research Forum**.

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Essentia Health

Supporting our Innovation & Research Forum:



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HOUSE OF DELEGATES

SATURDAY, MAY 6, 2023

9 AM - 12 PM • DULUTH + ONLINE



MAFP.ORG/HOD2023

ALL MAFP members are invited to attend to deliberate and vote on resolutions, which set the policies and direction of the MAFP.

Attend online or in person. *No cost!*

Deadline to register: May 2.

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THE LADDER CELEBRATES 10 YEARS OF CASCADING MENTORSHIP

A CONVERSATION WITH SARAH NDYAJUNWOHA, MD

On March 24, 2023, **The Ladder for America**, a unique mentorship program/club for kids interested in careers in health care and science, celebrated its tenth anniversary.

The Ladder utilizes a cascading mentorship model where each person involved (from fourth grade up to practicing physicians and beyond) learns and teaches with hands-on activities and experiences. The group currently meets the second Saturday of every month at the Robert J. Jones Urban Research and Outreach-Engagement Center in North Minneapolis.

We asked Minnesota Academy of Family Physicians (MAFP) member **Sarah Ndyajunwoha, MD**, board chair of The Ladder for America, to share about The Ladder and what's ahead.



Sarah Ndyajunwoha, MD

TELL US ABOUT A TYPICAL SESSION AT THE LADDER.

Ndyajunwoha: Scholars and mentors gather as a large group for opening greetings. Then, the topic of the day is briefly reviewed, and there are two motivational quotes that are displayed and read. All are encouraged to think about which quote resonates most with them in preparation for small group discussion.

We then build “The Ladder” by lining up around the room from youngest to oldest. This serves as a visual: Students see the different steps that are taken by scholars to become a health care provider, as well as the faces of mentors who can help them achieve their goals. Elementary students see that middle school and high school is their next step; high school students see that college or university is their next step; and so on.

We count off by three and break into small groups to introduce ourselves, share a light, healthy lunch and discuss the quotes that were mentioned in the introduction. We encourage mentors to sit amongst students. The message is that **we are all learners, and we are all teachers.**

Each of the groups then runs through three different learning stations. One of these stations might be a brief review of anatomy

pertaining to the topic of the day, another is a computer-based learning program and another is a hands-on activity.

We close by returning to our large group seats and a few scholars are brought up to lead The Ladder pledge, which is displayed and read aloud by all.

It is magical to see students blossom and practice critical thinking and collaborative processing.

HOW HAS THE LADDER EVOLVED OVER THE LAST 10 YEARS?

Ndyajunwoha: We have seen so much change. In the initial years of The Ladder, we had small groups led and organized by family medicine residents and pre-med students. As the COVID pandemic started, we took a brief pause as we figured out how to run this program safely. With faculty and medical residents facing the burden of safely delivering medical care, it became the responsibility of medical students to organize and run The Ladder. They devised a virtual Ladder experience with Zoom meetings and virtual breakout rooms. The magic was still there!

The success is that participants are eager to return each month and are matriculating to high school, university and medical school.

WHAT ARE YOU MOST EXCITED FOR IN THE NEXT 10 YEARS?

Ndyajunwoha: I look forward to seeing the younger scholars climb The Ladder and recognize their full potential. I look forward to seeing the hindrance of costly fees reduced, and I await the day when our first matriculants become faculty and staff participants.

The Board of The Ladder is currently seeking ways to reduce barriers to matriculation, including competitive scholarships for testing and application fees, internship, etc.

As a grassroots organization, we hope to one day see versions of The Ladder in every state.

HOW CAN MAFP MEMBERS GET INVOLVED?

Ndyajunwoha: Attending a session is the best way to see how you can become involved. We are always looking for ways to reach new scholars, so spreading the word of The Ladder would be very helpful. Donating to help fund our scholarships is another way to further this mission: theladderforamerica.org/donate

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