Utah Academy of Family Physicians JOURNAL

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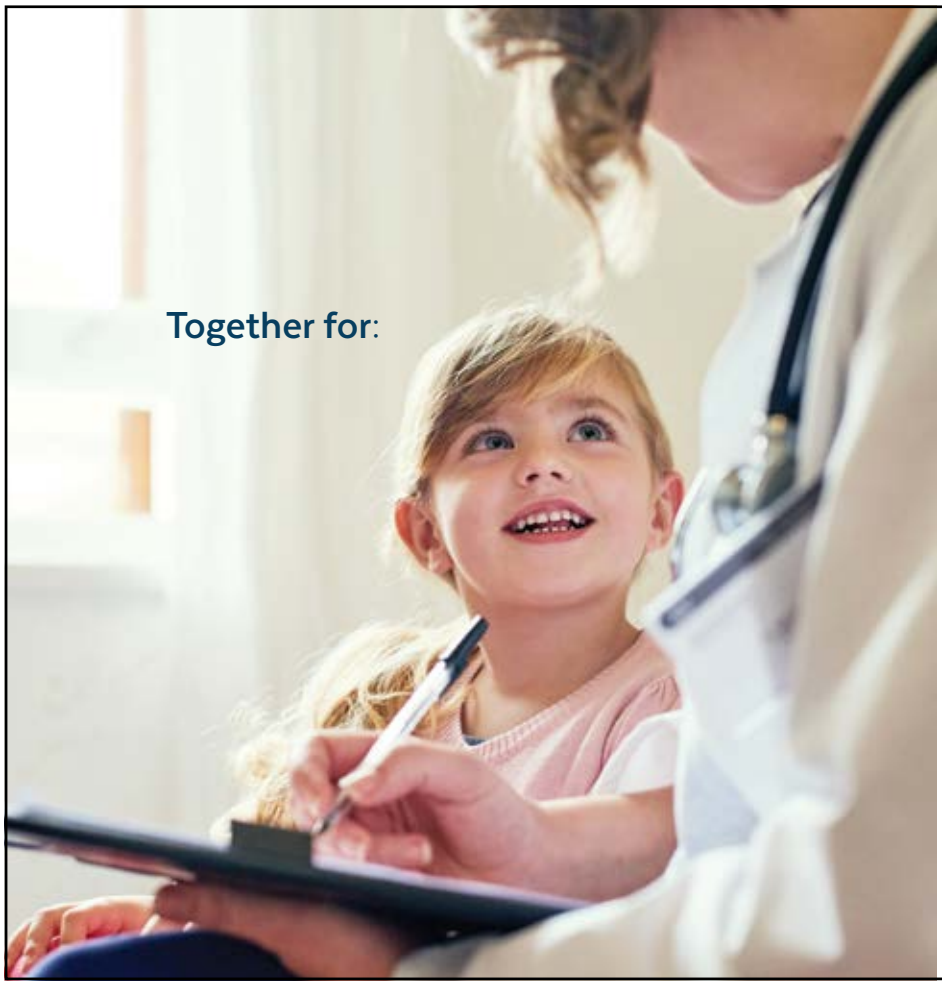
UTAH ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR UTAH



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UTAH ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR UTAH

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How You Can Help Increase HPV Vaccination Rates in Utah

EXECUTIVE DIRECTOR'S MESSAGE

Maryann Martindale

> Quarantining when you're already in a telecommuting office is not so bad. A couple of years ago, when we made the decision to forgo office space and telecommute, we had no idea that less than a year later, everyone would be in the same boat.

When life gives you lemons . . .

Well, just like everything in life, we're finally seeing the light at the end of a very long tunnel. Just like everyone else, when we were quarantined for two weeks in March 2020, I thought we'd hunker down, ration our toilet paper, finally use some of that food in the freezer and pantry, and then it would all be over. It wasn't until a couple of months later that we all started realizing this was going to be a much longer haul.

It has been an interesting year, to say the least. When you go through something challenging, there are two possible outcomes. You can wallow in the frustration, rebel against the restrictions, fight against change, or you can look for the silver linings, learn from having to do things a new way, expand your ideas for dealing with typical day-to-day tasks.

I believe UAFP is firmly planted in the latter category. For one thing, I've never owned so many masks in my life. I even bought a "masket" to store them by our front door. I've also never been so excited about getting a vaccination.

And from an organizational perspective, there have been some definite silver linings.

Virtual CMEs! We were very sad to have to cancel our CME & Ski this year. It is our biggest event of the year, represents a nice bump in revenue, and allows us a multi-day event to provide topical CME presentations for family physicians from across the country. It really has become a great UAFP showpiece. But when we realized we had to cancel, we shifted gears and started planning our quarterly virtual CMEs. We've had two CMEs and one KSA so far, and they have been so well received that we'll likely continue them, even once in-person is possible again. These are a great way for us to provide valuable content for our rural physicians and for those with schedules that don't allow for travel or time away. We can provide these at a very low cost, and by securing grant funding, we were able to provide our most recent one for free to our members.

Quarantining when you're already in a telecommuting office is not so bad. A couple of years ago, when we made the decision to forgo office space and telecommute, we had no idea that less than a year later, everyone would be in the same boat. Fortunately, we were already set up; working from home was our regular day-to-day routine, so we never skipped a beat. While we couldn't meet in person, we were still able to keep things operating smoothly. We were conservative with our budgeting and focused on ensuring the important resources we provide were uninterrupted, so we could continue supporting members through this difficult time.

We are emerging from this strange year, stronger for having dealt with the challenges, confident for ensuring the strength of UAFP, and inspired by the dedication and resolve of our members.

PRESIDENT'S MESSAGE

Isaac J. Noyes, MD

Practicing medicine has been hard. The over 1,100 Utah family physicians have seen challenges this year too numerous to mention. These challenges, both personal and professional, are not lost on us at the Academy, and I want to clearly acknowledge them and share our appreciation.

Each of us has had a unique experience since I last wrote. The details of these, I am sure, have taken a toll.

At the state level, 2020 presented many challenges. The lack of in-person meetings, CME events, and face-to-face advocacy at the state capitol creates a feeling of isolation, and we appreciate your ongoing membership and support. I also want to take the time to acknowledge our leadership team as they have worked tirelessly to creatively keep the Academy up to speed, in the spotlight, and with a voice. I thank all of you.

Hopefully, 2021's challenges will be more of getting back to normal and trying to integrate last year's silver linings into our daily practices. Whether this is remote meetings and conferences, integrating telemedicine into your practice, or using your time to focus on health advocacy and addressing the concerns on people's minds — and turning them into positive health outcomes.

I want to encourage people to not just re-affirm their faith in primary care and general practice but in medicine in general. For a moment, close the case–count websites, put away the vaccine efficacy updates, and find a medical topic that used to make you excited; one that probably still does. Take 10 minutes over the coming days to re-focus, think and re-learn about a topic that inspires your great care of our local communities and why you got interested in medicine in the first place. Take it back to the basics of two or 22 years ago, when you were first mesmerized in medical school. You have earned it, and it will hopefully help you to continue the necessary work that our state needs in these coming months and years.

Remember your wins of the year. Remember the losses and frustrations, but integrate them into what your post-COVID practices will look like. Remember those aspects of medicine that inspired you in your very first days.

I have appreciated the opportunity to help guide the Utah Academy of Family Physicians for the last 12 months and look forward to the next group of physician leaders as they continue to advocate for our hardworking members.

Thank you.

Isaac J. Noyes, MD .

> "Remember your wins of the year. Remember the losses and frustrations, but integrate them into what your post-COVID practices will look like. Remember those aspects of medicine that inspired you in your very first days."

"Trying to stay positive."

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Mission

The mission of the Utah Academy of Family Physicians: To improve the health of all Utahns by advocating for and serving the professional needs of family physicians.

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The vision of the American Academy of Family Physicians and the Utah Chapter: To transform health care to achieve optimal health for everyone.

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Utah Valley Family Medicine Residency Representative
Daniel Payne, MD

Medical Student Representatives

Rocky Vista University — Southern Utah
Valerie Martin

University of Utah
Michael Bishop

Utah Family Medicine Residencies Class of 2021

Congratulations to our Family Medicine Resident Graduates!

McKay-Dee Family Medicine Residency

Zach Ahola, MD
Ironwood, Michigan

Carl Baker, MD
Hastings, Michigan

Ben Larsen, MD
Ogden, UT

Tyler Morwood, MD
Rangely, Colorado

Spencer Nielson, MD
Delta, UT

Caleb Nyone, MD
Sports Medicine Fellowship
at the University of Utah

Craig Steiner, MD
Idaho Falls, Idaho

St. Mark's Family Medicine Residency

Karli Woollens, MD
Full spectrum family medicine with
the United States Navy
Bremerton, WA

Lyman Woollens, MD
Full spectrum family medicine
with the United States Navy
Bremerton, WA

Megan Schwartz, MD
Addiction Medicine
Fellowship with
University of Utah
Salt Lake City, UT

Peter DeJong, MD
Sports Medicine
Fellowship with
University of California
San Francisco, CA

University of Utah Family Medicine Residency

Sherilyn DeStefano, MD
Sports Medicine Fellowship
UCLA, CA

Aaron Gale, MD
OB Fellowship
University of Utah, UT

Greg Jones, MD
Addiction Fellowship
University of Utah, UT

Christine Kwon, MD
Hospice and Palliative Care Fellowship
Kaiser Permanente Los Angeles, CA

Nick Molby, DO
Sports Medicine Fellowship
University of Nevada Reno, NV

Winston Plunkett, MD
Faculty Position McLeod Family Medicine Residency
Florence, SC

Johanna Salay, MD
Indian Health Services
Shiprock, NM

Sara Walker, MD, MS
Sports Medicine Fellowship
Boston Children's Hospital, MA

Noah Zucker, MD
Westridge Clinic
West Valley City, UT

Sarah Hawley, MD is an honorary graduate of the University of Utah Class of 2021. She embodied joy, curiosity, and deep caring for her patients prior to her untimely death in 2019. We love and miss you, Sarah!

Utah Valley Family Medicine Residency

Steve Baum, MD
Adelante Healthcare
Phoenix, AZ

Ben Fogg, MD
Intermountain Healthcare
Heber, UT

Haley Jackson, MD
Grandview Family Medicine
Provo, UT

Matt McKee, DO
Baylor Sleep Medicine Fellowship
Houston, TX

Chase Nielsen, DO
Pinehurst Family Medicine
Sanford, NC

Benz Pimsakul, MD
Intermountain Healthcare
Bountiful, UT

Tyson Schwab, MD
University of Utah Neurobehavior Home Program
Salt Lake City, UT

Brian Thacker, DO
Southern Medical Associates
Loris, SC

2020 Match Results for Family Medicine

The COVID-19 pandemic provided interesting challenges for the interview process this Match season, but that challenging experience didn't dampen enthusiasm for family medicine! When results from the National Resident Matching Program Main Residency Match were released on March 19, they showed that 4,493 applicants had matched into family medicine. This marks 12 years of growth for the specialty and the 10th consecutive year that an all-time record number of students had matched into family medicine. Adding to that number are several students from the University of Utah School of Medicine and the first ever graduating class of students from Rocky Vista University — Southern Utah.

University of Utah School of Medicine

Rich Albrechtsen — Atrium Health Cabarrus, Concord, NC
Michael (Mike) Bishop — Utah Valley Hospital, Provo, UT
Jason Chen — Natividad Medical Center, Salinas, CA
Giovanna Durman — Family Medicine Residency of Idaho, Jerome, ID
Serena Fang — Valley Family Medicine Renton, WA
Ajay Giri — Family Medicine Residency of Idaho, Nampa, ID
Nicholas (Nick) Henrie — Idaho State University, Pocatello, ID
Spencer Lindsay — Utah Valley Hospital, Provo, UT
Jared Madsen — United Family Medicine St. Paul, MN

Rocky Vista University – Southern Utah

Jake Allinson — Eastern Idaho Regional Medical Center, Idaho Falls, ID
Logan Anderson — Idaho State University, Pocatello, ID
Sean Bailey — Ventura County Medical Center, Ventura, CA
Zachary Cetraro — Halifax Medical Center, Daytona Beach, FL
Stella Chan — Shasta Community Health Center, Redding, CA
William Christensen — McKay-Dee Hospital Center, Ogden, UT
Stephen Cregor — CHRISTUS Health, Corpus Christi, TX
Afshin Edrissi — Central Washington Family Medicine Clinic, Ellensburg, WA
John Evans — University of Texas HSC, Tyler, TX
Garrett Garrity — Kadlec Regional Medical Center, Richland, WA
Christopher Gay — Shasta Community Health Center, Redding, CA
Colson Healy — Sunrise Health GME Consortium, Las Vegas, NV
Alexander Hetrick — Montana Family Medicine, Billings, MT
Grace Isaacson — Penn Highlands Healthcare, PA
Andrew Jeon — Community Health Network, Greenwood, IN
Justin Judd — University Texas HSC, Tyler, TX
Austin Klomp — HealthONE, Aurora, CO
Jason Lee — Riverside University Health System, Moreno Valley, CA
Joshua Lloyd — Wright Center for GME, Tucson, AZ
Miguel Lopez — Natividad Medical Center, Salinas, CA
Fujiko Matsui — Hilo Medical Center, HILO, HI
Scott McIntosh — HCA Healthcare LGY - Montgomery/ VCOM, VA
William Newman — Baylor Scott & White Medical Center, Round Rock, TX
Marcus Oliver — Tidelands Health, Myrtle Beach, SC
Cody Patterson — Idaho State University, Pocatello, ID
Andrew Phan — St. Agnes Medical Center, Fresno, CA
Natalie Pratt — Midwestern University OPTI-AZ, Sierra Vista, AZ
Michael Rees — University of Nevada Las Vegas SOM, Las Vegas, NV
Brett Steinicke — McKay-Dee Hospital Center, Ogden, UT
Brandon Trujillo — Midwestern University OPTI-AZ, Sierra Vista, AZ
Connor Weisser — North Colorado Medical Center, Greeley, CO
Michael Weston — Harrison Medical Center Bremerton, WA
William Whittier — Osteopathic Medical Education Consortium of Oklahoma (OMECO), OK

Congratulations to all of our soon-to-be family medicine physicians!

Student and Resident Awards

Michael Bishop
F. Marian Bishop Outstanding
Senior Award

Stella Chan
RVU-SU Outstanding
Senior Award

Sara Walker, MD
UAFP Family Medicine
Resident Leadership Award

UAFP is excited to announce the addition of two new awards established to recognize the outstanding accomplishments of Utah medical students bound for a career in family medicine and one of our graduating third-year family medicine residents.

For several years, UAFP has been recognizing an outstanding graduating medical student from the University of Utah who has matched into family medicine with the F. Marian Bishop Award. This year the F. Marian Bishop Award was awarded to Michael Bishop, who will be starting his residency with Utah Valley Family Medicine Residency in Provo, Utah. We were thrilled to be able to recognize another outstanding senior matching into family medicine from the first graduating class from Rocky Vista University – Southern Utah. This award was given to Stella Chan, who has matched at Shasta Community Health Center Family Medicine Residency in Redding, California. Both of these outstanding future family medicine physicians have shown evidence of active student leadership in family medicine activities and demonstrated evidence of superior scholastic achievement in their medical school studies, particularly in the field of family medicine. Congratulations to both Michael and Stella!

UAFP also established a Resident Leadership Award this year to recognize the accomplishments of one of our third-year family medicine residents in Utah. Nominations were sent in by residency faculty, peers and other residency staff. Those nominated needed to demonstrate promotion of family medicine, leadership skills and serving as a role model to peers. Additional consideration was given for teaching skills, professionalism, research skills and community service. The UAFP Member Engagement Committee voted on the final winner and chose Sara Walker, MD. One of her nominations read, "In her role as chief, Dr. Walker is seen as someone whose residents can reach out to for calm, caring, and effective support. She has solved problems that we didn't know existed, for example, creating an Orientation Guide for incoming interns to streamline our orientation process. As a physician, she is warm and caring, well-loved by her patients and her clinical team." Congratulations, Dr. Walker!

Member Spotlight

Craig Batty, DO

> I chose to practice in a rural setting because I like the lifestyle. I like having a little slower pace of life, and I like being able to be trail running within just a few minutes.

First, can you tell us a little bit about yourself?

I grew up in Hurricane, UT, and lived there until I went to college. My wife and I met at Utah State University and have three wonderful children. We currently live in Vernal, UT, and enjoy the area. I am an avid runner and will be attempting my first Ultra-marathon this summer. I especially love trail running.

I always enjoyed science all through school. I became interested in medicine as a young child and decided to pursue it as my career by the time I got to high school. I ended up attending the Southern Utah AHEC Conference in Cedar City when I was in high school, which gave me a taste of what medicine had to offer. I also benefited from a close personal relationship with Dr. Danny Worwood, who helped me see what family medicine had to offer. I also had the chance to shadow Dr. Kevin Duke while in college, who helped me see what being an osteopathic physician meant. His guidance ultimately led to me choosing the school I did.

I went to college at Utah State University. I got a Bachelor's in Psychology. I knew going into college that I wanted to go to medical school, and I figured that in-depth training in mental health would be a great advantage since I intended to go into family medicine. I went to Midwestern University - AZCOM for medical school and graduated in 2016. I went on to complete my residency at Utah Valley Hospital in Provo.

What led you to choose family medicine in a rural setting?

From the time I decided to be a doctor, I wanted to be a family physician. I liked the variety and the chance that it offers to have a relationship with each patient. I love being able to work with the entire family and be part of the community where my patients live. I love the complexity of being on the front lines when you encounter a new problem. I love being able to do acute care visits.

I chose to practice in a rural setting because I like the lifestyle. I like having a little slower pace of life, and I like being able to be trail running within just a few minutes. We love the outdoors, so it is important to us to have access to the mountains.

I speak Spanish, but unfortunately, I don't have much opportunity to use my Spanish in my practice. This is one aspect that I would like to improve. It has always been important to me to help the underserved, and I hope that situations change to allow me to use this more.

How has COVID affected your practice?

As with many physicians in primary care, COVID lead to a lot fewer patients visits over the past year. I feel like this is finally getting back to normal. I feel that there are some good things that have come out of the response. It is now culturally acceptable to stay home from school or work when you are sick. Every American now has a mask and can use this as needed when they are sick. The focus on telemedicine has also been helpful, and I'm glad to see that it is being successfully incorporated and reimbursed.

Our clinic has been doing all of the vaccinations for the hospital. In addition, we are now doing vaccinations and much of the testing for the community. This has led to strains on staffing, but we have managed. I don't feel that we have been especially challenged beyond what has been normal for physicians across the state.

Looking at the future of family medicine, how do we as a state and as a country ensure there are enough family medicine physicians to meet the demand?

I think that right now, we are in an interesting spot in history. We are seeing medical schools, particularly osteopathic med schools, opening in record numbers. Utah's third medical school is coming online in Fall 2021. My concern is that we are not seeing a commensurate increase in residency slots. I think that this residency bottleneck is going to lead to a problem when it comes to meeting the physician demand.

I think that as we get people to see both the value and challenge that exists in family medicine, we will get people more excited about it. I chose family medicine because it gives me the opportunity to be on the front lines of medical diagnosis and ensure that my patients get the care they need. I get to take care of procedures in the office. The limits to family medicine are broader than any other specialty. This gives us untold opportunities to shape and mold our futures as we desire. This is a major draw for future doctors. It is a significant reason that I chose this field, and I continue to see new possibilities for growth and development.

Is there anything else you would like to share about yourself, family medicine, practicing medicine in Utah, or experiences that changed or influenced your career?

Last summer, my father was diagnosed with pancreatic cancer. He only made it a few months after the diagnosis. During his last few months, I had the opportunity to see medicine from the other side. I saw the doctors who worked tirelessly to help him. I saw hospice nurses and aids that would come at all hours to ensure his needs were met. I also saw a caring nurse make sure that my mom had contacted church leaders to make sure she was supported through a difficult time. It made me that much more grateful for the profession that I have chosen. I was grateful for doctors who provided honest assessments of his disease and helped him make the difficult choices. This made me want to be even better at what I do.

Resident Spotlight Zac Flinders, MD

To start off, tell us a little bit about yourself and your background — where you grew up, went to school, your family, interests, hobbies, etc.

I was born in Provo, UT, and moved around a few small Utah towns growing up but call Beaver, UT home. I graduated from Beaver High School, went to Southern Utah University (SUU) for undergraduate study and the University of Utah afterward for medical school. I got married while an undergrad at SUU. My wife is a Beaver, UT native — born and raised. She grew up on a farm and, as I have, has missed the country lifestyle, and we can't wait to get back after residency. We graduated in the same high school class and started dating after we both started at SUU. She earned her bachelor's in accounting and currently works for an accounting firm in Lehi. We have two children — Dax (five) and Zoey (one). We have a great deal of outdoor hobbies and take the children nearly everywhere with us … sometimes, we get some funny looks with our six-month-old on Timpanogos summit, or backcountry skiing with our 8-month-old, or biking with them in packs on our back, etc.

If someone takes a look at your Facebook page, it looks like you could have a good side hustle as a wildlife and landscape photographer! Can you tell us a bit about how you got into that hobby?

I spent (and continue to spend) a lot of time in the mountains and wild places of Utah, and when I was growing up, I frequently encountered amazing scenes. I always carried a point-and-shoot camera (before cell phones!), trying to capture the essence of those amazing places, sunsets, peak summits, etc. I was always frustrated by how poorly that type of camera captured the scene but enjoyed at least having something to remember the experience by! This drove me to pursue better camera gear and learn the art. I got my first real DSLR camera in undergrad and have never looked back! For a while, my wife and I were doing weddings, engagements, and event photography — but my true passion is landscape photography. We have gone to a few art shows, and it has been a real treat to share finished art pieces with people. It's an amazingly fun hobby that adds some balance to my life.

Tell us about your journey that took you to medical school and eventually family medicine. What are some factors that influenced your decision to become a doctor and pursue family medicine?

I had interests in several different fields until deciding on medicine. My family cultivated a great interest and love for wildlife sciences and the outdoors; for a time, I was drawn to the idea of becoming a professor in wildlife and wildland conservation like my grandfather or a wildlife biologist like my father. I spent a good amount of time riding and training horses, mountain biking, mountaineering, backcountry skiing, hunting, etc. I enjoy building and constructing things as well — with my family; we built two homes during my high school years (only subcontracting out a few tasks), several sheds, garages; formed and poured yards of concrete driveways, kennels, barns, etc. So, for a while, I considered pursuing a career in engineering or building like many members of my extended family had.

I got to know some of the family physicians in Beaver, mainly outside the realm of medicine — in church, recreating outdoors, etc. I was intrigued by their example and service to the community and decided to try and gain a better understanding of the field of medicine by going to the hospital during high school "work release," which was designed to allow students the opportunity to explore career options within the community. I spent time working with nurses, radiology techs, and physicians. I really enjoyed the experience and found that I got along with the physicians and found that our personalities meshed very well.

Another fundamental experience that cemented my decision to pursue medicine was the Rural Health Scholars Program at SUU, where I found multiple opportunities to volunteer, shadow, and serve the community.

In medical school, once clinical rotations began, I found myself enjoying just about everything. Somewhere along this journey, I came to realize that what I understood, what it meant to be a "doctor" based upon my exposure in Beaver, which was quite different from what I was beginning to better understand while shadowing and studying —

especially with regard to the level of specialization and "narrowness" of practice. I had the opportunity to rotate back in Beaver for my family medicine rotation during my third year of med school, and it was so refreshing. The variety of practice was amazing — caring for newborns to 100+-year-old patients, ER work, inpatient medicine, OB, office procedures, etc. I began to confirm my suspicions that rural family medicine was my calling.

What was it that drew you to apply for residency at Utah Valley? How has your experience been there? What has it been like completing a residency at a hospital during a pandemic?

During my Sub-I at Utah Valley, I found an amazing group of faculty and residents, which ended up being one of the major reasons I pursued a position here. Residents and attendings seemed to work and learn as a team, and it was a team that I really hoped to join. They also had a track record of sending graduates to rural locations that seemed to be thriving. They advertised great exposure to obstetrics and really anything else you could imagine pursuing as the residency is open to you. This was checking off all the boxes on my list! Unopposed OB experience, inspiring mentors, team atmosphere, good learning environment, etc.

My experience here has been nothing short of everything I had hoped for. The learning opportunities have been top-notch. The training is comprehensive, and I feel is preparing me well for rural practice. I am currently in contract negotiations to return to Beaver to start practice in the summer of 2022 — back where it all began!

Training during the pandemic has been quite an interesting journey. There have been significant changes to so many aspects of everyone's day-to-day life — but the more I think about it, the more I wonder if the life a physician/resident has actually changed all that much as we are still seeing and taking care of patients as usual. It has been interesting learning how to take care of COVID-19 patients at the same time as the rest of the world instead of learning how to take care of all the "usual" ailments from experts. Sure, the way we do that has adapted — wearing PPE and utilizing teleconference technology more. On the bright side — I think the pandemic has really propelled telemedicine to new heights — and as I'm planning to practice in a rural setting , it's really exciting. I'm sure telemedicine will only continue to advance, and access to various specialists will continue to improve for my future patients in the rural setting.

2021 was another record year for the number of students matching into family medicine residencies. What do you think the general public needs to understand about

the importance of more doctors going into family medicine? What is it that makes you most proud of going into this specialty?

What I love about family medicine is that no matter a patient's age, gender, or chief complaint there is something family medicine has to offer. I love that the setting of practice is so varied and that there is something for everyone within the specialty of family medicine. I would hope the public understands the importance of training family medicine physicians, especially students with an interest from rural settings, so that they can return to a location similar to their upbringing and fill the need there is for primary care.

If you could go back in time and give yourself some advice entering your first year as a resident, what would it be? As one of Utah Valleys' chief residents, what kind of mentor and teacher do you hope to be?

It is going to go by fast! Work hard, but also put an emphasis on the time you have at your discretion to make meaningful memories with your colleagues, family, and friends. Find a few parts of medicine that you are passionate about and put some extra emphasis and time into that. Try to identify what your practice will look like after residency so you can prepare for that.

As one of the chiefs, I hope to foster the team atmosphere that I have come to appreciate at Utah Valley, an environment that is geared toward learning and growing as a physician. I hope to mentor students with an interest in medicine and encourage them to pursue their interests. I was part of UROP (Utah Rural Outreach Program) at the University of Utah during med school and loved sharing my experience with high school students around the state with very similar backgrounds to my own. I actually plan to meet with a group of students from my high school in the coming weeks to discuss this topic in coordination with the high school counselor, and I'm so excited to see the interest!

Student Spotlight Nick Longe

First, a bit about Nick ...

I grew up in Holladay, Utah, with my parents, Wendy and Jamie, and my younger brother, Alex. Even before we could walk, my parents worked hard to instill a love of the outdoors in us. We went camping every weekend, backpacking, skiing, or biking. It was a running joke among my parents' friends that no matter where they camped on Friday night, they would wake up to Wendy and Jamie there in the morning. It was a ton of work on their part, whether it was packing up after a long day at work or four-year-old me giggling in the bike trailer as I shrieked at dad, "faster, faster!" as he peddled up a steep hill. My parents' hard work paid off, though, and I developed a deep love of the wild places around us. After undergrad, I even took off on a backpacking trip across the country, where I covered 1,200 miles of trail in 26 different parks over six months. There were so many memorable trips — solo horse packing through Yellowstone, picking wine barrels in Napa, deciding I could travel faster cross country, and being terribly wrong — it's hard to pick a favorite, but that's part of the fun.

Besides being outside, I love picking up new hobbies and absolutely diving down a rabbit hole. One of my favorites that's been put on a bit of a hiatus with school is woodworking. I love building furniture and use mostly hand tools — some of them even belonged to my great grandfather — because of how meditative the process is. When school started, I was in the middle of building a bed, and though I haven't managed to get much further, I'm looking forward to completing it and starting another project.

My other recent hobby is dog training. I have a two-year-old wirehaired pointing griffon named Sevro, who is my adventure buddy. He loves biking, backcountry skiing, hiking, frisbee and is absolutely obsessed with birds. It has been so much fun to dive more into training, learning about the different approaches, and working through the many challenges of having a dog. Sometimes the progress is slow, but Sevro loves to work, and it is so rewarding to see the progress he's made. The only problem is now my entire camera roll is pictures of my dog.

The journey to medical school

My interest in medicine first stemmed from my parents. My mom is a physical therapist, and my dad is a family medicine doctor, so in the eyes of tiny Nick, they could solve anything, and who didn't want to be like that. Through school, I began focusing more on the academic challenges of medicine, and found a way to turn almost every school project in my K-12 education toward medicine. Why I thought it was warranted for a fifth

grader to have Netter and the Merck Manual on my desk for a school project, I'll never know. College took me to the East Coast, where I was ecstatic to attend Johns Hopkins University and receive my BS in Chemical and Biomolecular Engineering. I loved both the breadth and depth of the subjects we covered and the problem-solving skills they taught us. While I probably won't ever need to tune a controls system for a chemical reactor, it was an invaluable experience that helped shape the way I approach problems. While at school, I began working in a lab exploring the effect of cellular senescence on cancer development. It was a fantastic experience, and I learned a ton about the academic process, different lab procedures, and the fact that I did not want to do benchwork in a lab for the rest of my life.

After school, I took some time off and waited tables, volunteered, and applied to medical school. It was volunteering at the Maliheh Clinic during this time that showed me why I really wanted to go into medicine; the people. After volunteering there for three years, I knew many of the patients and was able to celebrate their accomplishments and see just how much it meant to them to have support and help in the medical challenges they were facing. I loved that interaction, and it really focused my drive to become a physician.

Why Family Medicine?

My decision to pursue family medicine is again because of the people. I love getting to know patients over time, understanding many of the challenges they are facing in their lives, and working on aspects of health that may not be strictly medical. That close relationship family medicine physicians build with their patients over time is something

I want to embody in my practice and hopefully develop enough trust that people recommend me to their friends and family. The medicine itself is also highly appealing because of the wide diversity of patients and problems present in a family medicine clinic. I love the idea of being well versed in my knowledge and being able to help patients with a broad spectrum of problems. To this point, I am also very passionate about the manipulative component of my education, and being a family physician will give me ample opportunity to use that to benefit my patient population.

What was it that drew you to apply at Rocky Vista University Southern Utah?

The main aspects that drew me to Rocky Vista University-SU are that I wanted to attend a DO school, their emphasis on manipulative medicine, the proximity to my family in Salt Lake City, and the sense of community I got from the students. In talking to my parents and providers I shadowed, I found that much of the advice I was given was echoed in the philosophies taught and emphasized in DO programs. Through my mom's work as a PT, I also saw how helpful manipulation could be to patients. Through visiting schools during interview season, I was impressed by how many of these tenets were heavily emphasized at RVU and the scope and depth of the manipulative training compared to other programs. Also, when visiting the school, students went out of their way to talk to all the interviewees. They weren't officially part of the interview day, but throughout my visit, the fact that people took time out of their busy study schedule to talk to us, heckle each other in a good-natured manner, and overall seemed to actually be a community thoroughly impressed me. These reasons, combined with a competitive match rate and being close to my support network in Salt Lake, made it an easy decision for me that I am exceedingly happy with.

Looking back on the past year of medical school during COVID-19, how has the pandemic affected your learning experience? Are you optimistic that the upcoming school year will look a bit more traditional?

The most significant detriment to my learning experience from the pandemic has been the severely decreased hands-on skills and patient interaction. We still had all our regular classwork but could not see patients at the veterans' home like usual or have the same number of practice patient encounters. With conditions improving, I'm very optimistic that this will change for the upcoming year, especially with vaccinations being widely available. It is essential to have these experiences to become more comfortable with patients because it's one of the main things they will judge us on. This is one reason I'm very excited I was selected for a manipulative medicine

> My decision to pursue family medicine is again because of the people. I love getting to know patients over time, understanding many of the challenges they are facing in their lives, and working on aspects of health that may not be strictly medical.

teaching fellowship. I will get additional time working with patients and be more confident with my exam skills and patient interaction.

2021 was another record year for the number of students matching into family medicine residencies. What do you think the general public needs to understand about the importance of more doctors going into family medicine? What is it that makes you most proud of going into this specialty?

I think the most crucial aspect of increasing the number of physicians going into family medicine and the public awareness of it is simply lowering the perceived barriers of going to the doctor. Many of the long-term health conditions plaguing our population would benefit significantly from preventative medicine and early diagnosis. On top of this, many of the things people are

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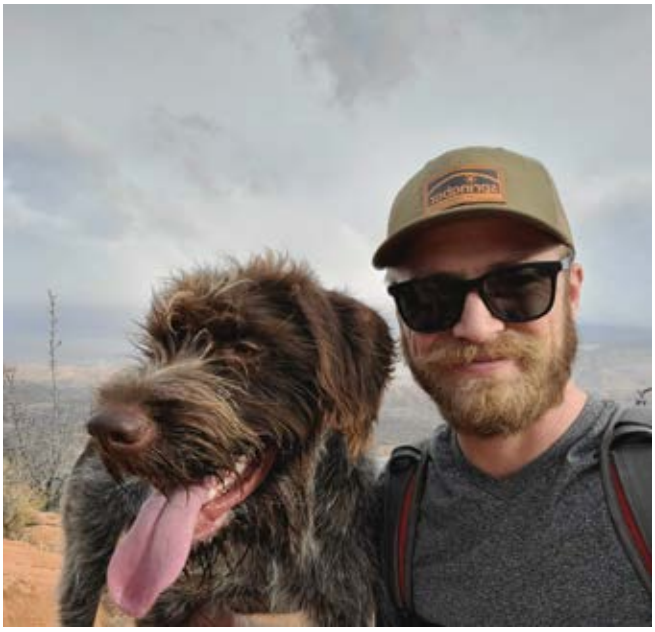
going to specialists for could be done by a family physician at a regular visit while also addressing other health concerns. By creating a system with more high-quality family physicians that the populace actively sees regularly, we can decrease the strain of morbidities on our health care system, decrease the overall cost of health care, and ensure that patients are seeing the right specialist when they need to. Overall it is a massive benefit to the community around us to have these increased numbers of primary care providers participating in the community. Unfortunately, we are still far from where we need to be to adequately address peoples' needs, but I'm optimistic that this is being addressed and more people are seeing the added value of primary care.

What accomplishment are you most proud of in medical school?

I've been very involved in my school community as the president of both the family medicine interest group (ACOFP) and the manipulative medicine interest group (SAAO). During my time, we have won national awards and recognition for both clubs. I've been really proud of how much we've educated the student body about hands-on skills and the breadth of opportunities in primary care. The thing I'm most proud of, however, is my teaching fellowship. I was selected for a manipulative medicine teaching fellowship where I will spend an extra year helping teach first and second years and receive additional training, education, and hands-on time with patients. I'm proud that my hard work and effort to educate my classmates about this subject were recognized, and I was selected to further pursue a topic I am so passionate about.



Utah Legislative Wrap-up:
COVID, Collaboration, and Compromise

By Darlene Petersen, MD and Maryann Martindale, UAFP Executive Director

This year's session was very different from previous years. With COVID still in full swing and very few people vaccinated, the legislature opted for a hybrid version of the session. Committees that were typically held in small rooms were moved to larger spaces, all committees were given video access (most previously were audio only), and participants were encouraged to participate remotely. Because of the larger spaces, people were allowed to attend committees. Masks were required at all times, and chairs were spaced far apart.

We made the determination that it was best for us to participate remotely, and it ended up being a great decision. Thanks to the hard work of the capitol tech staff, things ran very efficiently with very few hiccups.

Compromise was definitely the theme of this year's session.

There were several bills that we could not support, but one of the benefits of being so involved with the process is understanding when the tide is moving despite our opposition, and working hard to negotiate compromises to bills we would otherwise oppose outright.

SB28, Physician Assistant Act, by Senator Bramble, was our biggest fight and definitely took the most political will to reach a conclusion that we could live with. As we've seen over the past few years, scope creep has become a very real issue in legislatures across the country. Just a few years ago, Nurse Practitioners were successful in gaining significant practice independence. This year, it was the Physician Assistant's turn.

Thanks to strong coordination with the Utah Medical Association, we were able to negotiate several key elements of the bill: requiring longer practice time before independence, greater experience before specialty practice, and more equitable oversight on the governing board.

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While we would have loved to have simply defeated the bill, the writing was on the wall and we knew our best solution would be to attack the elements that posed the greatest risk to patient health and safety.

Another area that we successfully negotiated was regarding health mandates. Several bills targeted the ability of employers, education, and the government to mandate things such as masks and vaccines. While we are not supportive of mandates, writ large, we felt it was critical to ensure that health entities–medical schools, hospitals, clinics, etc. — had the legal ability to institute such mandates when necessary for the protection of our doctors and other front-line workers. We are happy to say we were successful in getting exemptions for our entitles in every single bill related to mandates.

As with any session, we have some wins, and we also have some losses. Two of our strongly supported bills were unsuccessful in this session.

HB117, Vaccine Reporting Requirements, by family physician and Representative Ray Ward, would have required a vaccine provider to register with the Utah Statewide Immunization Information System (USIIS) and report vaccination information. The outcome would have been a single place for all vaccine records, relieving the burden of parents and those little yellow cards, changing physicians keeping up with vaccines, and the lack of reporting by pharmacies. Unfortunately, it was caught up in a tangential anti-vaccine narrative that derailed the bill. A good idea that went down to bad information. Hopefully Rep. Ward will bring it back and we can work on education to help it pass.

Our other disappointment was HB194, Diabetes Prevention Program, by Representative Suzanne Harrison. This would have authorized Medicaid to enroll patients in a comprehensive diabetes education and prevention program. As we all know, diabetes can be an expensive, life-long battle – but with education, it can often be avoided or overcome. This bill will be back and we'll be working throughout the year to educate legislators on the economic and health benefit of such a program on some of our most vulnerable patients.

We want to thank our Advocacy Committee for all their help reading bills, helping with talking points, and speaking/reaching out in support or opposition of our targeted bills. If you like policy and want to help shape the policy decisions of the UAFP, please consider joining the committee.

If you'd like to review our full, final bill tracker, it can be found online at utahafp.org/2021BillTracker.

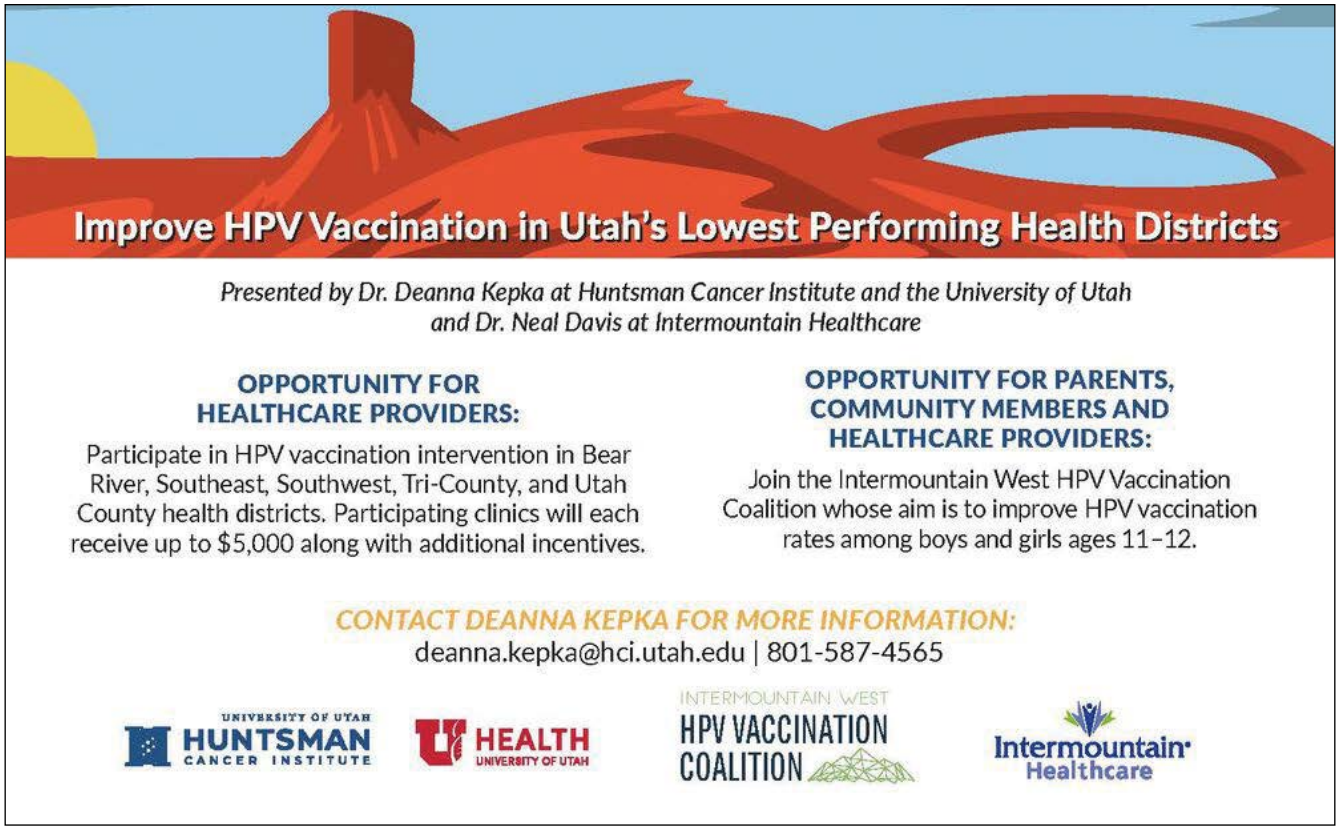
How You Can Help Increase HPV Vaccination Rates in Utah

Human papillomavirus (HPV) causes more than 32,000 new cancer cases in the U.S. each year and most are preventable. Even though the HPV vaccine is an effective strategy in cancer prevention and has been available for more than 12 years, only 51% of adolescents have been vaccinated, far below the national target of 80% by 2020. With the arrival of the COVID-19 pandemic, that gap widened and caused more than 50% of adolescents in the U.S. to not receive HPV vaccinations. As grave as the gap is between the target rate and those who have received the vaccine, it is much worse in Utah which ranks 44th of 50 states for HPV vaccination completion among 13-17-year-olds.

With the strong likelihood of the COVID-19 vaccine being approved for younger children in the coming months, it is even more important to work with parents to get their children caught up on critical vaccines so they will be ready to receive regular flu vaccines, and hopefully COVID-19 vaccines, in the fall and winter.

From July 2021- May 2022, you can help in the effort to get children vaccinated in Utah's lowest performing health districts for HPV vaccination. If your practice is located in Bear River, Southeast, Southwest, Tri County, or Utah County Health Districts, you can be a part of a pilot to test the implementation of a tailored clinic-focused, evidence-based HPV vaccination intervention at six primary care clinics. This pilot only requires a one-two hour time commitment per month for about six months and compensation and marketing materials will be provided.

Please contact Deanna Kepka for more information at Deanna.kepka@hci.utah.edu or 801-587-4565 for more information.



AAFP FMPC Grant — Clean Clothes for Low Income Students

By Sarah Spain

A friend of mine is a teacher at an elementary school in Murray, Utah. Prior to the pandemic, we would routinely get together to walk around a nearby park and chat. One time she relayed this story to me:

She had a student in her class that missed basically every other day of school for the first month of school. When she talked to her principal about it, she found out that this student's sibling was also missing nearly every other day. My friend decided to pay a visit to the students' house to see what was going on.

During her visit she discovered the two brothers only had one pair of shoes between the two of them. The boys traded off going to school every other day so that one of them didn't have to go to school barefoot. Needless to say, hearing this story was heartbreaking — no child should be faced with this scenario. My friend solved this problem by getting both boys a new pair of shoes out of her own pocket to the very loud protestations of the deeply grateful and embarrassed parents.

For the next several days and weeks, I often wondered what had happened to those students, and more importantly, what would become of them when they each outgrew their only pair of shoes. I also wondered how difficult things were for the whole family that splitting a pair of shoes to attend school every other day was the best solution.

This was lingering in the back of my mind when my husband Chad Spain (UAFP President-Elect) told me that he was applying for an AAFP Family Medicine Philanthropic (FMPC) grant again this year. He explained the parameters, and I wondered aloud if we would be able to do something to solve this shoe/absenteeism dilemma for some of the children in our community. I started poking around the internet and learned about some of the programs working to address this widespread issue in the United States.

What I learned was how many children are affected not by just lack of shoes but clean clothing. Care Counts is a program that has partnered with Whirlpool and Proctor & Gamble to provide schools across the U.S. with washers and dryers that families can use free of charge. This alone has assisted participating school districts in dramatically dropping their rates of student absenteeism.

With the knowledge that clean clothes and shoes can help students attend school regularly — which is so critical for the well-being of children — it was time to do a little more research and some math. I found that with the grant money plus a little extra, we could fairly reasonably get two pairs of pants, socks, underwear, and a $25 gift card so the family could purchase a pair of shoes for approximately 30–35 school children.

With some cold calls and a little determination, we found a school that could use our help. With the help of my teacher friend, we were connected with a school



counselor at a local elementary school. We found out that they had partnered with the Assistance League in the past for a similar program that helped supply children with coats and boots. Armed with this information and a plan, Chad applied for the grant.

Fortunately, we received the grant, and on top of that, I had solicited a few family members to donate to the cause. The school provided a copy of the form they had used before to get information from parents; we made appropriate changes for our own use, and my sister, who speaks Spanish, translated the form into Spanish as well.

Once we received all of the completed forms from the school counselor, I created a spreadsheet to better organize our shopping list and kept all the original forms as a backup. Chad and I sat down with a computer and a credit card and picked out clothing for 34 children based on information gathered from parents. We had our 9-year-old niece help give advice about the basic clothing girls would like (black leggings and "jeggings") and what the boys at her school wore (jeans). Each kid got two pairs of pants. With socks and underwear, we just picked the colors within the size groups that were most widely available to attempt to keep things as "fair" as we could possibly be. I never thought sitting down to purchase large volumes of children's clothes would be so gratifying, but each time the delivery truck pulled up with part of our order, we were filled with joy.

We ordered giant Ziploc bags from Amazon to make sorting easier. Finally, I had to physically go into Target to get 34 $25 gift cards. And while I was there, I picked out 34 double packets of cute cloth face masks in kid sizes as well. It took about a week for everything to arrive, and then we made a date night out of sorting clothes, forms, masks, and gift cards into bags. We boxed everything up as well as donations we had received of backpacks and various sized boots. On a Tuesday morning in mid-December, we met the school counselor at the back of the school to unload all of the boxes. Everything was delivered just in time to distribute the packages to the children to take home before Christmas break.

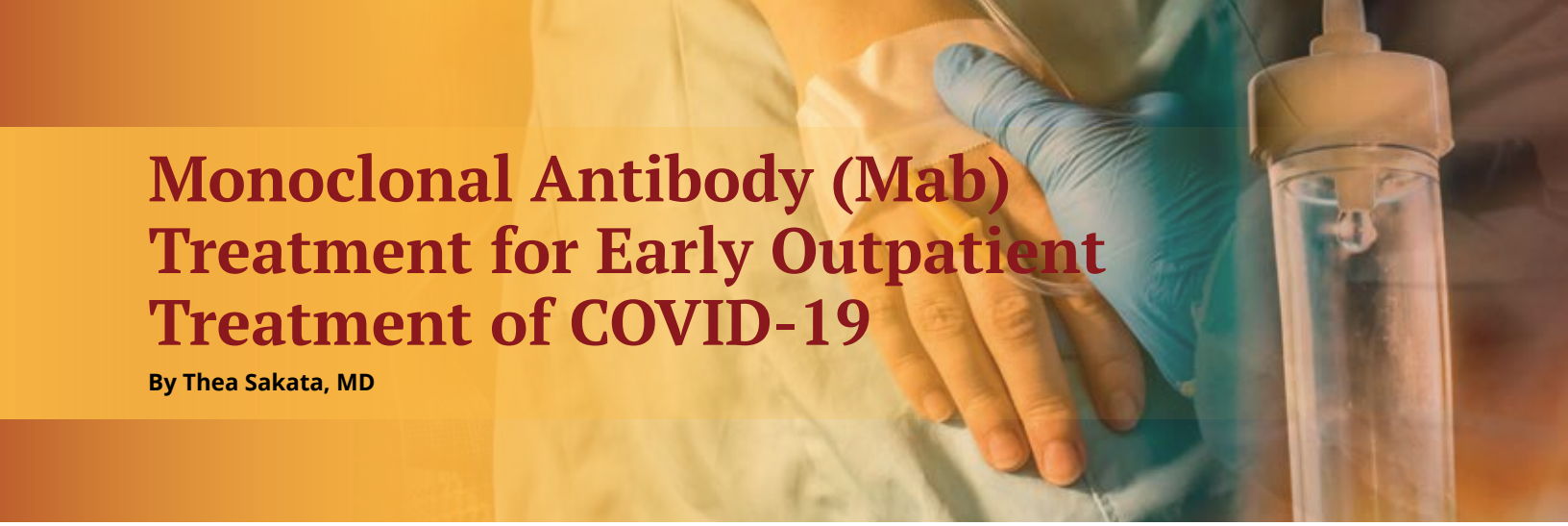
All in all, it took a very small effort on our part, and not very much money when you consider how many families were helped. I'd like to hope for at least this semester of the school year, those children and their parents had one less thing to worry about during an already very difficult year. That contribution to our community's health and well-being is more than worth any effort or dollar amount that was spent.

Have an Idea for an FMPC Grant?

UAFP encourages our members to consider applying for one of these grants awarded annually in the Spring. Applications are due each year in February and need to focus on one of the following three areas:

- Student and/or Resident project: Focuses on education, research, and/or humanitarian opportunities for students (high school, undergraduate, or medical students) and/or Family Medicine residents.
- Member Outreach project: Focuses on education, research, and/or humanitarian opportunities that target AAFP Family Physician members.
- Public Health project: Focuses on the health of families and communities by promoting healthy lifestyles; conducting research and/or providing education for disease and injury prevention; and/or projects that are humanitarian or service in nature that improve the health of individuals or communities.

Please reach out to UAFP with any questions at 801-736-0722.



Monoclonal Antibody (Mab) Treatment for Early Outpatient Treatment of COVID-19

By Thea Sakata, MD

In November 2020, the FDA granted emergency use authorization of monoclonal antibodies for the treatment of COVID-19. Studies have shown that these medications, if infused within the first seven days of symptoms in high-risk patients, can lower one's risk of hospitalization. Despite potential benefits to both patients and hospitals, uptake across the nation has been rather slow due to challenges and barriers to connecting patients to these potentially lifesaving drugs.

Here in Utah, we have two sets of paired agents available: casirivimab-imdevimab (made by Regeneron) and bamlanivimab-etesevimab (made by Eli Lily). Currently, it is believed that there are no significant differences in risks or benefits between the two combo treatments. We have been fortunate to have more availability of these medications than some other states; however, many family docs still have a lot of uncertainty over which patients are eligible for treatment as well as over how to get patients treated within a patient's treatment window. Some frequently asked questions are listed below, but additional information may be found at the state website: **Coronavirus.utah.gov/noveltherapeutics**

Q: Who is eligible for treatment?
A: In Utah, adult patients and teenagers 16 years or older in Utah must satisfy the following criteria:

- Testing: Patients must have a positive COVID test, either by NAAT (i.e PCR) or rapid antigen testing.
- Timing: Patients must be within the first seven days of symptoms. If a patient was asymptomatic when they tested, but they developed symptoms within a few days of testing, they may still be eligible.
- Risk Factors: Patients must score a minimum of six points or higher (i.e. greater than 5.5) on a COVID risk score calculator, based on health history and demographics. Conditions include diabetes, hypertension, CKD stage three or higher, among others. Prediabetes and sleep apnea are common conditions that frequently get mistaken as risk factors, but are not. Please see the state website for further details.
- Symptoms: Patients must be symptomatic, even if only mildly so. Completely asymptomatic patients who feel 100% at their baseline are not eligible for treatment. A sensation of shortness of breath from COVID also earns a patient an additional point on the risk score calculator.
- Home O2 use: Patients are only eligible if they do not have an increased O2 requirement over their pre-COVID baseline.
- Hospitalization: Patients are not eligible for MAbs if they are admitted, were admitted, or are being admitted for COVID-related care.

Pediatric patients under age 16 have separate criteria, including that they must have an underlying B cell immunodeficiency. Please see the state website for these criteria.

For adult or pediatric patients who do not qualify for treatment under the state criteria, physicians may apply for compassionate use criteria directly from Regeneron or Eli Lily.

Q: What does the medication cost?
A: Currently, the medication itself is available free of charge under an HHS program. However, there is still a charge for the administration of the medication since it is given as an IV infusion.

Q: Where can my patients get treated?
A: Contact information for healthcare systems offering monoclonal antibody programs can be found at the state website, Coronavirus.utah.gov/noveltherapeutics, under the tab "Where Can I Get It?" Patients with insurance should seek treatment within the healthcare system that is "in-network" for their insurance. Most private insurance companies in Utah have followed CMS's lead in covering monoclonal antibodies for acute COVID-19 treatment; however, a handful have not. Patients should contact their insurers to check prior to being treated.

For patients without insurance, some of the health systems in Utah have created programs to help cover the cost of the infusion. For example, Intermountain Healthcare has a voucher program for self-pay patients unable to afford the cost of the infusion. Patients should enquire at the time of scheduling.

Thea Sakata, MD, is a family medicine-trained urgent care physician who was redeployed to the Intermountain COVID Monoclonal Antibody Team, aka "The Mab Squad."

Post-COVID Care and the Role of Family Medicine Physicians

By Barbara Muñoz

Dr. Jeanette Brown is a pulmonary and critical care physician and assistant professor at the University of Utah School of Medicine.

Dr. Dixie Harris is a pulmonary medicine and critical care physician with Intermountain Healthcare.

> [Listening and validating] this is what family docs do best. This skill set is critical, and the value of family docs has never been higher than now.

There is a good chance you have seen the names and faces of Dr. Dixie Harris and Dr. Jeanette Brown in the local news lately. That is due to the fact that these two outstanding physicians, who have both spent time at the front lines treating the most critically ill patients with COVID-19 over the past 15 months, and are also treating patients who continue to struggle with COVID-19; sometimes months after their initial symptoms began. This patient population, often referred to as "long haulers," now have access to even more specialized care in Utah with the opening of the University of Utah Post-COVID Clinic and doctors and research scientists learning more and more everyday about how best to provide care.

In the Thick of It from the Beginning

Dr. Harris is a pulmonologist and critical care physician who also specializes in sleep medicine. While most of her work is done on an outpatient basis at Alta View Hospital in Sandy, Utah, she also performs intensive care (ICU) unit care at Utah Valley Hospital in Provo, Utah and works at the telehealth critical care unit providing support to the network of Intermountain hospitals and clinics throughout the region.

In April 2020, Harris was part of a group of over 100 healthcare providers with Intermountain Healthcare who volunteered to travel to New York City to provide relief and assistance to overwhelmed providers dealing with a surge of very sick patients. Once there, Dr. Harris oversaw nights in an intensive care unit at Northwell Health's Southside Hospital in Bay Shore, a suburb of New York City, where she pulled repeated 13-hour shifts.

Dr. Jeanette Brown is an internal medicine physician and subspecializes in pulmonary and critical care and subsequently has gained considerable experience treating adult patients in the medical ICU. She also sub-specializes in chronic neuromuscular respiratory failure, so she has been treating critically ill COVID patients who need to be placed on a ventilator, but sees patients with COVID in nearly every phase of the illness. As the medical director for respiratory and complex care at the rehabilitation hospital at the University of Utah, she has been able to see patients that she treated in the ICU as they start on their path to recovery. Often times, she follows the complex cases as outpatients as well.

When the Symptoms Just Will Not Go Away

When Dr. Harris first returned to Utah from New York in the spring of 2020, she was seeing very few patients in the ICU. In the early months of the pandemic in Utah, she was primarily conducting pulmonary consults or conducting

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telehealth visits in the outpatient setting. Through the summer, more and more patients became ill and like all physicians working in outpatient care, Harris and her colleagues were developing protocols on how to provide care to those patients.

In June, Harris starting seeing patients in the clinic who had been sick with COVID early on but were still struggling with symptoms. Initially, she and other physicians hearing similar stories from patients did not know it was chronic COVID until she started reading articles from New York where they were seeing patients who were still experiencing symptoms months later. One of Harris' patients in particular was sick with COVID in March, but still had chronic symptoms until late September. That patient never had to be hospitalized for his COVID, only given supplemental oxygen. In those early months, there was little information available to provide guidance for physicians to help these patients. Over the summer, Dr. Harris started researching and found landmark articles that had been published; one out of Italy and one from the British Medical Journal (BMJ). The articles described a high percentage of patients hospitalized with COVID who continued to have symptoms months later. Harris and her colleagues at Intermountain Healthcare began seeing more and more patients with symptoms lasting much longer than you would expect with a typical influenza. Intermountain Healthcare was part of a report on these lingering symptoms in Morbidity and Mortality Weekly Report (MMWR). With more data and information to work with, Harris, along with her colleague, Dr. Eliotte L. Hirshberg, worked with internal and family medicine physicians to develop protocols and care guidelines for Intermountain providers.

Developing Dedicated Care for Post-COVID Patients

When the University of Utah started discussing the development of a clinic devoted to providing post-COVID care, Dr. Jeanette Brown was a natural fit for designing such a clinic. Most of Dr. Brown's work is multi-disciplinary in nature as she treats with patients with conditions such as amyotrophic lateral sclerosis (ALS) and muscular dystrophy who require care from multiple specialists to manage their symptoms and improve quality of life. Initially the University of Utah had hoped to develop the post-COVID clinic to be similar to their ALS clinic where patients would come to the clinic and spend around two and half hours there, seeing all of their providers and specialists, who were also able to interface with each other in that space. However, when Dr. Brown and her colleagues started looking at the volume of patients they would be treating, they knew that model would not be possible.

The clinic will treat two types of patients: the patients admitted to the hospital who need post-ICU care and those who were not very sick to begin with, but are still struggling with symptoms months later.

> "The key thing that PCPs can do is doing a really good job of looking at the medications that they were on before and then after the hospitalization. I have seen some really scary mistakes happen in terms of medication management after several care team transitions."

The first population will be seen primarily by physical medicine and rehabilitation (PM&R) physicians and pulmonary clinicians due to the prevalence of respiratory issues in this group. For these patients, the clinic will interface with primary care providers as well, providing notes and updates. Physicians in the clinic can also start making referrals for other specialized care such as neuropsych testing and neurology for those who have had a stroke. There are care pathways in place through e-consults or true consults for all those who need to be referred to for subspecialties.

For those patients in the second population, they can be referred to a primary care physician if they do not already have one. "This can be a great opportunity to get patients connected into primary care; whether they need geriatrics, internal medicine, or family medicine," Brown states. For patients who have already established care with a provider, those providers will have access to care coordinators and e-consult referrals to get their patients set up with testing if needed.

The Post-COVID Clinic has three primary goals:

1. Provide state of the art care for patients and continue to monitor and adapt to the latest best practices.
2. Support the providers by helping clinicians through the ambiguity of treating these patients through a learning collaborative. It will involve specialists including Dr. Barbara Jones from the Veterans Administration Hospital in Salt Lake City, Dr. Lucinda Batemen from the Bateman Horne Center, and Dr. Harris from Intermountain Healthcare. The collaborative will take place during lunch hour over Zoom. The format will

include presentations on the latest research and then will allow providers time to present cases they are struggling with. Set up much like a tumor board for cancer patients, providers can both ask for and give advice on how to provide treatment in each case.

3. Research will also be a large component of the clinic. They are discovering that many patients are altruistic and interested in helping doctors and researchers determine causes and treatment. The clinic will provide multiple opportunities for patients and others from the community to be a part of this ongoing research.

The University of Utah serves an impressive geographical catchment area: Wyoming, Idaho, Montana, Nevada, Arizona, and parts of Colorado. The other closest full post-COVID clinics will be in Colorado, New Mexico, and San Diego, so the University of Utah has the potential to see a large number of patients from hundreds of miles away. To provide care for patients far afield of Salt Lake City, the clinic will be working with primary care doctors throughout the region through telemedicine to determine if patients need further care with specialists. One of Dr. Brown's greatest concerns is to not squeeze out patients already being seen by the specialists who will now also be caring for those in the post-COVID clinic. Colorado's clinic, for example, has 400 active patients and their waitlist is 1400. To ensure that does not happen, they have to recruit all the primary care assistance they can as it is going to take time for patients to be seen. And while the clinic is located at the University of Utah's main hospital complex, most initial visits will be with advanced practice clinicians over telehealth. Resource and time constraints will be aided by the implementation of the learning collaborative so that doctors can learn how to provide care for patients before they are able to be seen by the Post-COVID clinic or other specialists, as getting appointments can take several months.

The Critical Role of Family Physicians in treating Long COVID

Navigating the Medical System

Many people with lingering symptoms may not be used to navigating a complex medical system. Primary care can serve as the "ringleader" of the specialties by providing continuity of care, because many of these patients may need to see several specialists. They are the center piece of these long haulers, helping them migrate through the systems.

Teaching Patience and Providing Validation

It is important to teach patients that sometimes the symptoms from the virus do not go away in two weeks while also screening for more serious side-effects such as a pulmonary embolism. Most of the models where guidelines are being developed are coming through primary care and are holistic in their approach. Dr. Harris says, "I'm just an adjunct to our primary care colleagues. I am lucky that I am on the same floor with family medicine and internal medicine docs. We do a lot of talking back and forth between primary care and specialists about managing patients and what to expect. Primary care is really the driver in most of these patients. We are learning from our patients and sharing information with each other. New guidelines and approaches are being developed all the time."

Help Patients Pace Themselves and Recognize Their Own Improvement

When Dr. Harris sees patients with long COVID she utilizes patient scales similar to those used when treating anxiety and depression, where patients can rate their symptoms and functionality at each visit. Harris says it can be very therapeutic for patients to be able to see their improvement over time through the use of those scales. She also often performs walking oxygen testing, complete blood count (CBC), checks inflammatory markers, and electrocardiograms (EKG) for patients with any kind of tachyarrhythmia. Dr. Harris also cautions over-exertion for patients, both physical and mental, for long COVID patients as exercise can backfire. Increase in activities should be very gradual and monitored for relapse of symptoms.

Dr. Brown recognizes that one of the most challenging components of caring for patients struggling with debilitating long COVID symptoms is trying to help them navigate qualifying for FMLA or disability coverage as it is resource intensive process and there is no way to bill for that time. For that challenge, unfortunately, she does not have a great answer. She recommends trying to team up with other doctors who are struggling with the increased demand or looking at working with nurses and medical assistants who can potentially devote more time helping patients with the paperwork.

What is the most important advice you can pass on to family physicians?

Dr. Brown emphasizes three key actions for primary care providers to take when their patients have been hospitalized or seen by other specialists: "When you get a discharge summary or notes look at a) what happened, b) what needs to be followed up on and c) does their medication list make sense any longer? The key thing that PCPs can do is doing a really good job of looking at the medications that they were on before and then after the hospitalization. I have seen some really scary mistakes happen in terms of medication management after several care team transitions."

Dr. Harris states that listening to patients and providing validation is key for patients with long COVID. "Patients are very grateful to their physicians when we sit and listen to them and validate - just to listen and give patients different coaching. One of the biggest things is pacing. In the first few months of treating long COVID patients, I heard about a new, weird symptom almost every day and it was very humbling. [Listening and validating] this is what family docs do best. This skill set is critical, and the value of family docs has never been higher than now."

Find more resources about caring for long COVID-19 patients at utahafp.org/longcovid.

Upcoming UAFP Events

After a year of doing everything virtually, UAFP is looking forward to the possibility of in-person events (with proper precautions, of course) in the upcoming months. All of the following events are tentative and subject to change, based on the data and safety precautions recommended closer to the event. Please continue to check our website at utahafp.org and watch for announcements in the UAFP Weekly Beat emailed to members every Friday.

Saturday, August 14: Family Medicine Night at the Salt Lake Bees

Minor League Baseball is back this season and we are excited for Family Medicine Night at the Salt Lake Bees to be our first in-person event of 2021! As of May 2021, the Bees are limiting fan capacity at the games and requiring masks. We will be offering discount tickets to the game as well as the option of a picnic dinner in the Main Street Garden area of the park.

Friday, September 17: UAFP Annual Member Meeting and Student & Resident Poster Session

We are still determining exactly what the meeting will look like, but at this time are planning to gather in-person at the University of Utah Alumni House located at 55 Central Campus Dr. in Salt Lake City on the University of Utah campus.

Current medical students and family medicine residents can submit their entries for the Poster Session now at utahafp.org/postersession2021.

Saturday, September 18: Mitigating Implicit Bias

UAFP is working with the AAFP Center for Diversity and Health Equity to host this important training for family medicine physicians and other primary care providers. Again, we hope to be able to host this in-person at the University of Utah Alumni House. Learn more and register at utahafp.org/implicitbias.

Thursday, November 18: Virtual CME

After a year of providing virtual CME opportunities, we want to continue to offer them to our members moving forward! This weekday evening CME will include the topics, "Improving Cardiovascular Outcomes in T2DM: Personalizing Antihyperglycemic Therapy" and "Obesity: The Disease and Its Management." This event is free to Utah AFP members and registration will be opening later this summer.

Winter 2022: CME & Ski

It is our fervent hope that we can once again host UAFP's hallmark CME event, CME & Ski, in late February or early March 2022 in Park City, Utah. Planning it is still in progress, but we will provide details once we can feel confident this will be a viable option for our Utah members and AAFP members from around the country to safely attend.

Thank you for your continued support of our chapter events!

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