

Summer 2022

A publication of Arizona Academy of Family Physicians

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8:00-8:15	Introduction	AZAFP and Ebell
8:15-8:45	Musculoskeletal	Barry
8:45-9:15	Asthma Update	Hickner
9:15-9:45	Acute Respiratory Infections	Ebell
9:45-10:00	BREAK	
10:00-10:30	Women's Health	Wheat
10:30-11:00	Neurology	Barry
11:00-11:30	Smoking Cessation	Hickner
11:30-12:00	Screening and Prevention	Ebell
12:00-12:30	LUNCH	
12:30-1:00	Care of the pregnant patient	Wheat
1:00-1:30	Dementia/End of Life	Barry
1:30-2:00	Essential Oils	Hickner
2:00-2:15	BREAK	
2:15-2:45	DVT/PE	Ebell
2:45-3:30	Thyroid Update	Wheat
3:30-4:00	Other infectious diseases	Ebell
4:00-4:30	Editor's Choice	All Faculty





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ARIZONA ACADEMY OF FAMILY PHYSICIANS (AZAFP)

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Edition 47

Shanyn Lancaster, MD, President

President's Letter

I am passionate about preventive medicine and in particular, breast cancer screening. Perhaps it is the iconic pink color, symbolizing awareness. In truth, breast cancer hits close to home for me, with many family members and friends with the diagnosis. October and Breast Cancer Awareness month will soon be upon us and having screening conversations with our patients is always timely.

We all have patients who are scared or intimidated by the process of breast cancer screening, so I like to be prepared for these conversations with an ice breaker and some facts.

About a year ago I discovered that an Indian-crested porcupine at the Phoenix Zoo named Kumari is a breast cancer survivor. In 2020 she underwent surgery to remove a mammary carcinoma and has had a successful recovery. Kumari has a special role as an ambassador animal and is frequently seen in Zoo programs interacting with guests.

While a mammogram wasn't available for Kumari, they are readily available for our patients and timely detection is critical. 3-D mammography is the most modern screening and diagnostic tool available for early detection of breast cancer and the data show a 40 percent increase in detecting early cancer and a 40 percent decrease in false alarms or unnecessary recalls from screening. And while everyone's pain threshold is different, the compression involved in a mammogram is most often described as a temporary discomfort lasting a few seconds rather than pain.

In addition to mammography, I like to counsel patients on ways to reduce risk, especially those that are modifiable. We know that physical activity appears to be protective in both pre- and post-menopausal women. I always recommend at least 150 minutes per week of moderate-intense aerobic activity and strength training twice a week, with the most benefits by being active at least 300 minutes per week. We also know that both passive and active tobacco smoking are associated with an increased risk of breast cancer as well as a significant relationship between alcohol consumption, beginning with three drinks per week. While evidence is limited, there are also studies that suggest a low-fat diet rich in fruits, vegetables and grains may lower the risk of breast cancer and provide other health benefits.

A few facts about breast cancer:

• -Only 5-10% are genetic, with 85-90% being new mutations. However, a women's risk of breast cancer nearly doubles if she has a first-degree relative with the disease.



- -About half of breast cancers can be explained by known risk factors.
- -While lifestyle modifications can help lower risk, they cannot eliminate risk. I still recommend at least 150 minutes of moderate exercise throughout the week for all patients.
- -Early-stage breast cancer has a five-year survival rate of 99 percent. Later stage cancer has survival rates of 27 percent.
- -1 in 8 women will develop invasive breast cancer over the course of her lifetime
- · -1 in 833 men will be diagnosed with breast cancer
- -For women in the US, breast cancer is the most frequently diagnosed malignancy and breast cancer death rates are second only to lung cancer
- -Breast cancer is the most common cancer globally as of 2021, accounting for 12% of all new annual cancer cases worldwide
- -Available evidence supports a causal relationship between menopausal hormone therapy and breast cancer, though short term use of combined estrogen-progestin therapy (less than four years if no prior use of estrogen) appears not to increase risk. Unopposed estrogen did not increase the risk of cancer, however, there appears to be increased risk for use > 10 years.

Please encourage your family, friends, and patients to undergo annual screening. And let's celebrate survivors beyond the month of October. Especially Kumari, our porcupine friend at the Phoenix Zoo.



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Edward J. Schwager, MD, FAAFP

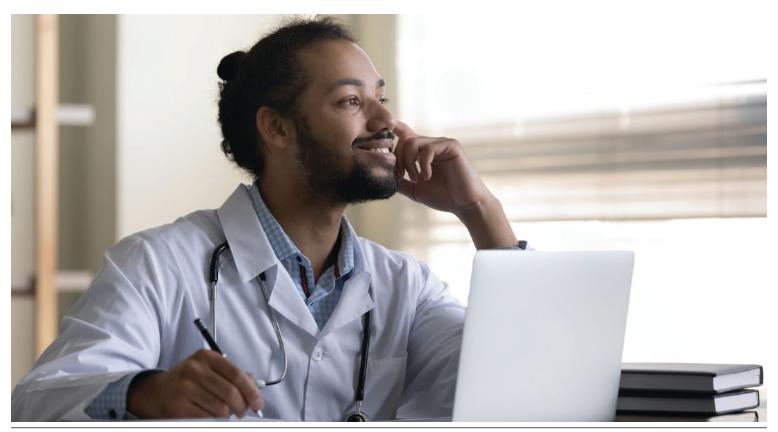
A Culture of Well-being

Much is being said about physician well-being lately. There are multiple apps to guide our way to tranquility. There is plenty of advice on the benefits of sleep, exercise, and nourishment. Scheduling vacations are opportunities for personal recharge. As faculty at a FQCHC teaching health center family medicine residency I hear about the need to promote residents' wellness. Residents request support for activities such as dinners, movies, Top Golf, and escape room events to promote their wellness. Residents' peer social support is a critically important to their wellbeing, as is a peer network for practicing physicians. Well-being at the workplace requires more than our personal mindfulness habits and peer support networks.

I recently participated in a session on group well-being sponsored by Partners In Medical Education, Inc. (https://partnersinmeded.com.) The speaker pointed out five elements of well-being:

- Career -- Liking what you do; being motivated to work toward goals.
- Social -- Supportive relations and love in your life
- Financial -- Managing economic life to reduce stress & increase security.
- Physical --Having good health and energy to get things done
- Community -- Liking where you live, feeling safe, having pride in your community.

The above elements may seem like they pertain mostly to our times away from our offices. Yet, we spend considerable time with our work colleagues, as they do with us. Wellness activity should expand into our workplace with all our team members. Everyone is a member, including all in our front and back-office areas, and administrative and other support staff who may come and go. Fostering well-being goes beyond a required annual retreat. If not already in



place, we need to create a culture of well-being that allows individuals to thrive personally and professionally. Wellness at work inevitably will assist our well-being during nonwork hours.

Creating a culture of well-being includes doing quick check-ins with each other at the start of meetings. During our morning huddles, we can check-in with our medical assistants and other participants with inquiries about family or hobbies before the "meat" of the huddle. Similar check-ins may be done during larger group meetings. We can celebrate staff members' milestones (birthdays, work anniversaries, new certifications ...) and successful achievements of HEDIS or other quality measures or quality improvement projects throughout the month. Consider team activities such as contests among different groups for healthy living-monthly

Developing a culture of well-being takes time and requires physician buy in and participation in our workplace. An office champion for well-being helps, but direction comes for us.

steps, cycling days, lunch time walks. Sharing meals - potlucks for the best chili dish or personal comfort favorites or another theme may also contribute to the team's well-being. Your team's creative juices will come up with a myriad of other activities. This workplace culture of well-being should be inclusive of all. Activities should be on-going, not just once a year and not by an assignment. Caring about each other is a daily activity.

The AAFP has many resources to help our creating a culture of wellbeing. For a starting point see https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being/creating-a-culture-of-well-being.html.

Developing a culture of well-being takes time and requires physician buy in and participation in our workplace. An office champion for well-being helps, but direction comes for us.





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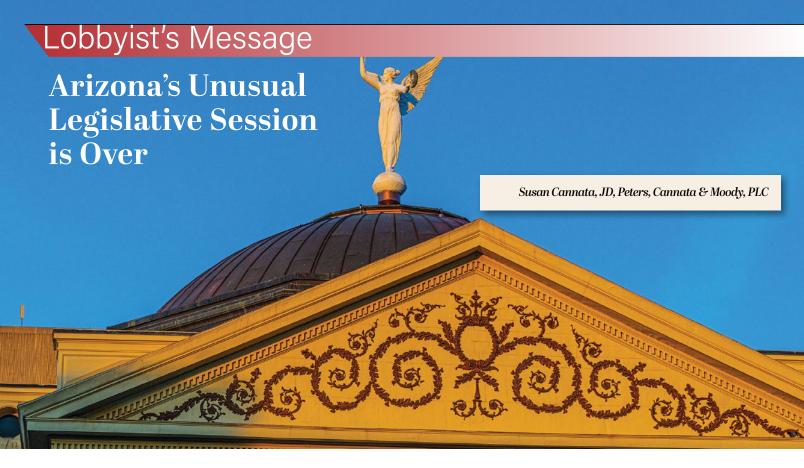
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The 2022 Arizona legislative session was shaped by cooperation and conflict, high-profile feuds, and unexpected alliances. It included a record-breaking budget surplus and several significant policy victories on AzAFP priorities. It ended in the early-morning hours of June 25 – 166 days after it began – tied for the fifth-longest session in Arizona history.

A variety of factors shaped the session and its outcomes:

Division

The policy debates, budget negotiations, and final outcomes of the year were shaped by marked and growing division – between political parties but also within Democrat and Republican caucuses. Those divisions often centered on areas of interest to family physicians, like COVID-19 mitigations and reproductive rights. Unsettled disagreements from prior years simmered below the surface, occasionally erupting to challenge cooperation when it mattered most.

Deadlines

Lawmakers introduced 1,747 proposals this year. It was not a record, but it was a lot. Deadlines were the only mechanism that forced legislators to prioritize their efforts and decide some of the most significant policy issues, helping the legislature to narrow down its options on issues that drew lots of opinions. For example, there were 40 bills about COVID-19 mitigations and how they're imposed. Committee hearing deadlines culled the many

options and topics, slowly guiding the discussions toward what was feasible in a sharply divided House and Senate and enabling AzAFP to help block many harmful bills.

Determination

This was the last legislative session for Governor Doug Ducey and Senate President Karen Fann, and the last year Rusty Bowers will be Speaker of the House. Many members of both political parties are leaving the legislature to pursue other jobs or elected positions. These changes added meaning and focus to the session: Top officials wanted to complete a legacy and accomplish big priorities before they left office. They also wanted to respond to demands from their voter base, which was demanding changes to laws on COVID-19 mitigations and other public health policies that drew attention during the pandemic.

Dollars

At the start of the session, legislative economists announced the state had a \$3.1 billion budget surplus. By the time a state budget was enacted just days before the end of the fiscal year, that surplus had grown to more than \$5 billion. The higher-than-expected revenue created new possibilities, but it also enhanced the divides between Republicans who wanted to use the money for

continued on page 10





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obbyist's Message

continued from page 8

ongoing tax cuts and those who wanted to assign it to one-time investments.

When it became clear that Republicans could never find a compromise amongst themselves to enact a budget, Republican leaders turned to Democrats and quickly crafted an agreement that earned support from most members of both parties.

The enacted budget focused on one-time investments for infrastructure and debt reduction. It addressed shortfalls in the state's pension systems, added to savings, and increased state employee pay. It boosted funding for K-12 and higher education and started a multi-year investment in water resources and infrastructure.

It also included some of AzAFP's longtime priorities: AHCCCS coverage for important medical needs and big investments in health care worker training.

This legislative session brought many challenges. The legislature overrode AzAFP concerns about proposals that blocked common-sense public health standards and harmed physicians' authority to pursue the best care for their patients. But we can reflect positively on the progress we made in many policy areas. AHCCCS patients will have more diabetes management training and postpartum care, and AHCCCS has the authority to spend \$1.5 billion in federal funding on home and community-based services.

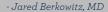
We prevented or amended proposals that would have been very harmful – including pharmacist immunization authorities and penalties for private employers who chose to implement COVID-19 mitigation standards. Once again, we helped lead the effort to block the tobacco industry from imposing its weak limits on teen use of tobacco products.

This legislature's work isn't done, and neither is AzAFP's. Lawmakers will return to the Capitol throughout the rest of the year to participate in study committees, evaluate audit reports of state agency performance, and address constituent concerns. We will be watching those discussions and actively engaging in conversations that influence patient care, public health, and health care practice.

We will also help shape the next legislature through our candidate endorsement process. After this year's elections, at least 30% of the legislature will change. There will be a new governor, new state elected officials, new partnerships to forge, and new ideas to pursue. We will be ready to work with them to strengthen health care in Arizona.

66

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Arizona National Conference RECAP



Inside "Arizona Avenue" Nat'l Conf.



Ryan Orlando, MS4 from Midwestern University running for STFM Student BOD Member at National Conference!



Kristina Diaz, MD, AzAFP President-Elect and Yuma FM Program Director with her "crew" enjoying the "AzAFP Reception".



Andrew Carroll, MD & wife Theresa enjoying the "AZAFP Reception" during National Conference at Midland Theatre.

The 2022 AAFP National Conference for Residents and Students was the first live event in 2 years! It was a huge success that kicked off with high fives, hand shakes and hugs (according to each attendee's comfort level). The Kansas City Convention Center was abuzz with excited chatter about all of the offices for which students could run for and of events that were happening each night! Great connections were made by AZ Family Medicine Residency Programs in the hopes that "State 48" will be home to some new Family Physicians!

The AzAFP hosted a beautiful reception during the conference at the historic *Midland Theatre* in downtown Kansas City. This reception was immediately followed by the AAFP's "PARTY" downstairs at the *Midland Theatre* where guests were entertained by an amazing band, glowing cotton candy, glowing jewelry and desserts!

Arizona AZ COM student Ryan Orlando, ran for STFM Board against 7 other medical students. The fast election cycle allows students to "catch the advocacy bug", run and either win or

lose right away! Ryan did not win but said he enjoyed the process and will run for something else next time around! The students who were present at this Conference were impressive, joyful and inspiring. Everyone can collectively breathe a sigh of relief that the Future of Family Medicine is in good hands!





Inside Historic Midland Theatre for The AzAFP Reception.

AAFP National Conference 2022 Representing Arizona Medical Students in the 2022 AAFP Student Congress of Delegates

Ryan Orlando, OMS-III

When I landed in Kansas City the evening of July 27th, I had no idea what the coming days would bring. As a third-year medical student this was my first time attending the AAFP National Conference for Residents and Medical Students as well as my first time serving as a Student Delegate. We were welcomed to the Kansas City Convention Center that evening to retrieve our name badges (and add unique stickers to them), enjoy a beverage and begin networking with those similarly passionate about Family Medicine. Congress activities began Thursday afternoon with a joint session of the Resident and Student Congress. In this session we heard updates from this past years' national student leaders, learned about the parliamentary process and were taught how to write resolutions. It was in this session that I was

nominated before the joint congress as a candidate for the national leadership position "Student Member to Society of Teachers of Family Medicine (STFM) Board of Directors". I spent the rest of the afternoon drafting a resolution entitled "Identifying and Preventing Burnout in Medical Students".

Friday's congress activities included reviewing the previous day's submitted student resolutions, hearing from more national leaders and participating in Reference Committee Hearings. In these hearings, I participated in discussions with fellow medical students about the 18 resolutions submitted on Thursday that covered a broad range of topics relevant to Family Medicine. Some notable examples of resolutions that ultimately passed in Saturday's final congress sessions include: "Preservation of Medicaid Benefits for Incarcerated Individuals", "Food Insecurity Screening" and "Mental Health Emergency Services".

Following an epic party Friday night at the Midland Theatre, Saturday morning welcomed the

This conference has left me motivated. now more than ever, to dig deeper into the exciting field of Family Medicine and to continue pursuing leadership positions and educational experiences that will not only strengthen my residency application but will ultimately mold me into the excellent family physician I aim to be.

student congress with plenty of work to be done. The morning began with candidate speeches, and I was pleased to have Christy in the student congress room with me as I delivered my speech to the student members in attendance. There were six other exceptional individuals running for the SFTM student position, and unfortunately, I was not voted into the position. Next on the agenda was to vote on the three Reference Committee Consent Calendars. In the first consent calendar there was considerable discussion surrounding Item S1-101: "Opposing Training at Crisis Pregnancy Centers" that sent the authors hurrying to draft amendments so that it would be adopted, which it was. The second consent calendar was adopted as is without any further discussion, which adopted items such as "Accommodations for Medical Students with Disabilities"

and "Providing Prescription Labels in the Native Language of Our Patients". The third consent calendar also brought considerable discussion regarding an item that challenged the AAFP's current stance of "Engaged Neutrality" regarding the issue of Death with Dignity; encouraging the AAFP to take a nonneutral stance. This resolution was not adopted. My resolution regarding medical student burnout was also not adopted, as the AAFP is already addressing this prevalent issue with a different approach.

While it may seem that I ought to feel disappointed as I was not elected to a national position and my resolution was not adopted, I am happy to report that the opposite is true. This conference has left me motivated, now more than ever, to dig deeper into the exciting field of Family Medicine and to continue pursuing leadership positions and educational experiences that will not only strengthen my residency application but will ultimately mold me into the excellent family physician I aim to be. I learned so much from this experience, and I could not be more grateful to the AzAFP for sponsoring me as their Student Delegate this year.

AZAFP Resident Representative

Christine J. Erie

It was an honor to represent our great state of Arizona at the American Academy of Family Physicians' National Conference in Kansas City! At the conference, I was able to connect with Family Medicine resident colleagues from other states, indulge in Kansas City BBQ, but most importantly, fulfill my duties as the Arizona's Resident Delegate.

Resident Congress began with annual report speeches given by Family Medicine residents who serve on National AAFP boards and subcommittees. The reports outlined several AAFP board accomplishments achieved within the last year. Then, all residents attending the conference were encouraged to nominate fellow residents for the following National AAFP Positions:

- Resident Member of the AAFP Board of Directors
- Resident Chair of the National Conference
- Resident Representative of the Board of Trustees
- Alternative Resident Delegate to the AAFP Congress of Delegates
- Resident Member of the STFM Board of Directors

As Arizona's Resident Delegate, I had the privilege to vote for candidates who ran for the aforementioned National AAFP positions and to vote on resolutions presented to the Resident Congress. This year, twelve resolutions were proposed. Many of the adopted resolutions reflected what residents felt were hot topics within our specialty: the integration of traumainformed care in Family Medicine residency training, addressing homelessness as a public health crisis, ensuring the reproductive

rights and safety of attendees at AAFP events, and Family Medicine's role in the 988 mental health hotline expansion.

During the Reference Committee meetings, residents testified in support or in opposition to the proposed resolutions. Residents were passionate in their testimonies on the importance of clearly outlining our scope of practice as Family Medicine physicians, instituting a resident salary reflecting inflation, the implementation of MAT training into Family Medicine residency education, and strengthening AAFP's global health strategy. Although many Resident Delegates supported these ideas, the resolutions were not adopted due to the wording of the resolutions, their overall

implications, and/or AAFP bylaw restrictions.

In addition, I attended the AzAFP's Arizona Reception in the Ink Lounge at the Midland Theater, a beautiful historic building in the Power and Light district of downtown Kansas City. There, I was able to meet residents and medical students from Arizona who were attending the conference. I enjoyed getting to know my Arizonan colleagues, listening to their ideas and concerns, and discussing ways to encourage other residents to participate in advocacy. Throughout my term as Arizona's Resident Delegate, I plan to meet more residents to hear their concerns and best represent my constituents and our patients.





The "glowing cotton candy" at the AAFP's Party during National Conferencel

It was such a privilege to be able to attend the AAFP national conference. As a new fourth year student, it was such an enriching and exciting experience. Being around so many students, residents, faculty, and administrators that are passionate about the same things and share similar ideals was truly energizing and inspiring.

It was so difficult to choose which programs to attend because there were so many that sounded fascinating and helpful for my future career. I particularly enjoyed the sessions "Addressing Misinformation" and "Patient Oriented Evidence That Matters".

As someone interested in health policy, it was so valuable to observe the student congress activities and process. It was inspiring that so many students and residents are also interested in advocating for patients at a broad level.

Due to the fact that interviews will be largely virtual this year, it was unbelievably valuable to be able to meet with programs and their residents face-to-face. Though felt nervous about the application cycle prior to attending, after meeting the programs I will be applying to, I felt so excited to be joining any of those wonderful teams.

The idea of residency seems daunting; however, after this experience I am so excited to be moving forward into the next phase of my career and know that I have found my people.

Thank you so much Christy for all of your help! I look froward to keeping in touch during this year and would love to continue to be involved!

Sincerely,

Rachel

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Arizona Academy of Family Physicians Essential Evidence Virtual Conference Agenda October 15, 2022



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8:00-8:15 8:15-8:45 8:45-9:15 9:15-9:45	Introduction Musculoskeletal Asthma Update Acute Respiratory Infections BREAK	AZAFP and Ebell Barry Hickner Ebell
10:00-10:30 10:30-11:00 11:00-11:30 11:30-12:00	Women's Health Neurology Smoking Cessation Screening and Prevention	Wheat Barry Hickner Ebell
12:30-12:30 12:30-1:00 1:00-1:30 1:30-2:00	LUNCH Care of the pregnant patient Dementia/End of Life Essential Oils	Wheat Barry Hickner
2:00-2:15 2:15-2:45 2:45-3:30 3:30-4:00 4:00-4:30	BREAK DVT/PE Thyroid Update Other infectious diseases Editor's Choice	Ebell Wheat Ebell All Faculty









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Email: providerrecruitment@yumaregional.org Faculty position: Tonia Ensunsa, Provider Liaison

(928) 336-3072

Outpatient position: Shannan Gonzalez, Provider Recruiter

(928) 336-7955





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The AAFP is committed to:

Supporting Comprehensive Family Medicine Practices

The AAFP advocates for payment reform models that result in greater investment in family medicine, pushes for the adoption and implementation of advanced primary care functions, and ensures appropriate value of the comprehensive services you provide. We conduct research and provide tools and resources to help educate primary care practice teams and support for scope of practice and issues faced by employed physicians.

Reducing Administrative Complexity

The AAFP is committed to reducing point-of-care administrative functions that detract from your patient care activities. We actively advocate to reduce burden around EHR documentation, prior authorizations, and quality measurement to ensure administrative complexities have limited impact on the quality of care provided to patients.

Building a Diverse Workforce

The AAFP creates awareness around the importance of family medicine. By advocating for the expansion of graduate medical education and payment reform, the AAFP works to rebalance the composition and distribution of the physician workforce in the U.S. We support workforce growth that is inclusive and representative of those underrepresented in medicine.

Enhancing Clinical Expertise

The AAFP provides broad-scope, personalized learning through a variety of educational venues and formats to equip you with the knowledge and skills to provide high-quality, evidence-based care for your patients. We offer tools to help train family physicians to address health disparities as they impact individuals, families, and communities. Our clinical recommendations deliver evidence-based guidance about preventive care, diagnosis and assessment, and management of acute and chronic conditions.

^{1.} Assumes completion of (2) ABFM Performance Improvement Activities in one year

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ACCESSIBILITY,
DECISION-MAKING,
AND CONSENT











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Contact the Sonoran Center for Excellence in Disabilities at ucedd@arizona.edu.





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A CME course presented by the University of Arizona Sonoran Center for Excellence in Disabilities, the Northern Arizona University, and the Arizona Developmental Disabilities Planning Council.

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