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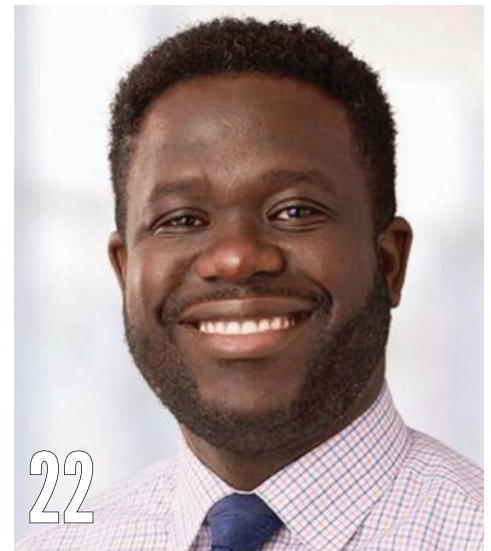
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WINTER 2024 • VOL. 8 • NO. 1



MINNESOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

GETTING BACK TO ADVOCACY AND CONNECTION



Bob Jeske, MD
MAFP President

Advocacy season is around the corner, and the legislative session will soon be underway in Minnesota. You may be sick of the word “unprecedented,” but last year’s legislative session was truly unprecedented for advancing many of the Minnesota Academy of Family Physicians’ (MAFP) legislative priorities. *You can read more about last year’s (and this year’s) legislative priorities on pages 10-11.*

Recent primary care wins do not mean our work is done or that we can sit back to enjoy the view. **The MAFP is encouraged to press on and continue the good work.**

ADDRESSING ADMINISTRATIVE COMPLEXITY

One of our—and the collective medical community’s—greatest priorities continues to be **addressing administrative complexity**, especially regarding prior authorization and the harm it does to patient and physician wellness alike. Making meaningful change can be difficult, but we need to continue to tell our stories and our patients’ stories.

Advocacy definitely requires some time and effort, but it’s often easier than one perceives it will be. *Find a list of ways you can engage in advocacy on page 11.*

ADVOCATING AT DAY AT THE CAPITOL

One of the easiest options for getting involved: Attend the **MAFP Legislative Lunch + Minnesota Medical Association (MMA) Physicians’ Day at the Capitol** on February 28, 2024. That day, the MAFP joins together with the MMA and other Minnesota physician groups to make our voices heard at the State Capitol.

Meetings with your state legislators will be set up for you, and the MAFP and MMA will brief you on legislative priorities and provide materials to take with you to meetings.

During my first experience with the event, I met with one of the legislators from my district. Their first comment, after I introduced myself

as a physician, was: “I don’t usually deal with health care but mainly do transportation.” Initially, I felt defeated and thought it was going to be a waste of my time. However, as our discussion progressed, I realized this was a great opportunity to help educate them on issues of critical importance to the health of their constituents regarding bills that they *will* vote on. It also allowed me to start a relationship with that legislator so I can reach back out to them.

CONNECTING AT THE SPRING REFRESHER

As we are returning to more of our pre-pandemic routines, much has been learned about how to adapt and be more nimble while leveraging technology and virtual options that will forever change the status quo. The pandemic also highlighted the innate fact that we *are* social beings and *need* human connection.

It has been reinvigorating to be back at in-person meetings and conferences this past year. One of my favorite conferences to attend is coming back soon: the **MAFP Spring Refresher** (April 12-13, 2024, at Rush Creek Golf Club in Maple Grove).

I’ll be there, and I hope to see as many of my Minnesota family medicine colleagues as are able to attend. *Learn more about the return of the Spring Refresher and find other MAFP events on pages 28-29.*

See you soon,

Bob Jeske, 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 physician specialty organization in Minnesota and state chapter of the American Academy of Family Physicians (AAFP). 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@mafpp.org.

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Edition 29



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EXPANDING RURAL FAMILY MEDICINE TRAINING ACROSS MINNESOTA

NEW RURAL RESIDENCY + REGIONAL MEDICAL SCHOOL CAMPUS SET TO LAUNCH IN 2025

by **Courtney Huber, MS**, University of Minnesota Department of Family Medicine and Community Health, and **University of Minnesota Medical School communications**

Plans to foster a pathway toward the training of new rural family physicians are steadily becoming reality.

A new medical school campus in St. Cloud—a partnership between CentraCare and the University of Minnesota Medical School—will expand the University’s medical school footprint to Central Minnesota for the purpose of training medical students to serve rural communities across the state. Happening simultaneously is the creation of a rural-training-focused residency program in Willmar.

The proposed medical school campus and residency program comprise a remedy for the looming physician shortage that is predicted to hit rural communities hardest.

- *More than one third of rural providers plan to leave the workforce by 2027* (Minnesota Department of Health).
- *While 20 percent of the U.S. population lives in rural communities, only 11 percent of physicians practice in such areas* (Association of American Medical Colleges).

This expansion of training and education will help fill a gap that many communities are already experiencing. “We need more primary care physicians in all communities, particularly in rural areas across the U.S.,” said **Shailey Prasad, MD, MPH, FAAFP**, Associate Vice President for Global and Rural Health at the University of Minnesota and Vice Chair of Education for the University of Minnesota Department of Family Medicine and Community Health, who has been leading the charge to launch rural residency training tracks across Minnesota.

Prasad continued, “We need the multifaceted brilliance of family doctors because they can address inpatient and outpatient care needs for all patients across the spectrum, from birth to maternity care to senior care.”



Minnesota’s current and proposed family medicine residency and medical school campus locations

NEW RURAL FAMILY MEDICINE RESIDENCY IN WILLMAR

The **University of Minnesota CentraCare Willmar Rural Family Medicine Residency** is planning to begin training residents in June 2025, pending approval by the Accreditation Council for Graduate Medical Education (ACGME).

Led by family physician **Richard Wehseler, MD**, the Willmar residency will follow a 1:2 format, with residents spending the first year at the University of Minnesota/CentraCare St. Cloud Hospital Family Medicine Residency for inpatient and specialty rotations and years two and three in Willmar, with training

continued on page 8

ADOPT A PATIENT-CENTERED APPROACH

Create an Inclusive Environment for Your Transgender Patients.

Many transgender people face stigma and discrimination in their daily lives that put them at increased risk of HIV and prevent them from accessing HIV services they may need.

By adopting a patient-centered approach, you can help reduce your transgender patients' barriers to HIV prevention and care. The Centers for Disease Control and Prevention recommends the following steps to create a welcoming environment in your practice:

- Politely and privately ask all patients for their correct name and pronouns.
- Use inclusive language on your intake forms, such as transgender and nonbinary gender options.
- Include images of transgender people of various races and ethnicities in your marketing and educational materials.
- Implement a policy that allows people to use the bathroom that matches their gender identity.



For resources on delivering patient-centered HIV care to your transgender patients, visit: [cdc.gov/TransformingHealth](https://www.cdc.gov/TransformingHealth).



Ending
the
HIV
Epidemic

continued from page 6

specifically focused on developing the necessary skills for practice in a rural area (including emergency medicine, rural obstetrics, rural procedures and broad-spectrum outpatient care).

In a newsletter circulated to CentraCare employees, Wehseler shared his excitement for the new program and its potential to grow the rural primary care workforce: “By training in the region, young physicians will be able to integrate into the communities and see firsthand the value of living and raising a family in rural Minnesota.”



Willmar residency program director
Richard Wehseler, MD

Prasad added, “We know that residents, generally, practice close to where they train. So, it’s important to add the context of rural life into the training of the next generation of family physicians.”

The goal is to grow more rural training programs across Minnesota that will be attached to existing family medicine residency programs.

Keri Bergeson, MD, family physician and board member of the national Rural Training Track (RTT) Collaborative, a consultative group that advises rural sites on training programs, recently joined the University of Minnesota Department of Family Medicine and Community Health to spearhead these conversations.



Keri Bergeson, MD

Planning is already underway for a program that will be based out of Grand Rapids and be a partnership between Grand Itasca Clinic and Hospital and the University of Minnesota Woodwinds Hospital Family Medicine Residency.

ST. CLOUD REGIONAL MEDICAL SCHOOL CAMPUS

In early 2022, CentraCare approached the University of Minnesota Medical School with the desire to expand their educational relationship with the University by opening a regional campus in St. Cloud for undergraduate medical education. This new regional campus will be the first expansion of the medical school in more than 50 years and allow for an increase of 10 percent in the overall class size.

The St. Cloud campus and program will build on the experience and knowledge the University has gained through its rural and Native American health focus in Duluth, with a more targeted focus on rural and immigrant health, which will serve an important role for the communities of Greater Minnesota.

CentraCare, with its network of hospitals and clinics, will provide the clinical clerkships needed for a class of up to 24 medical students. This relationship presents a brand-new model of educational affiliation by offering this clinical capacity for student learners. It is a unique model: a private health care system partnering with a public medical school to open a regional campus, with a commitment from the health system to fund its operations and costs above the amount earned through tuition.

The University’s Board of Regents gave final approval for the new campus at their December 2023 meeting. Pending full approval of the Liaison Committee on Medical Education (LCME) in spring 2024, the Medical School’s CentraCare regional campus in St. Cloud will welcome its first class of students in 2025, building to a full program with 96 students four years later.



St. Cloud, Minnesota

Learn more about the **Willmar Rural Family Medicine Residency** and follow its progress toward accreditation at z.umn.edu/WillmarFM.



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2024 MINNESOTA LEGISLATIVE SESSION

INVESTING IN PRIMARY CARE & BUILDING THE PIPELINE + ADDRESSING ADMINISTRATIVE BURDEN

WHAT TO EXPECT AT THE CAPITOL

It is a non-budget year. The Minnesota Legislature convenes for the second year of the biennium (budget cycle) on February 12, 2024. Since it's an even-numbered year, the legislative session is one month shorter than odd-numbered years. The legislature is required by the Minnesota Constitution to adjourn no later than May 20, 2024.

New spending is expected. Even though it is a non-budget year, the state is predicted to have another large budget surplus of approximately \$2 billion, so some new spending is likely.

The Democrats maintain a majority in both bodies, but the margins are narrow. Currently, the Minnesota Senate has 34 Democrats and 33 Republicans, and the Minnesota House has 70 Democrats and 64 Republicans. 2024 is also an election year for all 134 members of the House. The Senate and Governor are not up for election until 2026.

2024 MAFP LEGISLATIVE PRIORITIES

The Minnesota Academy of Family Physicians (MAFP) Legislative Committee utilizes adopted House of Delegates resolutions and input from MAFP leaders and other members to recommend legislative priorities each year to the MAFP Board of Directors. The Board approved the following priorities for 2024.

Issues We're Championing



Increasing investment in primary care. Building on the momentum of expanded measurement of primary care investment and reporting from the 2023 legislative session, the MAFP will advocate for primary care to be central to all health care reform efforts and work towards increasing reimbursement and investment in primary care through Medicaid reimbursement rate increases and incremental primary care spending goals.



Expanding and diversifying the primary care workforce and pipeline. The MAFP supports efforts to increase opportunities for training family physicians in rural and underserved areas, specifically through rural

residency training tracks, grants to support medical education and expansion of loan forgiveness programs.



Limiting mid-year formulary changes and simplifying prior authorization processes. Family physicians continue to be frustrated with disruptions to their clinical practices and patient care caused by mid-year formulary changes and prior authorizations. The MAFP supports legislation to address over-utilized prior authorization processes and limit mid-year formulary changes.

Issues We're Collaborating On

The MAFP will work with partners to influence important issues impacting patients and family medicine, including the following:

- **Harm reduction and decriminalization of drug use.**
- **Increasing access to care and affordability of prescription drugs.**
- **Removal of slavery from the Minnesota constitution and penal system.**

2023 LEGISLATIVE SESSION RECAP

In addition to passing a balanced budget in 2023, the Minnesota Legislature passed a number of bills that the MAFP strongly supports, including the All-Payer Claims Database update, audio-only telehealth coverage, rural health care workforce funding, firearm safety measures and more.

MAFP Legislative Committee Chair **Nicole Chaisson, MD, MPH**, had this to say about last year's legislative session: "We saw a number of wins for family physicians and our patients, including a greater investment in building our health care workforce; increasing access to health care for more Minnesotans; passing patient protections, particularly for bodily autonomy; and investing in a number of studies that are exploring improved primary care payment models."

Read a recap of the 2023 legislative session, highlighting the status of MAFP priorities—what passed and what didn't pass—at bit.ly/mnleg2023.

GET INVOLVED IN LEGISLATIVE ADVOCACY

The MAFP will continue to be a vital voice at the table in 2024, advocating for our patients, our communities and our profession. We need *you* involved in these conversations.



Attend Physicians' Day at the Capitol: On February 28, 2024, the MAFP will host a lunch for family physicians, family medicine residents and medical students. After lunch, we will join the Minnesota Medical Association and physician colleagues from across Minnesota for afternoon legislative meetings. mafp.org/event/pdac24



Access Our Advocacy Modules: Get quick tips, watch short videos and find links to additional resources to help you prepare for legislative visits, use social media for advocacy, get an op-ed published and more. mafp.org/advocacy-modules



Join Our Legislative Committee: Make recommendations to the MAFP Board of Directors for positions on legislative matters affecting family physicians and their patients. *Interested?* Email **Jami Burbidge, MAM**, at jami@mafp.org for more information.



Follow Us Online: We regularly post updates and share legislative calls to action across our social media channels and via our advocacy blog. mafp.org/social-media

Questions? Want more info on how you can get plugged into MAFP advocacy? Email office@mafp.org.



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PHARMACISTS: THE UNDERRATED CHANGE AGENTS FOR YOUR CLINICAL PRACTICE



Sharp



Knutson

by **Alexandra Sharp, MD**, family physician and Speaker of the House, Minnesota Academy of Family Physicians, and **Alison Knutson, PharmD**, pharmacist and consultant, Center for Leading Healthcare Change, University of Minnesota College of Pharmacy

“Clinical pharmacists are among the least understood and most underrated members of health care teams. The duration of their education and clinical training surpasses that of nurse practitioners and physician assistants, yet clinical pharmacists are too often relegated to episodic consultations for individual patients or tinkering at the edges of clinical care in supply-based assignments calibrated below their doctorate degrees.”¹

Physicians working in collaboration with pharmacists operating at the top of their training can extend and enhance the services a clinic offers by being the *change agent* in team-based care that reduces costs and helps your community of patients achieve better health.



KEY TASKS TO DELEGATE TO AN INTEGRATED PHARMACIST

Medication Education and Patient Outreach

Examples: Teaching your patients with frequent COPD (chronic obstructive pulmonary disease) exacerbations and new pediatric asthma patients how to properly and effectively use their inhalers *or* helping with CGM (continuous glucose monitor) management for your type I diabetes patient with poor specialty access.²

Deprescribing

Example: Coaching your geriatric patient with significant polypharmacy and their family how to reduce their medications, slowly and safely, by developing a plan and counseling on expected effects.²

Population Health and Chronic Disease Management

Example: Performing outreach to your panel of patients with depression to check in on medication effectiveness to help meet value-based payment goals.²

Drug Monitoring

Example: Ensuring that your patients on amiodarone are having their thyroid levels or hepatic labs checked for those on concomitant long term antifungal therapy.²

THE COST BENEFITS OF HAVING AN INTEGRATED PHARMACIST

- They can bill for their services with pharmacist-specific CPT® codes.
- They can help meet your organization’s goals for value-based payments with patient outreach and population health metric achievement.
- They can keep patients out of the hospital by increasing safe prescribing and patient education, improving self-management of their own medications.

SUPPORT FOR PHARMACIST COLLABORATION & INTEGRATION

Our professional organizations strongly support pharmacist collaboration and integration. At the 2023 Minnesota Academy of Family Physicians (MAFP) House of Delegates, a resolution (*written motion*) was adopted that greatly encourages this practice.³ The American Academy of Family Physicians also strongly supports integrating pharmacists, quoting in their

Pharmacists position paper: “The pharmacy professional and physician can and should work collaboratively so that their combined expertise is used to optimize the therapeutic effect of pharmaceutical agents in patient care.”⁴

Overall, pharmacists are underutilized and can be the true *change agents* in your family medicine clinical practice. In collaboration with your physician expertise, pharmacists can greatly reduce your practice burden with little to no additional cost to your clinic and markedly improve patient outcomes.

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Interested in how to integrate a pharmacist into your clinical practice and/or want to know where to start?

Email office@mafpp.org to get connected with family physician **Alexandra Sharp, MD**, and clinical pharmacist **Alison Knutson, PharmD**.

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AN EQUITY LENS TOOL FOR FAMILY PHYSICIANS

The Minnesota Academy of Family Physicians (MAFP) Health Equity Committee has adapted an equity decision-making tool—a set of questions to use in intentionally evaluating policies, decisions and processes for equity—for use by MAFP staff, leadership, volunteers and members.

“Equity lens tools are designed to integrate explicit consideration of equity—most often, racial equity—into decisions before they are made and implemented (e.g., policies, programs, plans and budgets). The goal is to systematically assess how different groups might be affected by a decision, identify adverse consequences and propose recommendations to address impacts. And since equity is a process and an outcome, community involvement is a core component” (Big Cities Health Coalition).

Using this tool creates a “pause” and provides important reminders (for those with decision-making authority) to not perpetuate structures and systems of oppression and to make space for and lift up all voices, especially those most impacted by a decision.

HEALTH EQUITY LENS TOOL

ARE THE KEY PEOPLE MEANINGFULLY INCLUDED?

- Are key people meaningfully included?
- Is this a decision about a group or an individual? If so, is their voice centered or represented?
- If this involves a decision or extra work from another group/committee, are they included in conversations?
- How diverse is the group of decision makers?

WHO WILL BE IMPACTED?

- Who benefits from this?
- Who is burdened by this?
- Will this impact patients, members, staff and/or health systems? If so, how?

- Does this help us meet the needs of underserved patients (or under-resourced clinics)?
- Have we considered specific marginalized groups and how they might be impacted?

WHAT ARE THE INTENDED & UNINTENDED OUTCOMES?

- What issue are we trying to solve?
- What do we hope will happen?
- What are the potential negative impacts?
- Have we thought about all the ways this could go awry?
- Who could be hurt by this?
- What data or evidence supports this decision?
- How might this be perceived by others?
- What are the assumptions taking place?

DOES THIS ALIGN WITH OUR VISION FOR BEING EQUITABLE & INCLUSIVE?

- How is equity addressed?
- How does this align with our equity plan?
- What barriers might this place in the way of achieving our equity plan?
- How does this impact our environment, both physical and cultural?

WHAT CHANGES COULD BE MADE TO MAKE THIS MORE EQUITABLE?

The above leads to...

DOES THIS ADVANCE ANTI-RACISM EFFORTS, OR DOES IT EXACERBATE RACISM?



Download a printable version of the Health Equity Lens Tool at mafp.org/health-equity and scan the QR code to find additional resources on using a health equity lens via the Centers for Disease Control and Prevention.

SPRING REFRESHER

CONFERENCE

April 12-13, 2024

8:00 am - 4:30 pm | Maple Grove, MN + online

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Award**

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**STUDENT LEADERSHIP
Award**

Learn more & nominate by February 25: MAFP.ORG/AWARDS

PHYSICIAN MENTAL HEALTH: CHANGE IN REPORTING REQUIREMENTS

Early in my career, a colleague and I were discussing a mutual professional acquaintance who was clearly struggling with depression and anxiety. My colleague stated that our acquaintance wasn't seeking care as they were afraid of the implications it could have for their medical license. Over time our acquaintance seemed to improve—an outcome not all physicians share.

- Physicians are twice as likely as the general population to die by suicide.¹
- Ten percent of family physicians report suicidal thoughts.²
- Female physicians die by suicide at a rate higher than their male counterparts.³

REMEMBERING LORNA BREEN, MD

Over the summer, at the American Academy of Family Physicians Annual Chapter Leader Forum, I had the opportunity to hear from the family of a physician who was lost to suicide, **Lorna Breen, MD**.

Breen worked as an emergency room physician in New York City. During the early days of the COVID-19 pandemic, she worked long hours, managed heavy patient loads and witnessed the shortages and deaths that were so prevalent at that time.

She contracted COVID and, when she returned to work, there was a sharp downturn in her mental health. Her family was able to obtain care for her, but Breen was concerned that having received mental health care would put her medical license in jeopardy. She died by suicide shortly after leaving care.

REFORMING MENTAL HEALTH REPORTING REQUIREMENTS

Breen's family learned after her death that her fear had a solid basis—several state medical boards and credentialing committees required disclosure of current or past mental health care. Her family then formed the **Dr. Lorna Breen Heroes Foundation**, an organization dedicated to *advising the health care industry on implementing well-being initiatives, building awareness of mental health issues and reducing stigma and funding research and programs that will improve physician well-being and reduce professional burnout.*



by **Alex Vosooney, MD**,
MAFP Immediate Past President

One of the initiatives of the Dr. Lorna Breen Heroes Foundation is to **reform licensing and credentialing questions, specifically to remove intrusive questions about mental health**. They offer a toolkit (available at drlornabreen.org/removebarriers) to help providers approach their medical board and credentialing committee.

We can be proud to practice in a state that has already taken action as a result of advocacy work by medical students, professional societies and advocacy groups. To support health care provider well-being, the Minnesota Board of Medical Practice made changes to their license application that went into effect in January 2022.

The current language states: *“Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?”*

While our state medical board now offers less intrusive questions, not all credentialing committees may have updated their language. We owe it to our colleagues and ourselves to make sure that fear of professional limitations is not a barrier to seeking mental health care. If you find that your organization's questions are overly intrusive, please visit the Dr. Lorna Breen Heroes Foundation website (www.drlornabreen.org) for resources you can use to help create positive change.

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HOUSE OF DELEGATES



May 18, 2024

9:00 am - 12:00 pm

in person + online

Help set policy and direction for the MAFP:



Author/co-author a resolution

(a written motion) by April 21.



Submit commentary on proposed resolutions (April 26 - May 5).



Deliberate and vote on resolutions (in person or online) on May 18.



Resolution submissions and meeting registration are open now!



mafpa.org/HOD24



ORGANIZING AND ADVOCATING: BANDING TOGETHER FOR CHANGE

AN INTERVIEW WITH AMANDA NORRIS, DO

In October 2023, hundreds of physicians (many of whom are family doctors) employed by Allina Health voted to be represented by a union, Doctors Council SEIU Local 10MD. Among 589 eligible voters, 325 voted for the labor union and 200 voted against. The National Labor Relations Board officially certified the union soon after the vote. It is believed to be the largest group of unionized private-sector physicians in the country.

Minnesota Academy of Family Physician (MAFP) member Amanda Norris, DO, shares about her role in organizing and advocacy around the unionization process, how personal relationships make a difference and why it's important for physicians to be advocates for themselves as well as their patients.

WHY UNIONIZE PHYSICIANS?

Health care has changed significantly over the last decade.

Gone are the days of physician-owned hospitals and practices. What's left are large corporations deciding how we practice medicine. Initially, it was easier to just see our patients and ignore the other parts. We let it slide when our administrators did not (or could not) amplify our ideas due to the constraints of corporate medicine. We were told how to practice medicine, what our quality goals should be and what our monetary worth was by people who had much less patient contact time than we did. And we had no say.

The pandemic brought to the surface plummeting physician well-being and numerous safety concerns. Medicine felt no longer mentally or physically safe. We decided it was our ethical obligation to ourselves and our patients to act. Before the unionization process really got going, several of my clinician colleagues attempted to discuss their concerns with high-level leadership. Unfortunately, they were told to “stay in their lane or go somewhere else.” Thus, the unionization process was born.

At the crux of all of this, we strongly believe health care can thrive again. If we did not, we would have left medicine, and this work would have ended long ago. The mission statement

driving us is “*We believe the patient-clinician relationship must be the center of health care. Our mission as a union of primary and urgent care clinicians is to advocate for excellent care as unique as our patients. We stand together to ensure we have the resources necessary for a safe, collaborative and sustainable work environment. As members of Doctors Council, we will work with the Allina administration to improve the lives of our patients, care teams and communities.*”



Amanda Norris, DO

WHAT ARE THE GOALS OF THE UNION?

Our union's official goals are currently being defined through a bargaining survey. This is as close to a democracy as we can hope for in health care. Every member's voice carries equal weight. We will know more in the coming weeks as survey results are reviewed.

Broadly, we dream for a better tomorrow, with checks and balances to the corporate interests at work, flexibility across clinics, work-life balance, the ability to advocate for our patients and true contracts with floors and not ceilings.

ANY LEARNINGS TO SHARE ON ORGANIZING?

Personal relationships are very important. A powerful lesson learned in residency was the importance of connecting with not only patients, but physician colleagues at all levels of training. Medical students and residents one day become partners.

It was largely through relationships that we were successful in our grassroots unionizing. *One conversation at a time*, we got the numbers we needed to be successful over a 15-month period.

WHAT HAS YOUR ROLE BEEN IN THIS PROCESS?

A family doctor friend of a family doctor friend knew I was feeling frustrated, powerless and alone in my situation and connected me to the organizers from the Doctors Council. From there, we had our first meeting with interested clinicians in a garage. *Not sure you can get more grassroots than that!*

I grew up in a two-union-member household, with my mother a teacher and dad a nurse. The idea of being in a union was

anything but scary to me, and I was willing to become part of our Organizing Committee early on.

Our Organizing Committee was filled with clinicians from a variety of backgrounds who agreed to be leaders in the process. This was such a deeply important process to me on so many levels. Around the time we started organizing, I had just seen the aftermath of several physicians who died by suicide in the Minnesota physician community, including one at Allina who had graduated from my medical school. People were literally dying because of this job, and I had to do something to help change it.

As part of the Organizing Committee, I helped connect other clinicians at Allina. I spent countless hours doing lots of phone calls, lunches, dinners, texts and emails to answer questions and dispel myths. I also helped compose educational materials, put up flyers and acted as a sounding board during our meetups with other clinicians and Doctors Council organizers. I like to think my best addition to the process was being a cheerleader when momentum would slow.

ARE YOU INVOLVED IN OTHER ADVOCACY/OUTREACH?

I am currently dabbling in **literacy advocacy**. I listened to the podcast “Sold a Story,” by Emily Hanford, and learned how literacy education in America is significantly harming kids’ ability to learn to read by continuing outdated and debunked literacy techniques. This leads to increased rates of depression and anxiety in kids and teens as well as poor health literacy in adulthood.

I have written letters to members of my local school board and representatives and joined a literacy advocacy group in my district to attempt to help. Literacy is a social determinant of health and is directly in our lane as doctors.

WHY IS IT IMPORTANT FOR PHYSICIANS TO BE ADVOCATES FOR THEMSELVES?

The high levels of burnout and moral injury experienced by family doctors is nothing new to those of us practicing. We see it daily—we watch our partners and families suffer as we suffer. There are a million factors affecting these things. **One thing we know for sure is that the resiliency of a family doctor is not the problem. A resiliency program or training is not what we need. We need to retake control of our practices and lives.**

The saying goes: “Put your own oxygen mask on before helping others.” Family doctors have been trying to help others get their masks on for years without putting one on themselves, and we are suffocating. Family physicians need appropriate support and benefits to allow us to first care for ourselves. Once this happens, we can best care for our patients.

One voice alone fighting for change gets drowned out, but a collective voice of nearly 600 clinicians is not easy to ignore.

Our great hope is that our effort will inspire other groups to do the same, and then we can band together to advocate for health care change.

ANYTHING ELSE YOU'D LIKE TO SHARE?

This process has been rewarding for me and many others, largely because now we know that we are not alone. It’s easy to get wrapped up in all the things you need to do as a family doctor. We rarely had the chance to share the good and bad of our clinics or the practice of medicine. This social support was a key piece to what we were missing. Through the unionization effort, we had so many in-person and virtual meetups. Through these connections, we received the support we were missing practicing in traditional corporate health care settings. I could feel my burnout and moral injury decreasing through the process as I felt my control returning.

We have a WhatsApp group that continues to be a great way to share ideas for improvement, frustrations and successes. We have already seen innovative ideas be shared throughout Allina and practices get changed in a positive way that saves money.

We will continue to not be alone as we move forward together into the bargaining process, in an effort to improve patient care as well as our wellbeing and longevity to practice this rewarding and difficult calling.

Questions or want to learn more about organizing or the Doctors Council? Email Norris at akkern@gmail.com or go to www.doctorscouncil.org.

NEW LEGISLATION ON ADULT-USE CANNABIS: WHAT FAMILY PHYSICIANS SHOULD KNOW

During the 2023 legislative session, Minnesota became the twenty-third state in the U.S. to legalize cannabis use for people aged 21 and older.

The law:

- **Allows people aged 21 and older to possess and use certain amounts of cannabis and cannabis products** (for details on the limits allowed by law, go to cannabis.state.mn.us/consumers.html).
- **Established the Office of Cannabis Management (OCM)**, which will regulate cannabis (including the adult-use market, the Medical Cannabis Program and hemp-derived cannabinoid products) and issue licenses and develop regulations outlining how and when businesses can participate in the industry. *Of note: No adult-use cannabis businesses have been licensed by OCM yet because the agency must complete rulemaking before applications for licenses are available.*

The Minnesota Office of Cannabis Management shared the following frequently asked questions (and answers) on the new(er) legislation that may be applicable to family physicians in practice.

HOW DOES THE LEGALIZATION IMPACT THE MEDICAL CANNABIS PROGRAM?

Minnesota's Medical Cannabis Program continues, with some changes to improve access. For instance, the annual enrollment fee was eliminated, and a patient's initial certification visit with a health care practitioner can now be conducted via telemedicine.



Minnesota Medical Cannabis Program
Scan the QR code for Medical Cannabis Program information, including guidance, continuing medical education opportunities and more.

HOW DOES THE LAW AFFECT REGULATION OF HEMP-DERIVED CANNABINOID PRODUCTS?

Regulation of these products (like hemp-derived THC edibles and seltzers) moved from the Minnesota Board of Pharmacy to the Minnesota Department of Health (MDH) Office of Medical Cannabis; regulatory oversight will transfer to the Office of Cannabis Management in March 2025.

Businesses must register with MDH before selling hemp-derived cannabinoid products, which can only be sold to people aged 21 and older.

HOW DOES THE LAW ADDRESS PUBLIC HEALTH?

The law provides funding to address youth prevention and public health on several fronts, including for prevention, substance use treatment and recovery grants. Funding will also support education about the adverse health effects of cannabis use, targeted to youth and for people who are pregnant/may become pregnant or are breastfeeding.

In addition, funding will target training and education for the Family Home Visiting Program and grants to local and tribal public health for educational materials, harm reduction, prevention training and community engagement.

WHAT OTHER EFFORTS CAN BE HIGHLIGHTED ABOUT YOUTH EDUCATION & PREVENTION?

The law establishes a program with the Minnesota Department of Health, Minnesota Department of Human Services and Minnesota Department of Education, in coordination with local public health departments, to prevent cannabis use among youth and address the top three adverse health effects—*increased risk of mental health issues, including psychotic disorders; potential cognitive impairment; and substance use challenges*—associated with the use of cannabis and hemp-derived cannabinoid products by people under 25.

WHERE CAN I GO FOR MORE INFORMATION?

Minnesota Office of Cannabis Management:

www.cannabis.state.mn.us

Minnesota Department of Health:

- *Hemp-derived Cannabinoid Products:*
www.health.state.mn.us/people/cannabis/edibles/index.html
- *Cannabis and Your Health:*
www.health.state.mn.us/communities/cannabis/yourhealth.html

AAFP POLICY ON RECREATIONAL USE OF CANNABIS/MARIJUANA

Per the American Academy of Family Physicians (AAFP) position paper, "Marijuana and Cannabinoids: Health, Research and Regulatory Considerations," the AAFP:

- **Opposes the recreational use of cannabis.**
- **Supports decriminalization of possession of cannabis for personal use.**
- Recognizes that several states have passed laws approving limited recreational use and/or possession of cannabis and, therefore, **advocates for additional research into the overall safety and health effects of recreational use as well as the effects of those laws on patient and societal health.**

"Family physicians should discuss safe storage of all cannabis products with patients who live with or serve as primary caregivers for children to prevent unintended exposure. It is important to discuss the developmental and negative impacts of marijuana and cannabis products on children and adolescents and with individuals who are or can become pregnant. Family physicians should also emphasize the serious consequences of impaired driving and marijuana intoxication" (AAFP).



For information on health effects and additional resources on AAFP policy and counseling patients, scan the QR code.

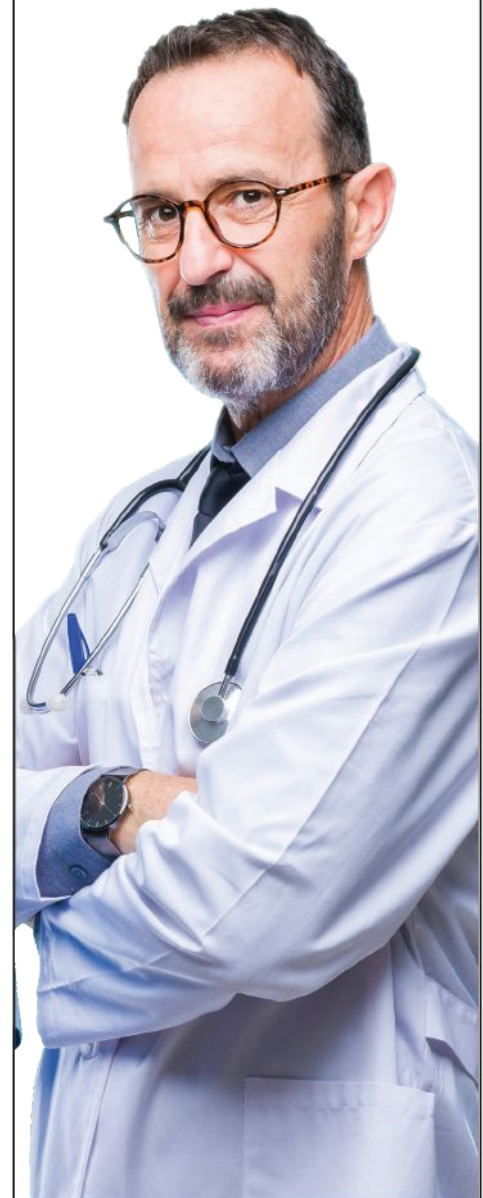
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RIGHT STUFF
to reach your audience

CONTACT

Nancy Montgomery

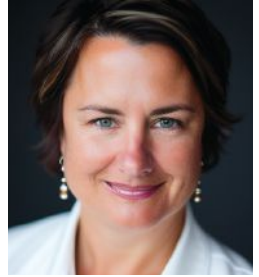
at **501.725.3781**

nmontgomery@pcipublishing.com



ADVANCING FAMILY MEDICINE AND IMPROVING HEALTH OUTCOMES THROUGH THE MAFP'S PHILANTHROPIC ARM

by **Maria Huntley, CAE, MAM,**
MAFP Chief Executive Officer



2023 was a year of growth, impact and dreaming big for the Minnesota Academy of Family Physicians (MAFP) Foundation, our philanthropic arm that supports educational and scientific initiatives working to advance family medicine and improve health outcomes of patients and communities.

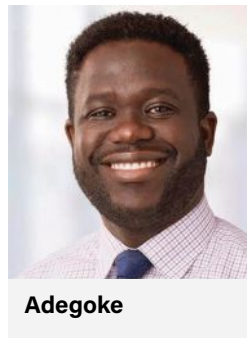
GUIDING OUR WORK: THREE PRIORITIES

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

Everything the MAFP does—*through advocacy, programs, events and our philanthropic foundation*—connects back to those three priorities, with the goal of advancing them and upholding our mission to support Minnesota's family physicians and promote the specialty of family medicine in Minnesota.

INTRODUCING NEW LEADERSHIP

Olusola (Sola) Adegoke, MD, MPH, FAAFP, became president of the MAFP Foundation in 2023. Adegoke is a newer to practice family physician, currently working as a hospitalist at Regions Hospital in St. Paul and teaching residents at the Western Wisconsin Rural Family Medicine Residency.



“Within the MAFP Foundation, my objective is to foster a new cadre of family doctors, empowering them with state-of-the-art resources to tackle health disparities head-on, reinforce advocacy efforts and prioritize equitable care across Minnesota. My unwavering commitment lies in amplifying the voice of family medicine, advocating for its pivotal role in shaping a healthier future,” said Adegoke.

Learn more about President Adegoke and the rest of our Foundation Board of Directors at mafp.org/foundation.

HIGHLIGHTING RECENT INITIATIVES + IMPACT

Thanks to you, *our members* (family physicians across Minnesota), MAFP local chapters, partner organizations and other donors, we were able to support a number of important initiatives around our three priorities over the last year.

Working to Grow the Family Medicine Pipeline

The MAFP Foundation *raised \$23,085 to send more than 28 Minnesota medical students to the 2024 American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students in Kansas City, Missouri, via our Give to the Max Day fundraising this past November. Even better:* The MAFP is matching \$10,000 of the donations, meaning even more students will get the opportunity to travel to the upcoming conference.



\$23,085 Raised

82.5% of Goal Reached

28+ Medical Students Sponsored

Why the National Conference? We continue to be passionate about sending students because the National Conference has been shown to drive medical student interest in and passion for family medicine.

Want to help us send more students? Give anytime at mafp.org/max23.

Partnering on Mentorship & Medical Career Development

We have built partnerships with several organizations, with a focus on medical career development for Minnesota students and diversifying the family medicine workforce.

A highlight has been forging a formal partnership with **The Ladder for America**, a unique mentorship program/club for kids interested in careers in health care and science,

built on a cascading mentorship model and created by family physicians, that includes hands-on learning and leadership development.

The Foundation also supported opportunities for practicing family physicians to expand their health equity knowledge through advocacy workshops, a community partnership toolkit and an online health justice series (provided in partnership with **White Coats for Black Lives** at the University of Minnesota Medical School).

Supporting Innovation & Research Grants + Student Externships

We continue to award grant funding to MAFP members—including practicing family docs, family medicine resident physicians and medical students—via our **Innovation & Research Grants** (twice per year) and **David Mersy, MD, Summer Externship** (once per year).



Botten

*This past fall, the Foundation funded an innovation grant submitted by Mayo Clinic – Mankato family medicine resident **Marijo Botten, DO**. The grant, “Using a Little Free Library to Improve Access to Mental Health and Wellness Resources at a Primary Care Clinic,” will support the creation of a Little Free Library, with books and resources on mental health, wellness and health literacy, near the community garden at the Mayo Clinic Health System – Eastridge Clinic.*

*We also celebrated a past David Mersy, MD, Summer Externship project by University of Minnesota medical student and MAFP Medical Student Leadership awardee **Miranda Harris**: “Learning from Latinx Youth as Patients and Researchers at Aquí Para Ti.” Results from Harris’ work on youth participatory research became a recent, permanent installation at Hennepin Healthcare’s Whittier Clinic in Minneapolis.*

THANK YOU, MEMBERS & DONORS!

In 2023, the MAFP Foundation received financial gifts from the following organizations and individuals.

Gifts from MAFP Local Chapters

- Central Chapter
- East Metro Chapter
- Heart of the Lakes Chapter
- Lake of the Woods Chapter
- Lake Superior Chapter
- Minnesota Valley Chapter
- Park Region Chapter
- Range Chapter
- Southeast Chapter
- Southern Chapter
- West Metro Chapter

Gifts by Organizations + Matching Grants

- American Academy of Family Physicians Foundation
- Minnesota Academy of Family Physicians
- University of Minnesota Department of Family Medicine and Community Health

Gifts from Individuals

- Anonymous
- Olusola Adegoke, MD, MPH, FAAFP
- Julie Amaon, MD
- Stephanie Anderson, MD
- Kurt Angstman, MD, FAAFP
- Macaran Baird, MD, MS
- Elizabeth Baker
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- David Christenson, MD, FAAFP
- James Craig, MD, FAAFP
- Nicole Croley, MD
- Alysse Cruz, MD
- Bruce Dahlman, MD, FAAFP

Continued on page 29

Apply for an MAFP Foundation Grant or Student Externship



Grant categories:

- Family medicine research
- Clinical innovations that improve patient care
- Clinic-community partnerships/outreach
- Health care policy/family medicine advocacy

Next application deadline: April 1

mafp.org/apply

RECRUITING AND ENGAGING PEOPLE EXPERIENCING HOMELESSNESS OR INCARCERATION IN RESEARCH

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

by **Joey Dagher, Patrick Van House, Rose Hyson, PhD, Katherine Vickery-Diaz, MD, MSc, and Tyler Winkelman, MD, MSc,**
Health, Homelessness, and Criminal Justice Lab at the Hennepin Healthcare Research Institute



Dagher



Van House



Hyson



Vickery-Diaz



Winkelman

PROJECT OVERVIEW

Individuals who experience homelessness or incarceration encounter challenges when engaging in health care or health-related research, often related to historical trauma and the ongoing stigma they face in these settings. The **Health, Homelessness, and Criminal Justice Lab (HHCJ)** at the Hennepin Healthcare Research Institute works to overcome barriers to optimal health and wellness for people experiencing homelessness and criminal justice involvement through research and collaboration.

The lab currently runs two large National Institutes of Health-funded clinical trials designed to support these populations:

- The **Diabetes Homeless Medication Support Study (D-HOMES)** investigates the effectiveness and acceptability of wellness coaching for individuals with type 2 diabetes who are experiencing housing insecurity.
- The **Transitions Clinic Network: Post-Incarceration Addiction Treatment, Healthcare, and Social Support Study (TCN-PATHS)** assesses the effectiveness of the Transitions Clinic Network (TCN) for individuals with a history of incarceration and opioid use.

Both studies follow a similar plan, with an initial assessment, randomization into a behavioral intervention or a standard of care control group and follow-up assessments.

Due to inclusion criteria of type 2 diabetes and an eligible lab value, D-HOMES had a low recruitment rate (38 people over 12 months) but high retention rate: 100% retention at 3 months

and 94% retention at 6 months. TCN-PATHS has broader inclusion criteria and a higher recruitment rate (68 over 12 months) but lower retention (79%). These studies used different recruitment and retention strategies that impact these rates.

We offer a summary of the methods we've used to recruit and retain participants who have competing priorities to research engagement, such as housing, legal support, food and economic insecurity. By reflecting on recruitment and retention strategies within these research studies, health care professionals can consider how to effectively engage with these populations in clinical and preventive health care.

RECRUITMENT AND RETENTION STRATEGIES

Community-Engaged Research

D-HOMES is a community-engaged research study that collaborates with the Quorum for Community-Driven Wellness Research, a group of community members who have experienced housing insecurity and/or diabetes, community health workers, researchers and staff from housing organizations. The Quorum advised on all steps of the D-HOMES study and helped our research team design protocols to align with participants' realities.

Two-Step Enrollment Process

D-HOMES used a two-part enrollment process with an initial assessment that included a hemoglobin A1c blood test, followed by a second visit if study participants met inclusion criteria (A1c at or above 7.5%) when randomization occurred. The

two-part enrollment allowed research staff to verify participants' eligibility and raised the likelihood that potential participants would attend future D-HOMES assessments. This rigorous process contributed to both slower recruitment and very high retention rates.

Institutional Relationships

In TCN-PATHS, participants have experiences with incarceration and opioid use. We refer the treatment group to a multi-disciplinary TCN clinic that centers on coordination efforts of a community health worker with a history of incarceration. The control group is instead referred to a community-standard primary care clinic that offers Suboxone alongside other routine services. TCN-PATHS identifies and enrolls participants rapidly through partnerships with carceral facilities.

Retention Outreach + Material Incentives

Retaining TCN-PATHS participants post-release requires creative methods, including giving material incentives to participants. Our team finds that in-person enrollments in jail or the community are essential for building the rapport necessary to stay connected to participants after they are released.

To re-connect with participants, we use electronic medical records and jail rosters to verify participant contact information and incarceration status. We also call participants or their listed contacts.

Once we reach a participant, we schedule an in-person meeting to build rapport, verify preferred contacts and give participants phones and other material incentives to build a stronger relationship. These techniques have led to an improvement in our overall retention for the TCN-PATHS study over time.

Effective Strategies for Study Recruitment & Retention

This table summarizes effective strategies from both studies (D-HOMES and TCN-PATHS):

	TCN PATHS	DHOMES Diabetes Homesick Medication Support
Recruitment	<ul style="list-style-type: none"> • Institutional relationships • Material incentives for participants <ul style="list-style-type: none"> • Prepaid study phones • Snacks, hygiene kits, hats, etc. 	<ul style="list-style-type: none"> • Community-engaged research/QUORUM • Flexibility of research staff • Low-barrier enrollment <ul style="list-style-type: none"> • Scheduling appointments to align with medical appointments
	<ul style="list-style-type: none"> • Institutional relationships • Retention outreach system <ul style="list-style-type: none"> • Phase 1: Records search • Phase 2: Primary contacts • Phase 3: In-person meeting • Payment options <ul style="list-style-type: none"> • ClinCard, cash, payments in carceral facilities 	<ul style="list-style-type: none"> • Two-step enrollment process • Transportation <ul style="list-style-type: none"> • Bus tokens, parking vouchers, taxis
Retention		

continued on page 26



INNOVATION & RESEARCH FORUM

March 16, 2024

8:00 am - 2:05 pm

Minneapolis + online

See how the
**latest in family
medicine innovations
and research**
can
**translate into
clinical practice**
and
improve patient care.



Submit a project
by January 22



Register to attend
by March 16



mafp.org/IRF24

continued from page 25

KEY TAKEAWAYS

Our team uses several methods for recruitment and retention for people experiencing homelessness and incarceration.

The D-HOMES study’s two-step enrollment process and community-engaged research approach contributed to a high retention rate. However, the two-step enrollment process also slowed the pace of participant recruitment in D-HOMES.

Partnerships with carceral facilities contribute to the rapid TCN-PATHS recruitment, and creative retention approaches have led to improvements in participant retention.

In future studies, we intend to combine successful approaches from both studies.

CONCLUSION

Engaging individuals experiencing homelessness or incarceration requires a multifaceted strategy that acknowledges their complex circumstances. D-HOMES and TCN-PATHS provide unique insights for health care, public health professionals and researchers about **the value of tailored engagement approaches, strong institutional partnerships and careful study design.**

By assimilating these approaches, we can cultivate the trust needed to engage these populations ethically and successfully in health care and health-related research.

Learn more about the Health, Homelessness, and Criminal Justice Lab (HHCJ) at the Hennepin Healthcare Research Institute at www.hhcjlab.org.



SUMMER CME

CONFERENCE

August 23-24, 2024

Grand View Lodge (Nisswa, MN)

A weekend to **refresh + reset.**

Earn CME:

- 8 clinical sessions
- Group KSA session
- Precepting Workshop

Enjoy time for rest/play in the Brainerd Lakes Area (“Minnesota’s Playground”)

Limited capacity.

 **Book your room now.**



photo credits: Grand View Lodge ©2019



mafp.org/summer24



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COMING SOON...

LEGISLATIVE LUNCH + PHYSICIANS' DAY AT THE CAPITOL

February 28, 2024
11:00 am - 4:00 pm
St. Paul

We are once again joining together with the **Minnesota Medical Association (MMA)** and other Minnesota physician groups to make our voices heard at the State Capitol.


The **Minnesota Academy of Family Physicians (MAFP)** will also host a lunch for family physicians, family medicine residents and medical students.


Pricing: Free

mafp.org/event/pdac24

INNOVATION & RESEARCH FORUM

March 16, 2024
8:00 am - 2:05 pm
UCare (Minneapolis) + online

 Dig into the latest in family medicine innovations and research.

 See how the findings can translate into clinical practice and improve patient care.


Pricing:


- \$200: practicing physicians and allied professionals
- \$0: family medicine residents and medical students


mafp.org/IRF

SPRING REFRESHER

April 12-13, 2024
8:00 am - 4:30 pm
Rush Creek Golf Club (Maple Grove) + online

 Two full days of continuing medical education, planned *by and for* family physicians.

 Clinically relevant topics include **COPD, dermatology, geriatrics, polypharmacy and deprescribing** + more.

 Time to connect with family physicians and catch up with former colleagues and classmates from across Minnesota.

Options to attend one or both days, in person or online.


Pricing: Save \$100 if you register before **January 31**. See complete pricing and registration options on our website.


mafp.org/spring24


HOUSE OF DELEGATES


May 18, 2024
9:00 am - 12:00 pm
Twin Cities + online

Participate in policy-setting and help make the MAFP work for you by...

 **Authoring/co-authoring a resolution (by April 21)**—a written motion helping set policy and/or direction for the MAFP.

 **Attending a chapter meeting March 20** where you can collaborate with other family physicians on resolution writing.

 **Submitting written commentary (April 26-May 5)** on proposed resolutions for consideration by the reference committee before recommending action.

 **Attending the House of Delegates meeting (May 18)** online or in person, where you can deliberate/vote on resolutions.

Pricing: Free











mafp.org/HOD24



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RIGHT STUFF
to reach your audience
Contact **Nancy Montgomery**
at **501.725.3781**
nmontgomery@pcipublishing.com



CALENDAR

-  **Legislative Lunch + Physicians' Day at the Capitol**
Feb. 28, 2024, 11:00 am - 4:00 pm
St. Paul, MN (Capitol)
-  **Innovation & Research Forum**
Mar. 16, 2024, 8:00 am - 2:05 pm
Minneapolis, MN (UCare + online)
-  **Spring Refresher**
Apr. 12-13, 2024, 8:00 am - 4:30 pm
Maple Grove, MN
(Rush Creek Golf Club + online)
-  **House of Delegates**
May 18, 2024, 9:00 am - 12:00 pm
Twin Cities, MN + online
-  **Group KSA: Hypertension**
May 18, 2024, 12:30 pm - 4:30 pm
Twin Cities, MN + online
-  **AAFP Family Medicine Advocacy Summit**
May 19-21, 2024, Washington, DC
Minnesota residents and medical students can apply for financial support (deadline: Jan. 31, 2024); mafp.org/FMAS-reimbursement
-  **New Resident Welcome Event**
June 18, 2024, 5:30 - 7:00 pm
St. Paul, MN (Urban Growler)
-  **AAFP National Conference of Family Medicine Residents and Medical Students**
Aug. 1-3, 2024, Kansas City, MO
Minnesota medical students can apply for financial support (opening in spring).
-  **Summer CME + Group KSA + Precepting Workshop**
Aug. 23-24, 2024
Nisswa, MN (Grand View Lodge)
-  **Meet Your MATCH**
Sept. 7, 2024, 9:00 am - 12:00 pm
St. Paul, MN (Wilder Center)

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



Continued from page 23

Gifts from Individuals, cont.

- Brenna Doheny, PhD, MPH
William Downey, MD, FAAFP
Roli Dwivedi, MD
Patricia Fontaine, MD, MS, FAAFP
Daron Gersch, MD, FAAFP
Lauren Giammar, MD
Katherine Guthrie, MD
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Lynn Manning, MD, FAAFP
Kathryn McKenzie, MD, MPH
Eduardo Medina, MD, MPH
David Mersy, MD, FAAFP
Julie Meyer Thompson, MD
Deborah Mielke, MD
Laura Miller, MD, MPH, FAAFP
Maryanne Moren, MD
Shannon Neale, MD
Glenn Nemec, MD
Dane Nimako, MD
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Jennifer Oberstar, MD, FAAFP
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- Gail Rudberg, NP
Katherine Schreck, MD
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Andrew Slattengren, DO, FAAFP
George Smith, MD, FAAFP
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Sandra Stover, MD, FAAFP
John Tieben, MD, FAAFP
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Jenna Walters, MD
Alison Warford, MD
Cody Wendlandt, MD, FAAFP
Andrea Westby, MD, FAAFP
Erin Westfall, DO

Every effort was made to ensure the accuracy of this list. Please alert us to any corrections by contacting us at office@mafp.org.

Help your patients keep their health insurance

1 in 4 Minnesotans have Medical Assistance or MinnesotaCare



By May 2024, 1.5 million people will have their eligibility for Medical Assistance or MinnesotaCare reviewed.

- Ask if they are ready for their renewal
- Encourage them to update their insurance contact information
- Tell them to watch their mail for “a circle in blue when it’s time to renew”



Make sure your patients don't lose access to life-saving care or get stuck with avoidable medical bills. Other health insurance options are available for people who no longer qualify for Medical Assistance or MinnesotaCare.



Family home visiting helps families get on a path to success.



It is free to all pregnant people and families with young children in Hennepin County.

Family home visitors deliver parent support and child development services.

- Developmental screenings
- Education on child development
- Skill coaching and encouragement
- Connections to additional resources to help address family needs (e.g., WIC, SNAP)

It works!

- Family home visiting is an evidence-based public health approach.
- Participants experience excellent outcomes.

94%

Born at healthy weights

85%

Vaccinations on schedule

95%

Well-child checks on schedule

For more information or to refer a patient, call **612-348-TOTS** (612-348-8687) or visit hennepin.us/homevisiting.





Voyage Healthcare provides personalized and individualized care to all ages in the Twin Cities North Metro area.

Our mission is to enhance the health and well-being of our diverse community and to establish ourselves as the trusted healthcare providers for our patients' lifelong health journey.

With 70 years of service, Voyage Healthcare takes pride in its four convenient locations in Maple Grove, Osseo, Plymouth, and Crystal. Our team is comprised of highly skilled Physicians and Advanced Practice Providers specializing in Family Medicine, Internal Medicine, OB/GYN, Colon and Rectal Surgery, Podiatry, Rheumatology, and Diabetes Education. We have in-house facilities for x-ray, mammography, DEXA, as well as a fully-equipped lab.

Voyage Healthcare offers 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 participate in the business aspect of medicine by becoming a physician owner of Voyage Healthcare. We promote work-life balance by providing our full-time Family Medicine Physicians with a 4-day work week and rotating call coverage 1-2/month.

At Voyage Healthcare, we strive to establish a positive relationship with our patients, providers, and medical personnel to ensure the quality of care we would want for our own families. If you are interested in joining our team, 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