

SUMMER 2023 VOL. 7 • NO. 3



MINNESOTA FAMILY PHYSICIAN

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BOB JESKE, MD
12**



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A NEW ENERGY IN FAMILY MEDICINE

I'm honored to be writing to you as your new Minnesota Academy of Family Physicians (MAFP) President and humbled to have been elected to serve you in this position.

It has been a wonderful learning experience to work with many of our great MAFP leaders over the last few years. I especially want to thank Immediate Past President **Alex Vosooney, MD**, for her excellent leadership.

Despite the challenges we face, it is an exciting time to be a family physician and one can almost feel a new energy in medicine right now, especially in Minnesota.

MOVING INTO A NEW PHASE

We have all suffered a collective trauma during the COVID-19 pandemic which further exposed flaws in our health care system and took its toll on all health care personnel. This was heightened by a polarized political environment in which public health—and even basic medicine—became hot button issues, and we struggled to care for our patients while keeping ourselves and our families safe.

As we move into a new phase in which the public health emergency and global pandemic have officially ended, many of us [in health care] have been able to return to work without masks for the first time in over three years, which has been a great morale boost. Most are returning to normal routines. For my family, that has been a never-ending stream of sports and school activities that keep my wife and me on the go.

In addition to the first global pandemic in nearly a century, there has been a great awakening around social justice over the last few years. This has been partially sparked by events that have taken place in Minnesota. While that is not something to be proud of, we can continue to fight the good fight and improve our institutions and the future for all Minnesotans. Decades and centuries of injustice and discrimination won't be undone overnight, but as we take steps toward a better and more



Bob Jeske, MD
MAFP President

just future, **we must continue to treat each human being with respect and dignity and, most of all, love.**

GETTING PLUGGED INTO ADVOCACY

Minnesota's current balance of political power has been favorable for several MAFP advocacy priorities, and much has been accomplished in this legislative session (*read more on pages 6-8*). Thank you to all who advocated on behalf of your patients, colleagues and family medicine!

If you're wondering what you can do to get involved in our legislative and advocacy work, the MAFP has plenty of opportunities (whether you have *a lot or a little* time to give), including:

- **Writing resolutions** (which help set the policies and direction of the MAFP).
- **Participating in the House of Delegates** (our policy-setting body).
- **Using the "speak out" email/texting tools** to contact your legislators.
- **Attending the Physicians' Day at the Capitol** (or just meeting with your legislator anytime—*trust me, it's easy and fun*).
- **Testifying at a legislative hearing.**
- **Serving on a committee or task force or running for a leadership position.**

Email office@mafp.org to get plugged in and make your voice heard.

It's an exciting time for family medicine in Minnesota. I hope you feel it, too, and share that energy with your colleagues and patients!

Bob Jeske, MD
MAFP President



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.

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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Edition 27

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2023 MINNESOTA LEGISLATIVE SESSION

A GOOD POLICY YEAR FOR PATIENTS AND PRIMARY CARE

The 2023 Minnesota Legislative Session ended on May 22. In addition to passing a balanced budget for the next two-year period, the Minnesota Legislature passed many bills that the Minnesota Academy of Family Physicians (MAFP) strongly supports.

Thank you to MAFP members and leaders, especially Immediate Past President **Alex Vosooney, MD**, and the **MAFP Legislative Committee**, chaired by **Nicole Chaisson, MD, MPH**, for their testimonies, letters and advocacy on behalf of patients and family medicine.

While this is being called a historic session for the number of bills passed, it was clearly a good policy year for family physicians and their patients.

The status of many MAFP legislative priorities follows.

MAFP LEGISLATIVE PRIORITIES

Our 2023 legislative priorities included issues that the MAFP provided a leadership role in championing, such as:

- **Updating the All-Payer Claims Database.**
- **Expanding and diversifying the primary care workforce and pipeline.**
- **Limiting mid-year formulary changes.**
- **Simplifying prior authorization processes.**

The MAFP also continued to work with partners on advocacy around important issues impacting our patients and primary care, including **reproductive health care, paid family leave, firearm safety measures, gender-affirming care, non-compete clauses** and more.

See all of our 2023 legislative priorities at mafp.org/legislative-priorities.

WHAT PASSED

All-Payer Claims Database Update and Primary Care Spending Study

(from: Health and Human Services (HHS) Omnibus Bill)

The All-Payer Claims Database (APCD) is the state's research tool to review where health care dollars are spent. The APCD currently



MAFP Immediate Past President **Alex Vosooney, MD**, testifying on legislation and meeting with legislators, including MAFP member and Senator **Alice Mann, MD, MPH**.

only collects data from insurance claims. The bill requires the state to 1) begin collecting non-claims-based data, like value-based payments, to provide a more accurate picture of health care spending and 2) study how much is spent on primary care services.

Single Payer Study and Public Option

(from: HHS Omnibus Bill)

The HHS bill directs the Minnesota Commissioner of Health to study the benefits and costs of a legislative proposal for a universal health care financing system. The analysis must measure the performance of the proposed Minnesota Health Plan (single payer) and the current system related to coverage, benefit structure, underinsurance, system capacity and health care spending.

The bill also requires actuarial and economic analysis for implementation of a public option. This would allow Minnesotans to choose MinnesotaCare as a coverage option through MNsure. The analysis must include impacts on enrollment, the individual insurance market, provider reimbursement rates and the state budget.

Audio-Only Telehealth Coverage

(from: HHS Omnibus Bill)

Public and private coverage for audio-only telehealth services was extended until July 1, 2025. The state will also study the effectiveness of audio-only services.

Rural Health Care Workforce Funding

(from: HHS Omnibus Bill)

New funds have been allocated for the training of physicians and other health care professionals in rural and underserved areas and grants provided to augment existing clinical training programs that add rural or underserved rotations in primary care settings. Funding for a new primary care rural residency program has also been provided, along with grants for training sites in health professional shortage areas.

Firearm Safety Measures

(from: Public Safety Omnibus Bill)

The legislature passed two firearm safety measures: 1) An extension of current law that requires a criminal background check for the purchase of a firearm to also apply to the private sale, transfer or sale at a gun show of a handgun or a semiautomatic

military-style assault weapon. 2) The establishment of a process for a family member or law enforcement to petition the court for an extreme risk protection order if a person is considered a risk to themselves or others, which, if granted, permits law enforcement to temporarily remove a firearm from that person.

Ban on Non-Compete Clauses

(from: Jobs Omnibus Bill)

The use of restrictive covenants, or non-compete clauses, in employment contracts, including those used for physicians, are prohibited for contracts signed on or after July 1, 2023. The use of nondisclosure agreements or agreements designed to protect trade secrets are not prohibited, however, and employers can still restrict access to “client or contact lists.”

Study on Free Primary Care

(from: Commerce Omnibus Bill)

The Minnesota Commissioner of Commerce is directed to conduct a feasibility study on a proposal to offer primary care to Minnesotans at no cost to patients. Removing cost-sharing reduces barriers to needed primary care and preventive services.

continued on page 8

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continued from page 7

Psychiatric Collaborative Care Model

(from: Commerce Omnibus Bill)

Health plans that provide mental health and chemical dependency coverage must reimburse for the Psychiatric Collaborative Care Model, effective January 1, 2025. This is a federal model that includes a primary care provider, care manager and psychiatrist consultant.

Paid Family and Medical Leave

(from: House File 2)

Beginning January 1, 2026, the state will require employers to offer paid family and medical leave to their employees. Each employee may take up to 12 weeks of family leave to care for a family member and 12 weeks of medical leave for a pregnancy or serious health condition. The maximum combined leave can be no more than 20 weeks in a year. Employers will pay a new payroll tax of .7%, which cannot be raised to higher than 1.2% in the future.

Reproductive Health Care Protections

(from: House File 1)

A top priority for the legislature was to ensure continued access for reproductive health care services, including abortion. One of the first bills passed was House File 1, which states that “every individual has a fundamental right to make autonomous decisions about [their] reproductive health, including the fundamental right to use or refuse reproductive health care.” In addition, bills were passed to protect patients from other states, and the providers who care for them, who come to Minnesota for abortion care. The legislature also expanded coverage for postpartum long-acting reversible contraception.

Gender-Affirming Care

(from: House File 146)

This legislation protects children who come to Minnesota to receive gender-affirming care from extradition to their home state if that state prohibits these services.

WHAT DIDN'T PASS

Limits on Mid-Year Formulary Changes

One MAFP priority that did not pass this year was limits on insurers and pharmacy benefit managers (PBMs) from forcing a patient who is on a medication that is working for them to change medications during the middle of their contract year because the insurer or PBM received a financial incentive to change their list of covered drugs. This was omitted from the final HHS bill because of the large cost projected for state employee coverage.

The MAFP is pleased to see so many important policies passed to help our patients, clinical practices and communities. We look forward to continuing our work towards our vision of a state that leads the nation in health outcomes, fueled by a robust family physician workforce pipeline, a laser focus on addressing and eliminating health disparities and a stronger health care system centered on prevention and health outcomes.

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CONTEMPLATIVE MEDICINE

CHANGING THE PRACTICE OF MEDICINE AND OUR RELATIONSHIP TO SUFFERING

In the spring of 2022, I decided it was time to make a change from my outpatient practice of 13 years, but I opted to give a year's notice because we lost so many providers during the preceding 18 months of the pandemic. Soon thereafter, a social media ad popped up for a fellowship through the New York Zen Center for Contemplative Care, a year-long program that would parallel my remaining time at my current clinic.

It's called a fellowship, which is the right name, but it's not traditional continuing medical education or a typical added qualification in medical practice. It's a group of providers from around the country and world who commit to a year of meditation, exploration and deep examination of how we can change our practice [of medicine] and our relationship to the suffering around us and in ourselves.

The guiding teachers are Buddhist priests, and the program is structured around Buddhist teachings, but there is no requirement to be or become Buddhist. Anyone willing to engage in meditation and learn about the Buddhist approach to the world can participate.

I am not a person who tends towards dramatic or personal revelations, but the truth is: *this fellowship changed my life.* The combination of a structured curriculum with a deep, fundamental emphasis on the building of a radically-accepting community has changed how I see myself as a physician, parent and person moving into my sixth decade of life.

A year ago, I wasn't sure I would continue to practice medicine. I was tired of the fights we all fight every day, resentful towards my employer and always on the defensive for what was coming at me in my clinical day. But I was able to change my vision for my medical career, to work on understanding and untangling the resentment and envision a future focused on being of service, rather than bracing myself to fight against forces seemingly against me.

The deadline for joining the 2023-2024 fellowship cohort has passed, but the next application period will open in January 2024. To access resources for caring professionals on compassionate care, visit the New York Zen Center for Contemplative Care website at zencare.org/contemplative-medicine-fellowship. I welcome any and all questions or queries: dochartfeldt@gmail.com.



by Sara Hartfeldt, MD

Sara Hartfeldt, MD, is a family physician, residency alum from the University of Minnesota (Smiley's) and a fellow in the 2022-2023 cohort of the Contemplative Medicine Fellowship at the New York Zen Center for Contemplative Care.



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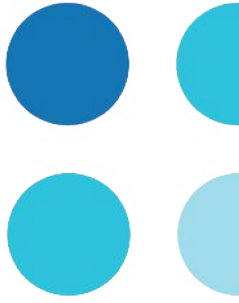
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MEET MAFP PRESIDENT BOB JESKE, MD

TERM: JULY 1, 2023 - JUNE 30, 2024

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

On July 1, 2023, **Bob Jeske, MD**, became the seventy-seventh president of the Minnesota Academy of Family Physicians (MAFP). His term runs through June 30, 2024.

Jeske has been a practicing family physician for more than 10 years. He currently serves as core faculty at the Mayo Clinic Family Medicine Residency - Mankato, where he holds an assistant professor appointment in the Mayo Clinic College of Medicine and Science and serves as medical director for Whispering Creek skilled care and rehabilitation facility in Janesville, Minnesota. In 2021, he received the Mayo Clinic Health System Southwest Minnesota Region Physician Service Excellence Award.

He has been an active member of the MAFP since 2012, serving in a variety of leadership and advocacy roles, most recently as vice speaker of the house, speaker of the house and president elect.

Prior to his teaching role at Mayo Clinic in Mankato, Jeske was a rural family physician in the communities of Wabasha and Waseca, Minnesota. He is also an alumnus of the University of Miami Miller School of Medicine and Mayo Clinic Family Medicine Residency - La Crosse.

Jeske grew up on a farm near Springfield, Minnesota, and now lives in Waseca with his wife Katie (who is a registered nurse) and three active boys. Outside of medicine, Jeske can be found supporting and helping coach his sons in their sports and activities, being active in his church's youth ministries and running and operating the family farm with his brother.

We asked President Jeske to share more of his background and about his plans for his term.

WHAT IS YOUR VISION FOR YOUR TIME AS MAFP PRESIDENT?

Jeske: I don't view this upcoming year as a time for *my* vision, but rather as my opportunity as a servant leader to advance *our* collective vision.



MAFP President **Bob Jeske, MD**

I've heard from members that you want the Academy to continue to:

- **Address administrative complexity.**
- **Advance social justice.**
- **Increase pathways to becoming a family physician.**
- **Strengthen public health.**
- **Work toward equitable access to health care for all.**

Through my years of involvement with the MAFP, I've experienced the strength of our collective voice and genuine desire to help change things for the better for both us and our patients—that's why I continue to be involved and look forward to helping us keep moving in that [better] direction.

WHAT ROLES HAVE YOU HELD WITH THE ACADEMY?

Jeske: I first became involved with the American Academy of Family Physicians (AAFP) after attending the National Conference on a scholarship from the Florida Academy of Family

Physicians following my first year of medical school. And the rest, as they say, is history.

I've been involved with my state chapters and the AAFP ever since, holding various positions throughout the years. I was both a regional and national coordinator for the AAFP Family Medicine Interest Group during medical school, and then had the opportunity to serve on AAFP commissions during residency.

With the MAFP, I first got involved on the Academic Affairs Committee and with my local chapter, where I have served as Southern Chapter President and a delegate to the MAFP House of Delegates. In recent years, I've had the privilege of serving on the MAFP Board of Directors, as vice speaker of the house, speaker of the house and president elect.

HOW DO YOU THINK THE MAFP IS OF VALUE TO ITS MEMBERS?

Jeske: First of all, you get to connect with really cool, passionate people who happen to be family doctors! Second, the MAFP is our collective voice, representing more than 3,100 family physicians, family medicine residents and medical students across Minnesota, advocating for changes that will help improve our lives and the lives of our patients.

WHERE DO YOU THINK THE MAFP HAS ROOM TO GROW?

Jeske: At the MAFP, we strive to bring value to our members in all we do. We are continuing to work to adapt to member continuing medical education (CME) needs with offerings that are timely and convenient (like online ECHOs). We also hear how important advocacy is to our members, and we are working on increasing our presence and influence at the Capitol and with our elected officials.

WHAT ARE THE CHALLENGES YOU SEE FACING FAMILY MEDICINE?

Jeske:

- *Scope of practice issues* have and will continue to be an issue for family medicine.
- *Pathways to an increased family physician workforce* go hand in hand with scope of practice issues, as we see an increased shortage of primary care doctors to care for an aging population.

- *Administrative complexity/burden* is something that continues to plague us on a daily basis.

WHAT DO YOU WANT MEMBERS TO KNOW ABOUT ADVOCACY?

Jeske: *Your voice and your involvement matters.* Whatever ways or time you have to give, we can use your unique skills and perspective at the table.

continued on page 14



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photo credits: Grand View Lodge ©2019

Limited capacity! Register by August 16.

mafp.org/summer-2023



continued from page 13

Even though we can't fix everything overnight, as a group, we can continue to move the needle in the right direction.

WHY DID YOU CHOOSE FAMILY MEDICINE?

Jeske: Growing up on a farm in southwest Minnesota, my only exposure to medicine was rural family medicine. I came to know that family medicine was my life's work through my experiences and relationship with my own family doctor, who became my mentor in high school.

After initially practicing rural family medicine, I realized I missed learning in an academic environment and that I could touch more lives by helping teach and train the next generation of family doctors. From there, I made the shift from rural family medicine to academic family medicine.

The MAFP is governed by an 18-member board of directors. Directors and officers are elected annually at our House of Delegates, the policy-setting body of the Academy. Find more leaders on our website at mafp.org/leaders.



Jeske with wife Katie and their three sons.



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IMPROVED INHALED MEDICATION DEPOSITION THROUGH THE USE OF VALVED-HOLDING CHAMBERS

by **Jill Heins-Nesvold, MS**, National Senior Director,
Health Systems Improvement and Indoor Air Quality,
American Lung Association



WHAT IS THE PROBLEM?

Inhaled aerosol therapy remains the cornerstone of asthma and COPD (chronic obstructive pulmonary disease) treatment. While efficient and user-friendly medication delivery devices are available, *incorrect inhaler technique limits the deposition of medication.*

A review of 2,123 asthma patients by the National Services for Health Improvement found that, without training, 86% failed to properly use their inhaler¹. Another study showed that only 1 out of 10 patients was able to perform all essential metered dose inhaler (MDI) steps correctly².

Common errors in the use of MDIs:

- No exhalation prior to actuation.
- Lack of coordination between actuation and inhalation.
- Stopping inhalation when the cool spray hits the back of the throat.
- Not holding breath long enough (5-10 seconds) after inhalation.

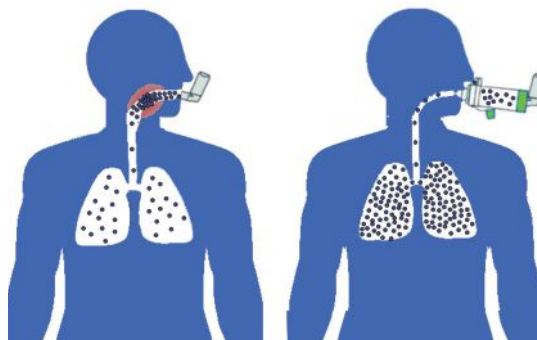
Medication blasts out of an MDI at very high speeds—up to 60 mph. If you're using an MDI without a valved-holding chamber, up to 80% of the medication lands on the face, tongue and back of the throat. This leaves little medication deposited into the lungs.

HOW CAN A VALVED-HOLDING CHAMBER HELP?

Valved-holding chambers (VHCs) act as aerosol reservoirs, allowing patients to actuate the MDI and then inhale the medication in a two-step process. This reduces the need to coordinate actuation and inhalation at the same time.

The VHC's one-way valve traps and holds the medicine, giving patients time to take a slow, deep breath and breathe in all the medicine. Use of VHCs can improve MDI medication delivery to the lungs, reducing oropharyngeal deposition and helping patients overcome challenges in coordinating MDI actuation with inhalation.

Medication Deposition With/Without Valved-Holding Chamber



Left: Demonstrates how an MDI deposits medication onto the face, mouth and throat. Right: Demonstrates how medication deposition is increased with the use of a valved-holding chamber.

How VHC Design Can Impact Performance

The design of the VHC can have an impact on its performance in two ways: **electrostatic charge** and **volume**.

Some plastic VHC devices have an electrostatic charge or may build up an electrostatic charge within the chamber. This build-up may attract drug particles to the chamber walls and reduce drug delivery to the lungs. Drug delivery through the use of antistatic VHCs can provide improvement in bronchodilator response during acute, reversible bronchospasm.

Large-volume holding chambers increase lung deposition to a greater degree than tube spacers or small holding chambers. Currently available VHCs range in volume from 50 ml to 750 ml. VHCs with small volumes (150 to 250 ml) have not been shown to be as effective as those with large volumes (750 ml). Larger volume VHCs may be less portable for children and teens. Smaller volume sizes are generally more effective for infants and small children, as they require fewer tidal breaths to empty.

FREQUENTLY ASKED QUESTIONS ON VALVED-HOLDING CHAMBERS

Which patients benefit the most?

A VHC is needed for all MDIs, regardless of whether the medication is a reliever or maintenance/controller.

How are they prescribed?

A prescription is needed to dispense a spacer or VHC. It is best if the provider is more explicit than “dispense spacer.” Otherwise, what the patient may receive is anything from a VHC to a piece of cut blue tubing to a disposable cardboard spacer. Cut blue tubing or a disposable piece of cardboard will not provide an effective separation between the MDI and the patient to improve coordination, reduce medication speed and ensure deposition of the medication into the lungs. Being explicit on each prescription for a VHC will ensure patients receive the most evidence-based, effective tool.

Both spacers and VHCs are considered durable medical equipment. Therefore, a separate prescription and patient co-pay are needed. Only pharmacies with a durable medical equipment license can secure and dispense VHCs. Providers may need to explain this to patients to avoid confusion.

Are they covered by insurance?

Currently in Minnesota, all health plans provide coverage for spacers and VHCs. However, health plans may only cover one VHC per year. This may cause problems for patients who divide their living time between two homes and who would benefit from the ability to have a VHC at home and school (or daycare).

How can clinicians support patients in proper use?

Ongoing patient education is a critical factor of correct inhaler technique, adherence and disease control.

Tips for improving how patients use inhalers:

- **Check patient inhaler technique often.**
- **Keep devices consistent** when changing or adding medications—try not to mix MDI and DPI (dry powder inhaler) devices. Each new pairing of MDI and VHC requires instruction specific to the devices being used.
- **Use training aids** for encouraging proper technique of inhalers. The American Lung Association has numerous videos to instruct patients on proper delivery device use.

- **Ensure well-fitting VHCs are used** with MDIs by infants and children and by patients with poor coordination or inhaler technique.
- **Prescribe an antistatic VHC** to prevent loss of medication to chamber walls.
- Instruct patients (and caregivers) to **clean VHCs at least weekly.**

Scan QR code for a quick reference guide from the American Lung Association on proper inhaler technique.



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CONGRATS TO 2023 MAFP FOUNDATION INNOVATION & RESEARCH GRANTS + EXTERNSHIP RECIPIENTS!

The Minnesota Academy of Family Physicians (MAFP) Foundation recently awarded funding to members via our **Innovation & Research Grants** and the **David Mersy, MD, Summer Externship**.

Resident physician **Josephine Gable, MD** (Duluth), received an innovation grant, and resident physician **Adjoa Kusi-Appiah, MD**, received a research grant (North Memorial).

Medical students **David Bauer** and **Devin Orchard**, **Courtney Kimmell** and **Christina Smith** were all awarded externships.

Read about their projects at mafp.org/news.



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HOUSE OF DELEGATES 2023 RECAP

Minnesota Academy of Family Physicians (MAFP) members—family physicians, resident physicians and medical students—from across Minnesota attended the 2023 MAFP House of Delegates (HOD) on May 6 in Duluth (or online), where members deliberated and voted on resolutions—*written motions that guide the work of the MAFP*. Election results were also announced for the 2023-2024 Board of Directors.

RESOLUTION ACTIONS

Fifteen resolutions were submitted by MAFP members for this year’s HOD. Prior to the voting and deliberation on May 6, 2023, members were given the opportunity to submit written commentary on resolutions. Comments were then shared with the Reference Committees and utilized in making recommendations for action to the HOD.

Actions Taken:

- **Adopted:** 6 (summary follows)
- **Referred to the Board of Directors** for further discussion: 3
- **Filed for Information:** 1
- **Not Adopted:** 5

ADOPTED RESOLUTIONS

Insulin for All: Make Affordable Insulin a Reality: *Be it resolved* that the MAFP collaborate with Minnesota legislators to encourage legislatively expanding the Minnesota Insulin Safety Net Program and other available assistance programs to provide any type of insulin for all individuals with a qualifying diagnosis of any form of diabetes mellitus and prescribed insulin.

Encourage Access to Medication Therapy Management Services: *Be it resolved* that the MAFP support that pharmacists and the health care organizations that employ them should offer and promote comprehensive medication management services and interprofessional collaboration between family physicians and pharmacists as part of their commitment to supporting patient health through the optimal use of medications.

Restore Patient Protection Laws: *Be it resolved* that the HOD ask that an MAFP committee and the Board study how the Minnesota corporate practice of medicine law applies to both nonprofit and for-profit entities in Minnesota and present to the 2024 HOD ways in which the corporate practice of medicine laws of the state might be improved.



Then MAFP Speaker of the House **Roli Dwivedi, MD**, and Reference Committee Chair **Cybill Oragwu, MD**, listen to testimony from member **Ann Scherman, MD**.

Recognize Access to Civil Legal Aid Services as a Social Determinant of Health: *Be it resolved* that the MAFP recognize inequities in access to civil legal aid services for health-harming legal needs is a social determinant of health; *be it further resolved* that the MAFP recognize civil legal services for health-harming legal needs include but are not limited to legal services that support access to health care, safe housing and work environments, safeguards against financial exploitation and assistance with family issues such as protection from abusive relationships, child support and custody; *be it further resolved* that the resolution be brought forward to the American Academy of Family Physicians (AAFP) Congress of Delegates that the AAFP recognizes that inequities in access to civil legal aid services for health-harming legal needs is a social determinant of health.

Abolish Slavery and/or Involuntary Servitude from the Minnesota Constitution: *Be it resolved* that the MAFP supports all efforts to remove slavery from our constitution and penal system and supports the passage of legislation prohibiting slavery and/or involuntary servitude as criminal punishment for a crime.

Increase MAFP Dues: *Be it resolved* that the annual MAFP dues for members in the Active category be increased by twenty-five dollars (\$25) per active member, effective with 2024 dues.

More details about the 2023 resolutions and actions taken are available at mafp.org/resolutions.

ELECTION RESULTS

The new Board of Directors began their one-year term on July 1, 2023.

2023-2024 Board of Directors – Officers:

- **President:** Bob Jeske, MD
- **President Elect:** Roli Dwivedi, MD
- **Immediate Past President:** Alex Vosooney, MD
- **Treasurer:** Cybill Oragwu, MD
- **Speaker of the House:** Alex Sharp, MD
- **Vice Speaker of the House:** Jamie Conniff, MD, MPH

A full list of leaders, including AAFP delegates and MAFP directors, is available at mafp.org/leaders.

CONVOCATION OF FELLOWS

During our House of Delegates, the degree of Fellow of the American Academy of Family Physicians (FAAFP) was conferred on three members: **Olusola Adegoke, MD, MPH, FAAFP; Mitchell Cardwell, DO, FAAFP; and Laura Miller, MD, MPH, FAAFP.**

“The Degree of Fellow recognizes AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to family medicine, advancement of health care to the American people and professional development through medical education and research” (AAFP).

Thank you to our MAFP members, leaders and staff who participated (both in person and online) in helping to set the policies and direction of the MAFP and elect our newest slate of leaders.

FAMILY PHYSICIANS ARE CRITICAL TO EARLY, ACCURATE DX OF SARCOMA CANCERS


July is Sarcoma Awareness Month


Know the Signs & Symptoms; Lumps or Bumps:

- ✓ APPEARING ANYWHERE
- ✓ ENLARGING OVERTIME
- ✓ INVOLVING DEEP TISSUE
- ✓ WITH OR WITHOUT PAIN
- ✓ IMAGE FIRST. DON'T EXCISE.


Patient & Provider Resources:

- Patient Guidebook
- Red Flags of Sarcoma
- Research Opportunities





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SPORTS MEDICINE FOR KIDS: COMBINING COMMUNITY OUTREACH AND RESIDENT EDUCATION

A PROJECT OF GREATEST INTEREST FROM THE 2023 MAFP INNOVATION & RESEARCH FORUM

by **Michelle McDonough, MD**, family physician, Mayo Clinic Health System – Fairmont, and community preceptor, Mayo Clinic Family Medicine Residency – Mankato, and **Erin Westfall, DO, FACOFP**, director, Mayo Clinic Family Medicine Residency – Mankato

THE PROBLEM

The health care workforce shortage that is rampant across America is not news to anyone. It's a constant struggle that we face daily. It affects everyone with hospital beds left empty due to nursing shortages, longer lengths of stay in the hospital as nursing homes are inadequately staffed and cannot accept new patients quickly enough and lack of access in the clinic setting for routine cares.

Despite being called a health crisis, it is expected to worsen. *The Association of American Medical Colleges predicts a shortage of as many as 122,000 physicians by 2032.* The shortage is not only in physicians, however; it's in almost every allied health profession, as well. The most commonly cited reasons include an aging population, burnout of current workers and fewer people choosing to go into health care.

With the COVID-19 pandemic, there has been a substantial increase in mental health diagnoses in children, with common complaints of anxiety, depression, irritability, mood swings and sleep disturbances. Critical socialization periods were missed, leading to difficulties with acclimatization to large groups and development of social skills. Academic progress was delayed with the transition to e-learning. Some have also developed a fear of health care settings and procedures, with early introduction to invasive nasopharyngeal testing and masking and gowning. It's no wonder that we are seeing less interest in joining the health care field.

This project—Sports Medicine for Kids—focuses on increasing the number of future health care professionals.

COMMUNITY PARTNERSHIPS CAN HELP

Through community partnerships, we strove to strengthen authentic relationships and rebuild connections, with a focus on future health care professional recruitment, community education in a comfortable setting and increasing family medicine resident procedural and outreach skills. After meeting with community stakeholders, we learned about areas of opportunity with the Southern Minnesota Children's Museum, which was excited to build on prior programming.



Young Explorers program, exploring healthy habits through song and interactive play.

Through a stakeholder approach, we devised our community-oriented Young Explorers program, developed solely on needs derived from community asks. In the Young Explorers program, children of toddler age explore healthy habits through song and interactive play with a resident physician from the Mayo Clinic Family Medicine Residency - Mankato program on a weekly basis. Topics include healthy foods, increasing activity and oral health.

Through a problem-focused approach, we developed our Sports Medicine for Kids program, which focuses on health care professional recruitment (starting at a young age) and teaching procedural skills to resident physicians.

SPORTS MEDICINE FOR KIDS

Sports Medicine for Kids was an event held over the MEA (Minnesota Educators Academy) long weekend in which children visiting the Southern Minnesota Children's Museum participated in stations of splinting, suturing, x-ray viewing and races, led by resident physicians from the Mayo Clinic Family Medicine Residency - Mankato.

- **For the splinting station**, kids made up stories of broken or sprained extremities that were splinted by resident physicians. Kids then had a chance to learn how to splint from residents as they became the physicians or assistants.
- **For the suturing station**, kids used plastic needles and yarn to repair lacerations in stuffed animals with the guidance of resident physicians.
- **For the x-ray station**, light boxes were utilized to view x-rays to learn anatomy and how health care professionals check for broken bones.
- **For the races station**, there was an obstacle course race with prizes, along with discussion on the importance of wearing safety gear to prevent injuries.

A survey was administered to resident physicians at the conclusion of the event. Results showed pride in the perceived positive impact that the event had on families at the museum, and all residents selected “agree” or “strongly agree” to being likely to participate in community engagement opportunities in their future careers. Resident physicians enjoyed the time spent with kids as a fun way to incorporate community engagement and work on procedural skills, such as splinting and suturing.

The kids and families also loved seeing physicians in the community and felt that it helped with decreasing fear of procedures and increasing the likelihood that kids will seek careers in health care fields. For most kids, this was evidenced by watching their initial hesitation melt away as they engaged in different stations and had increasingly more participation in the splinting and suturing stations. For one child, though, a complete transformation was seen: she was initially scared to enter the area and, by the end of the session, was splinting for residents and other kids while telling her grandmother she was going to be a doctor when she grew up. The grandmother was shocked, explaining that the child had been in therapy for months and was struggling in school, as she did not do well transitioning back to in-person learning with large groups.



Sports Medicine for Kids program: splinting station.

LESSONS LEARNED

- **The community often knows best what they need.** Simply being present and willing to engage with community work can lead to more sustainable change.
- **Many procedural workshops for resident education can be performed in a community engagement setting** for dual benefit.
- **Kids are resilient and curious.** Engaging them with hands-on interactive stations, with learning through play, allows for meaningful discussion on healthy habits.

This project was innovative by combining resident procedural skill acquisition, childhood health care career education and community partnership building.

Sports Medicine for Kids received funding from a Minnesota Academy of Family Physicians Foundation Resident Innovation Grant. You can support innovation grants, like this, at mafp.org/give.

MAKING A DIFFERENCE THROUGH LEGISLATIVE TESTIMONY

A CONVERSATION WITH AUSTEN OTT

During the 2023 legislative session, Minnesota Academy of Family Physicians (MAFP) member and University of Minnesota medical student **Austen Ott** testified in support of House File 16, a bill to ban conversion therapy for children and vulnerable adults and prohibit the coverage of conversion therapy via medical assistance as well as the misrepresentation of services and products.

Thanks to Ott and the work of other advocates and legislators, the bill passed and is now law in Minnesota.

We asked Ott to share about their experiences in advocacy and testifying before the legislature.

CAN YOU SHARE ABOUT YOUR EXPERIENCE TESTIFYING?

Ott: This was my first time participating in legislative advocacy through testifying. Former Representative and incoming medical student **Hunter Cantrell** was familiar with [the legislation] and reached out to our class, seeking students who had a personal connection to the topic and were interested in speaking. The author of the bill was hoping to hear from medical students because of our position as future physicians.

Testifying before a committee is something anyone can do. I was surprised at how easy it was. Many legislators rely on the knowledge of their constituents, and they appreciate you taking the time to educate them on a topic that you may be an expert in. There were several moments throughout the hearing where legislators commented on how helpful it was to hear from medical students and physicians who have first-hand knowledge of how conversion therapy practices negatively impact physical and mental health.

WHY IS ADVOCACY IMPORTANT FOR MEDICAL STUDENTS?

Ott: Medical students have a unique role in advocacy. Often, we are working with community organizations who are at the forefront of new policy initiatives. We can synthesize what we have learned from our community partners with what we are learning in our medical training and offer that information to

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



Medical student **Austen Ott** testifying at the Capitol in St. Paul in support of House File 16.

others who may not be informed with the most current knowledge.

I believe that advocacy is foundational to medicine. We cannot make a difference in the health of our communities without understanding the needs of our neighbors. Ultimately, all policy decisions tie back to health in some way, and I feel it is our responsibility as trainees and future physicians to use our privilege and education to advocate for the issues important to our communities. Even though we are still in training, we hold a lot of political power as medical students, and I feel obligated to put it to good use.

WHERE HAVE YOU FOUND COLLABORATORS?

Ott: I'm not sure that I can overstate the importance of community organizations. They are dedicated to on-the-ground, grassroots organizing on a topic that you are passionate about.

Organizers are connected to the neighbors most impacted; they are the ones who have been working towards change, and they understand the legislative landscape concerning your issue.

Collective action and collaboration are the most powerful means by which we can achieve the healthy future that we strive for.

Find your people!

ANY ADVICE FOR THOSE INTERESTED IN ADVOCACY?

Ott:

- **Encourage your colleagues** to understand the importance of legislative advocacy and get involved. We have an obligation to use our voices to advocate for our communities.
- **Listen to your patients** to find out how their needs could be better met.
- **Stay up to date** with local initiatives.
- **Contact your elected officials** to offer your expertise. They truly *do* want to hear from you!
- **Reach out to community organizations** doing work that you're passionate about and let them know you want to help.
- **Access advocacy resources** from groups like Advocates for Better Health (formerly the Twin Cities Medical Society) and the MAFP. If you are a medical student, I would encourage you to check out Advocates for Better Health's Public Health Advocacy Fellowship and attend the Family Medicine Advocacy Summit in Washington, DC, with the MAFP.

MORE ABOUT OTT

Austen Ott is a medical student at the University of Minnesota and the director of external affairs for the Medical Student Pride Alliance, a national nonprofit organization dedicated to supporting LGBTQIA+ medical students. They have also assisted the University of Minnesota's White Coats for Black Lives chapter with their "teach-in" initiatives, which provide peer-to-peer education on topics that are often left out of health sciences curricula, such as trauma-informed care, critical race studies, disability and climate justice.

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Locations

MAFP: YEAR IN REVIEW

JULY 2022 - JUNE 2023

What a year it has been!

Over the past fiscal year, the Minnesota Academy of Family Physicians (MAFP) has been actively working to serve our members through:

- **Advocacy** at the Capitol and at every table where health care decisions are made, fighting for family medicine and the health of all Minnesotans.
- **Programming and events**, helping members to increase their knowledge, improve their skills, grow and advance their career and practice, be equipped to lead and advocate and connect with peers.
- **Our philanthropic Foundation**, which aligns with the work and mission of the Academy, funding grants, programs, scholarships and more that support our members, strengthen family medicine and improve health outcomes of patients and communities.

The MAFP and its leaders remain as committed as ever to supporting our mission, advancing our priorities and remaining a member-led, member-focused organization.

OUR MISSION

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

OUR PRIORITIES

Three priorities guide our work:

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

Everything that the MAFP does connects back to those three priorities, with the goal of advancing them and upholding our mission.

OUR AREAS OF IMPACT

MAFP Programming

The MAFP hosted and/or helped facilitate 25 events and programs in the past year.

JUL 2022	AAFP National Conference (<i>supporting Minnesota medical students</i>) – Jul 28-30
AUG 2022	Implicit Bias Training – Aug 25
	Summer CME conference – Aug 26-27
	Group KSA: Care of Hospitalized Patients – Aug 26
SEP 2022	Minnesota Reception at AAFP FMX – Sep 21
OCT 2022	Group KSA: Care of Hospitalized Patients – Oct 16
NOV 2022	Group KSA: Care of Women – Nov 20
DEC 2022	Refugee Health: Serving the Health Care Needs of Immigrants, Refugees and Asylees (<i>FMIG lunch-and-learn</i>) – Dec 5
JAN 2023	New to Practice Get-Togethers – Jan 10, Jan 24, Jan 31
	Intro to Advocacy – Jan 14
FEB 2023	Reproductive Health Care ECHO series – Feb 2, Feb 16
	Ten State Conference – Feb 17-19
	Legislative Lunch + Physicians’ Day at the Capitol – Feb 8
	Community Voices on Two Spirit Health (<i>FMIG lunch-and-learn</i>) – Feb 13
MAR 2023	Reproductive Health Care ECHO series – Mar 2, Mar 16
	Innovation & Research Forum – Mar 11
	Creating Change in Your Health Care System – Mar 30
APR 2023	Spring CME conference + POCUS Workshop – Apr 14
MAY 2023	House of Delegates – May 6
	Group KSA: Care of Older Adults – May 6
JUN 2023	New Resident Welcome Event – Jun 15

MAFP Advocacy

MAFP members, leaders and staff were active at the Capitol in St. Paul and in Washington, DC, advocating for **primary care payment reform and investment, growing the primary care workforce and pipeline, reducing administrative burden and streamlining prior authorization and increasing patient access to equitable, comprehensive care.**

Many important policies that the MAFP supported passed during the 2023 Minnesota Legislative session (*read a legislative recap on pages 6-8*).

MAFP Foundation

In the last year, the Foundation raised more than **\$53K**, thanks to **80+ donors**; received a **\$6.2 million grant award** from The Leona M. and Harry B. Helmsley Charitable Trust to provide point-of-care ultrasound training across Minnesota in partnership with High Quality Medical Education (HQMEDED); and funded the following:

- **32 Minnesota medical students attending the American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students** in Kansas City, Missouri.
- **22 scholarships for first- and second-year family medicine residents** (two residents from each of Minnesota’s 11 residency programs received a \$1,000 scholarship).
- **6 innovation and research grants** for medical students, family medicine residents and practicing family physicians, working to improve patient care and address health disparities, social factors influencing health and more.
- **3 student externships**, exploring research processes, protocols and ethics in primary care.

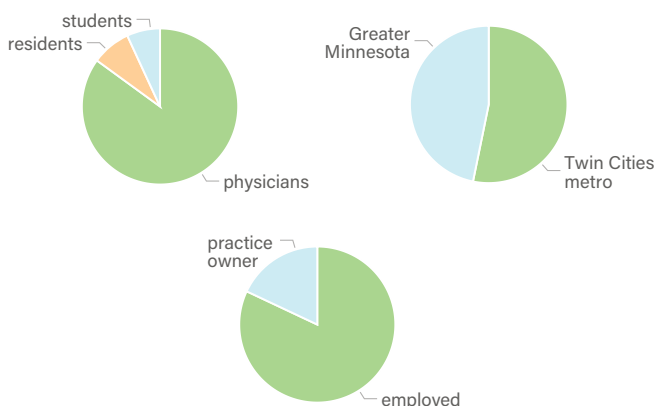
OUR MEMBERS

Nearly 90% of family physicians practicing in Minnesota are MAFP members (*source: AAFP 2022 Market Share Report*).

Thanks to all of you, our chapter was recently recognized as an Outstanding Chapter in the extra-large category, by the AAFP, for **highest percent retention of Active membership**, **highest percent retention of new physician members** and **100% resident membership**.

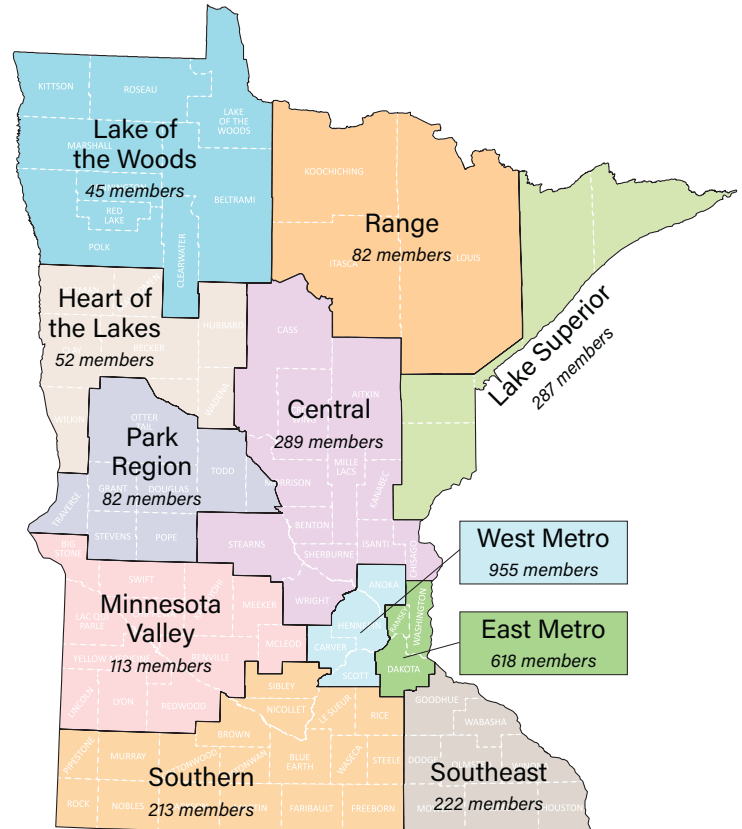
Member Demographics

(as of 6/1/2023)



Members per Local Chapter

(as of 6/1/2023)



Our work to serve and support family physicians across Minnesota and promote our specialty continues. We will keep fighting for a stronger health care system centered on prevention and health outcomes, to address and eliminate health disparities and to build and expand the family physician workforce pipeline.

Thank you for your membership AND partnership!

To learn more about the work we do and ways that you can get plugged into advocacy, programming and more, email office@mafp.org.

Want to support the work of our Foundation and help advance our priorities? Make a gift at mafp.org/donate.

COMING SOON...

SUMMER CME

Join us for a summer weekend to refresh + reset—earn CME and have time for rest and/or play in the Brainerd Lakes Area, “Minnesota’s Playground.”

Clinical sessions will cover a variety of primary care topics, including **opioid use disorder treatment, colorectal cancer screening, lactation and infant feeding options, house calls, weight bias, gender-affirming care and occupational medicine.**

Additional offerings include a **preceptor workshop and a group KSA (Knowledge Self-Assessment) on care of children.**

Limited capacity and room availability!

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

Where: Grand View Lodge (Nisswa, MN)

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, MN)

Cost: Free

Open to medical students and international medical graduates.

mafp.org/meet-match-2023

MINNESOTA RECEPTION AT AAFP FMX

Gather at the Minnesota Reception, hosted by the Minnesota Academy of Family Physicians, at the 2023 American Academy of Family Physicians (AAFP) FMX conference in Chicago, Illinois.

When: Friday, October 27, 2023
6:00 - 7:00 pm

Where: Cafe Bionda (Chicago, IL)

Cost: Free

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

More about the FMX conference at aafp.org/fmx.



CALENDAR



AAFP National Conference of Family Medicine Residents and Medical Students

Thursday-Saturday, July 27-29, 2023
Kansas City, MO



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)



Application Deadline: MAFP Foundation Innovation & Research Grants
Sunday, October 1
mafp.org/apply



Group KSA (Knowledge Self-Assessment): Heart Disease
Sunday, October 8, 2023
4:30 - 8:30 pm Central
Online



Minnesota Reception at AAFP FMX
Friday, October 27, 2023
6:00 - 7:00 pm
Chicago, IL (Cafe Bionda)



Group KSA (Knowledge Self-Assessment): Behavioral Health Care
Sunday, November 19, 2023
4:30 - 8:30 pm Central
Online

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 member events: the **Spring CME** in April and **New Resident Welcome Event** in June.

Supporting our Spring CME:



Supporting our New Resident Welcome Event:



GROUP KSA SESSIONS

AMERICAN BOARD OF FAMILY MEDICINE
KNOWLEDGE SELF-ASSESSMENT



Heart Disease

Sunday, October 8, 2023
4:30 - 8:30 pm Central (online)

Behavioral Health Care

Sunday, November 19, 2023
4:30 - 8:30 pm Central (online)

Register at mafp.org/ksa.



MEET YOUR MATCH

MEDICAL STUDENTS + FAMILY MEDICINE



September 9, 2023

9:00 am - 12:00 pm
Pinstripes (Edina)

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

Brunch, 9:00 - 10:30 am

No cost to register.



mafp.org/meet-match-2023

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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visit EssentiaCareers.org or scan our QR code below.



Essentia Health

*Contact: Eric Bain, Senior Recruiter
218-393-9518 or Eric.bain@essentiahealth.org
Visit: essentiacareers.org
EOE: Minorities/Females/Veterans/Disabled*



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 70 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