



UTAH ACADEMY OF

Family Physicians JOURNAL

**Utah Family
Medicine Residencies
Class of 2022**

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Spotlight:
Black Physicians of Utah**

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**UTAH ACADEMY OF
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UTAH ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR UTAH

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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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Psychiatric Consultation to Support Primary Care Physicians



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On the Cover:
 "Hike with a Doc" event in Big Cottonwood Canyon, September 2021. Medical students and family medicine residents are invited to hike with attending physicians for a chance for one-on-one conversations in a casual and scenic setting.

EXECUTIVE DIRECTOR'S MESSAGE

Maryann Martindale



Maryann Martindale and board member Dr. Shannon Baker

“

It is easy to be jaded in our current climate, but we're approaching this with cautious optimism. And we intend to work with the collaborative and follow progress very closely to ensure that whatever improvements are made, they are in the best interests of our doctors and their patients. We are a critical voice in this work.

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What is the future of health care? No doubt, a question we have all asked. With the ACA, Medicaid expansion, telehealth, and all the other changes we've seen over the last decade, there are still areas that need work.


We're still seeing too much administrative burden, unnecessary delays and challenges with preauthorization, drug costs continue to spiral out of control, and the list goes on and on. And for every problem, there is a laundry list of suggestions.

Utah's Governor Cox has highlighted health care improvement as a goal of his administration. He has organized the One Utah Health Collaborative, made up of stakeholders in healthcare and government, to make Utah the national leader in affordable, innovative healthcare.

By the time this is published, we will have held a listening session to collect input and thus presented a report to the governor's collaborative with recommendations from the unique perspective of Utah family physicians. All recommendations are on the table, from payment reform to primary care prioritization to reducing administrative burden to single payer options. We anticipate a very robust discussion, and we will work to ensure it stays focused on positive outcomes and better delivery of service, not just bottom-line economic results.

Economic impact is obviously a critical component, and substantive change will likely require significant investment, which has not been as forthcoming in the past. But if the governor is sincere in his desire to make positive change, then it is critical for us to be at the table when those changes are debated.

Just as with any political platform, the question is always the same — is there truly a will to make meaningful change or is this mere platitude? It is easy to be jaded in our current climate, but we're approaching this with cautious optimism. And we intend to work with the collaborative and follow progress very closely to ensure that whatever improvements are made, they are in the best interests of our doctors and their patients. We are a critical voice in this work. As the saying goes, “cradle to grave, nose to toes,” the family physician covers it all. Who better to provide insight to the Governor's task force than you, the family physician?

Making Utah the leader in healthcare is a lofty goal, to be certain. Utah has an uneasy relationship with healthcare initiatives. It took a decade to pass Medicaid expansion, and then only after a citizen referendum. During the past couple of years with COVID, we saw several ill-advised decisions related to treatments and mask mandates, and there are numerous instances where the legislature has challenged the wisdom and autonomy of physicians. But if Governor Cox is genuine, we are more than willing to help. 

PRESIDENT'S MESSAGE

Chad A. Spain, MD, FAAFP



On a late summer Saturday in 2021, the UAFP Board met to brainstorm how we could improve the health of our community and the lives of our members. At the time, COVID numbers were down, and the weekend allowed us an opportunity to meet up with colleagues for the first time in over a year. Not surprisingly, this group of physicians dedicated their time to creating areas of opportunity for their peers and community. From that meeting, we set several goals to achieve during the 2021-22 year: improve member outreach, increase awareness of and work to mitigate implicit bias, and grow the philanthropic presence in our state.

Nearing the end of this 2021-22 UAFP Board calendar year, we are happy to say we are on track to accomplish every one of these goals. Our board is working on proactive outreach to rural members with hopes of increasing the diversity of voice in our chapter, our physicians have created incredible philanthropic grant proposals to the AAFP due to identified needs of less fortunate patients in our community, and our Program Director, Barb Muñoz, and Executive Director, Maryann Martindale, assembled an amazing lineup of Implicit Bias CME at our annual CME & Ski Event. The countless hours of hard work and innovation make me proud beyond what my written word can express; thank you to all those who contributed to these efforts!

While our Board has been hard at work over the past year, I know that Family Medicine Physicians in our community have continued to demonstrate why our specialty is the greatest in medicine. The countless stories of physicians

“

Going forward, you will be in excellent hands. Our board is composed of brilliant physicians, a passion for growth drives current President-Elect Saphu Pradhan, and our UAFP staff will continue to be an excellent resource for all Utah physicians.

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going above and beyond the call of duty make me proud to be your colleague.

Going forward, you will be in excellent hands. Our board is composed of brilliant physicians, a passion for growth drives current President-Elect Saphu Pradhan, and our UAFP staff will continue to be an excellent resource for all Utah physicians.

In my last message to you, I have a few requests:

- If you see an area of opportunity to improve public health, member outreach, or mentoring students and residents, please reach out to us. I would love to see our presence grow in this philanthropic area, and we have grants to fund projects.
- Continue to advocate for growth in our specialty, wherever your voice may be heard.
- Take time for yourself and spend time with those you love.

Lastly, we are pleased to announce the advance of Barb Muñoz from Program Director to Associate Director. This title change reflects the expertise she has provided our chapter for the past several years. Additionally, our Executive Director, Maryann Martindale, moved to the title of Chief Executive Officer to reflect her efforts and leadership of the academy. We thank them for their efforts as a board and look forward to seeing where they lead us in years to come!

Sincerely,
Chad A. Spain, MD, FAAFP, UAFP President 2021-22

2021/2022 Utah Academy of Family Physicians Board of Directors

Thank you for your service to the UAFP Board!

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Laura Yeater, MD

Utah Valley Family Medicine Residency Representative

Daniel Payne, MD

Medical Student Representatives

Rocky Vista University - Southern Utah

Nicholas Longe

University of Utah

Jen Christiansen

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.

Vision

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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Legislative Recap 2022

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

The annual Utah Legislative Session can often feel a bit like the directions on a bottle of shampoo — lather, rinse, repeat. Similar bills, same legislators, same arguments in favor or opposed, etc.

However, this year, we took some very proactive steps and ran two pieces of our own legislation.

Our Primary Care Spend bill, HB210, is a fairly innocuous data bill but one that can provide a great deal of important information that will inform future legislation and healthcare work. Nationally, there has been an effort to draw attention to the low amount of healthcare dollars spent on primary care and to find ways, both legislatively and administratively, to increase that spending. We talked about Primary Care spending at length in our fall magazine, and it is no great secret that when we spend more on primary and preventative care, we spend less, over time, on emergency care and on illness and disease that has gone untreated. With year-over-year data showing the amount we spend, we will be able to track initiatives aimed at increasing prevention and well-care — key components to driving down healthcare costs. We will be watching this data closely and proposing ways to increase primary care spending.

Our second bill is what we refer to in the political sphere as a “warm fuzzy.” HCR 11 Concurrent Resolution Honoring the Work of Primary Care Providers to the Citizens of Utah highlights the hard work and dedication of all our primary care providers and shows the legislature’s support and gratitude for their work. While bills like this don’t change any laws, they do help create a culture of understanding and appreciation for family physicians that helps as we move forward with



Utah Governor Spencer Cox and Lieutenant Governor Deidre Henderson sign the Concurrent Resolution Honoring the Work of Primary Care Providers to the Citizens of Utah into law.

future legislation. Continual focus on the hard work of family physicians and all primary care providers ensures that legislators and administrators recognize the critical need for increased funding, awareness, residency positions, etc., all areas on which we continue to work.

As expected, there were a lot of COVID- and vaccine-related bills. We tracked these closely. While we support individual freedom, we are also very focused on public health and the need for doctors, hospitals, clinics, etc., to have the ability to enact and enforce their own policies with regard to the safety and well-being of both patients and staff. For bills such as HB63 and SB194, we worked hard to ensure that exemptions were included in the bill language to allow you to make these decisions for yourself and your staff as you see best.

We were instrumental in passing a bill to protect healthcare workers. Unfortunately, we’ve seen an uptick in aggressive behavior from patients who are frustrated and unwilling to follow the rules of a clinic. We’ve heard stories of things thrown at staff, doctors and nurses pushed, punched, and otherwise assaulted. This new bill, HB32, creates an

enhanced penalty for such offenses, and we encourage clinics to post signs highlighting the penalties for any assault. Physicians and support staff should never fear for their safety when providing care and compassion for a patient.

One last bill worth mentioning is HB80, a Diabetes Prevention Program that will provide a nationally recognized educational program for Medicaid patients who present as pre-diabetic or at high risk for acquiring diabetes. It took two years to pass, but with a lot of extra effort by other collaborative groups and us, it passed this year. This program will save money, and it will save lives. As we all know, diabetes is growing exponentially, but with early detection and education about lifestyle options, we hope to see that trend lessen and people get earlier help to combat this disease.

Our work during the session would be far less successful without the input from our Legislative Advocacy Committee members. All members are welcome to participate in this annual committee, and we love getting feedback and insight into issues that are of importance to you. 🍷

The Return of CME & Ski



UAFP staff could not have been happier to bring back CME & Ski this year! We were fortunate to host our 2020 conference in February of that year, just prior to all of the COVID-related shutdowns, but out of an abundance of caution, we decided not to try and host the event in 2021. In the summer of 2021, we decided to move forward with planning a return to the classroom and the slopes in Park City, UT in 2022. While the incredible surge brought on by the omicron variant made us a bit nervous in January, when we reached out to our registrants, only one out of 50 asked to cancel. With masks, proof of vaccination, and a negative rapid test required — we kept everyone as safe as possible.

This year's event was held at the DoubleTree Hotel by Hilton, and as the property was not slope-side, we rented private shuttles to get our guests to and from Deer Valley or Park City Mountain Resort in no time at all. Again, we were fortunate to have incredible presenters who lectured on topics ranging from diabetes updates to sports medicine.

We were also incredibly fortunate to have received a grant from AAFP's Center for Health Equity and Diversity to be able to provide implicit bias training as part of our curriculum this year. The Center's director, Dr. Danielle Jones, was able to join us (on her first trip to Utah!) as a member of the faculty.

We are already looking forward to next year's CME & Ski, held Feb. 9-12, 2023, at the Park City Sheraton. Registration will be opening in June, and we will be sending out updates in our weekly newsletter as well as providing information on our website at utahafp.org/cmeandski.



See you in 2023! 🏔️

Utah Family Medicine Residencies Class of 2022

Congratulations to our Family Medicine Residency Graduates!

McKay-Dee Family Medicine Residency



Bryce Barton, DO
Gunnison, UT



Kate Berg, MD
Intermountain Health
Care — Layton Clinic &
FM Residency Program



Quinn Cannon, MD
Vermillion, SD



Justin Coles, DO
Tanner Clinic,
Layton, UT



Dane Lyman, MD
Blanding, UT



Isaac Sairs, MD
Family Medicine & Obstetrics
Fellowship
Memphis, TN



Taylor Stoddard, MD
Intermountain Health
Care — Layton Clinic &
FM Residency Program
Layton, UT

St. Mark's Family Medicine Residency



Melanie Dance, MD
St. Marks Family Medicine
Millcreek, UT



David Johnson, MD
Providence Family Medicine
Logan, UT



Ben Neff, DO
Olympus Family Medicine
Salt Lake City, UT



Kevin Swanson, MD
Locum / Urgent Care
Salt Lake City, UT

University of Utah Family Medicine Residency



Kaley Capitano, DO
Sports Medicine Fellowship
Minneapolis, MN



Mauli Dalal, MD
Private Practice in
Family Medicine
Lake Jackson, TX



Britt Hultgren, MD
Hospitalist for Utah
Regional Hospitalists;
also will be doing some
free clinic work, and
hoping to do some
work with IHS in the
future.
Salt Lake City, UT



Jessica Morales, MD
Obesity Fellowship at the
University of Utah
Salt Lake City, UT



Joseph Novak, MD
Hospitalist & Primary
Care Provider
Brooklyn Center, MN



Stephanie Rolón
Rodríguez, MD
Orlando Health Physician
Associates
Kissimmee, FL



Willem Schott, MD
Outpatient Family
Medicine
Bend, OR



Jared Smith, MD
Outpatient Primary Care
Physician
South Jordan, UT



Tory Toles, MD
NOW Immediate Care Clinic
Eugene, OR



Lisa Weaver, MD
Outpatient General Family
Medicine
San Diego, CA

Utah Valley Family Medicine Residency



Zachary S. Flinders, MD
Beaver Valley Hospital Clinic
Beaver, UT



Jonathon L. Gross, MD
Kaiser Permanente Sunset
Medical Office
Hillsboro, OR



Brent W. Lambson, DO
Utah Valley Sports Medicine
Provo, UT



Jacob A. Mitchell, MD
Family Medicine
Specialists
Peachtree City, GA



Daniel M. Payne, MD
Waco Sports Medicine Fellowship
Waco, TX



Matthew E. Potter, DO
Community Health Centers of
Central California
Santa Maria, CA



Charles L. Smith, MD
Baylor College of Medicine, Sleep
Medicine Fellowship
Houston, TX



Jenna K. Wong, DO
Fauquier Health
Warrenton, VA

The Future of Family Medicine: 2022 Match Day

University of Utah School of Medicine

Kara Anderson — Ventura Family Medicine in Ventura, CA
Xane Beckstead — Eglin Air Force Base in Fort Walton Beach, FL
Alejandro Blich — Poudre Valley Hospital in Fort Collins, CO
Daniel Brandley — University of Utah in Salt Lake City, UT
Andrew Christiansen — Fox Valley Family Medicine in Appleton, WI
Jennifer Christiansen — St. Mary's Family Medicine in Grand Junction, CO
Samantha Derzon — Utah Valley Hospital in Provo, UT
Sarah Hourston — University of Utah in Salt Lake City, UT
John James — St. Mark's Family Medicine in Salt Lake City, UT
Sarah Kinsey — Duluth Family Medicine in Duluth, MN
Sidney Vowles — University of Arizona in Phoenix, AZ
McKenzi Yocus — McKay-Dee Hospital in Ogden, UT

Rocky Vista University — Southern Utah

Kyle Anderson Kadlec — Regional Medical Center in Richland, WA
Kovic Bailey — University of Texas Health Science Center in Tyler, TX
Kyle Barkdull — HealthONE in Aurora, CO
Brantley Bond — St. Mary's Family Medicine in Grand Junction, CO
Devin Bourne — St. Anthony Hospital North in Westminster, CO
Kevin Brighton — Texoma Medical Center in Denison, TX
Miles Brooks — Nellis Air Force Base in Las Vegas, NV
Ryan Christensen — Lincoln Medical Education Partnership in Lincoln, NE
Blake Christensen — Trios Health in Kennewick, WA
Edwin Davis — Comanche Medical Residency in Comanche, TX
Nathan Doyel — Still OPTI Northeast Regional Medical Center in Kirksville, MO
Rebekah Edwards — McKay-Dee Hospital in Ogden, UT
Marcus Farrand — St. Joseph's Regional Medical Center in Mishawaka, IN

Jonathan Gibbs — Texas Tech University in Lubbock, TX
Sarah Goaslind — Creighton University in Phoenix, AZ
Joanna Greenhalgh — Florida State University in Fort Myers, FL
Daniel Hansen — University of Oklahoma, in Oklahoma City, OK
James Harley — Prisma Health - University of South Carolina in Columbia, SC
Akosua Hatch — McKay-Dee Hospital in Ogden, UT
Rok Holmes — Family Medicine Residency of Idaho in Nampa, ID
Alexander Howard — Ventura County Medical Center in Ventura, CA
Steven Howell — Midwestern University OPTI-Arizona in Kingman, AZ
Emily Jensen — Eastern Idaho Regional Medical Center in Idaho Fall, ID
Christine Kai — PIH Health Downey Hospital in Downey, CA
Vishal Kottapalli — Kadlec Regional Medical Center in Richland, WA
Tyler Kunz — Idaho State University in Pocatello, ID
Rebecca Lee — Kaiser Permanente-Orange County in Santa Ana, CA
Manuela Marin Salcedo — Providence Hospital in Anchorage, AK
Elise Martin — Baylor University Medical Center in Dallas, TX
Jared McOmber — Halifax Medical Center in Daytona, FL
Stuart Montenegro — Omaha Military in Omaha, NE
Christina Nguyen — Kaiser Permanente in Woodland Hills, CA
Christopher Saucedo — Campbell University-North Carolina in Conway, SC
Braiden Shumway — Halifax Medical Center in Daytona Beach, FL
Brenden Starkey — Sutter Health in Jackson, CA
Brayden Stemberge — University of Texas Health Science Center in Tyler, TX
Abby Trinh — North Country HealthCare in Flagstaff, AZ
Aaishah Vohra — HCA Medical City Healthcare in Fort Worth, TX
Matt Webb — Mercy Medical Center in Merced, CA
Jeffrey Winter — Valley Health System in Las Vegas, NV
Sydney Woods — Family Medicine Residency of Idaho in Nampa, ID

Congratulations to all Utah medical school students who matched into family medicine!

Student & Resident Awards



UAFP CEO & Executive Director, Maryann Martindale and Associate Director, Barbara Muñoz presenting Jennifer Christiansen with the F. Marian Bishop Award.



RVU-SU faculty members Dr. Mark Wardle (left) and Dr. Ben Wilde (right) presenting Dr. Matt Webb (center) with his award at RVU-SU's graduation ceremony.



Left to right: Amy Neff, Dr. Ben Neff, Dr. Rich Allen, and Maryann Martindale. With the help of Dr. Rich Allen (who nominated Dr. Neff) and Amy Neff, Dr. Neff's wife, Maryann Martindale was able to surprise Dr. Neff with his award at a residency staff meeting.

Each year UAFP recognizes an outstanding graduating medical student from Rocky Vista College of Osteopathic Medicine — Southern Utah and the University of Utah School of Medicine who have matched into family medicine.

At the University of Utah, the F. Marian Bishop Award was awarded to **Jennifer Christiansen**, who will be starting her residency with St. Mary's Family Medicine Residency in Grand Junction, Colorado, later this summer.

The Outstanding Senior Award at RVUSU was given to **Matt Webb**, who has matched at the Merced Family Medicine Residency Program at Mercy Medical Center in Merced, CA.

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.

UAFP established a Resident Leadership Award in 2021 to recognize the accomplishments of one of our third-year family medicine residents in Utah. Nominations are 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 **Ben Neff, DO**, from the St. Mark's Family Medicine Residency! Dr. Richard Allen, who

nominated Dr. Neff, states, "He has the unusual talent of not just learning the status-quo, but thinking about how the system can improve, how routine tasks can become easier, and how people who are stuck in a plateau position can learn, improve, and feel engaged. Ben has used these skills to help his fellow residents, even senior residents, to work toward higher goals, to move beyond the mark and try to make a better system, take better care of patients, and feel fulfilled as a physician in the meantime."

We also want to recognize all of the outstanding family medicine residents who were nominated this year:

- **Dr. Dane Lyman**
(McKay-Dee Family Medicine Residency)
nominated by Dr. Andrew Christensen
- **Dr. Lisa Weaver**
(University of Utah Family Medicine Residency)
nominated by Dr. Jennifer Christiansen
- **Dr. Kaley Capitano**
(University of Utah Family Medicine Residency)
nominated by Dr. Misha Fotoohi
- **Dr. Jessica Morales**
(University of Utah Family Medicine Residency)
nominated by Dr. Katherine Fortenberry
- **Dr. Justin Coles**
(McKay-Dee Family Medicine Residency)
nominated by Dr. Johnnie Cook

If these young doctors are any indication, the future of family medicine looks incredibly bright! Congratulations to all of you on your many accomplishments! 🎉

Member Spotlight

Erika Sullivan, MD



First, a Bit About Dr. Sullivan:

I was born in Salt Lake City, Utah. I am a fifth-generation Utahn, but my mom and my sister and I moved away soon after I was born so my mom could pursue medical training. We lived in Cleveland, Ohio, and Gainesville, Florida, while she was preparing for medical school, and then lived in Columbus, Ohio, while she was in medical school (at Ohio State).

I was raised by a single mother who put herself through medical school, and for a long time lived with my mom, my sister, and my maternal grandmother in Cleveland — which is where I consider myself to be “from” even though I don’t think of it as my “home” anymore. My mom and her husband (they married when I went to college) live just outside New York City and are both retired. My sister and her family live in Nevada.

I never married, but I met my partner in Chicago while in medical school. He lives with me here in Salt Lake City, and we have two children, aged eight and almost six, and a very old dog, aged 15.

My interests include reading (and writing) romance novels, ballroom and hip-hop dancing, eating delicious

“

After undergrad, I moved to Hawaii and worked at a research lab for about six months before entering into a master’s degree program in microbiology at the University of Hawaii, Manoa. I was there from 2002 to 2004.

”

food and playing the guitar. I also like to sew, occasionally plant things in the garden (which I’m passionate about in April and completely forget by August) and hang out with friends. I also enjoy TV and movies and like the social aspects of camping and less so the “let’s carry 50 lbs. on our backs and walk for ten miles.”

The Journey to Becoming a Physician

I first became interested in science in AP biology during my senior year of high school. My biology teacher, Joyce Calo, was a major inspiration for my interest in science, especially biology. She was an incredible educator, and I credit her for “turning me on” to Biology. Two other high school teachers played a big role in my life, Cal Rose, who taught Political Philosophy and Mark Muthersbaugh, who taught BC Calculus.

As an undergrad, I had two professors who really stood out: Dr. Mark Mahan, who taught Bacterial Pathogenesis. This course absolutely blew my mind for two reasons: bacteria have evolved INGENIOUS mechanisms to work around host defenses and Dr. Mahan was an incredibly skilled and devoted educator. He made me want to be a professor. There was another professor who taught a course on the American Civil Rights Movement, Dr. Otis Franklin Madison. He set the standard for me of what an educator should be. He was funny, but also insightful and he used narrative and storytelling in powerful ways that were truly compelling. He was the best professor I ever had.

After undergrad, I moved to Hawaii and worked at a research lab for about six months before entering into a master’s degree program in microbiology at the University

of Hawaii, Manoa. I was there from 2002 to 2004. I was then accepted into the Masters of Scientists Training Program (MSTP) at the University of Chicago in Chicago, Illinois. This is a combined MD/PhD program. However, I decided to leave the PhD part of the program after three years (with a second master's) and graduated with an MS in Pathology and an MD in 2011. I then matched into Family Medicine at the University of Utah and was in residency there from 2011 to 2014. I joined the faculty at the University of Utah Department of Family Medicine after residency and have been faculty here since 2014.

Choosing Family Medicine

The University of Chicago is a very intense medical school. It is a quaternary care hospital and as such many of the inpatient facilities are filled with people who have come from very far away (internationally) to receive care. Thus, people who I saw in the hospital during medical school were often very, very sick. I think this experience really turned me off from internal medicine (going into medical school, I thought I would go into infectious disease). It just seemed like people were so sick, all we were doing was avoiding the inevitable, but that none of these people really had much of a chance at living, rather we were just giving them a few extra months or years. And then when I went on my family medicine rotation, which was out in the community, I realized that patient care didn't always look like that. Outpatient providers could have longitudinal relationships with patients who had a stable chronic disease but most of them weren't "the sickest of the sick." It seemed like this would be a much more rewarding career, because it gave you the opportunity to intervene when people were still healthy and where you had the chance to prevent some of the bad things by encouraging mammograms and weight loss and stopping smoking before the breast cancer, diabetes, and lung cancer killed them. For the most part, my experience in family medicine has borne this out — what I like most about my job is seeing patients over and over again and developing longitudinal relationships with them. These relationships mean so much to me because the thing is my patients have gotten sick and some have died but knowing them as I do makes the interactions I have with them more meaningful for me (and I hope for them) and it feels like I can be an ally for them in their journey and not just a bystander.

The Rewards of Teaching Residents

An aspect of my job I find the most meaningful is interacting with the residents. I feel like I have a very symbiotic relationship with them — they teach me, and I teach them, and we all joke about being indoors when the weather is glorious on Friday afternoons. First and foremost, I aspire to be an educator. And what my undergraduate professor Dr. Madison taught me is that a good educator is really just a good storyteller. If you can get people interested in the tale you are weaving, you can sneak in all kinds of healthful and useful information (kind of liking sneaking kale into meatloaf). Dr. Madison wasn't the first educator I had who was a storyteller, but he was probably the best and I don't think (educationally) I've ever been more enthralled than I was sitting in his classroom — and that really made me want to have the

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An aspect of my job I find the most meaningful is interacting with the residents. I feel like I have a very symbiotic relationship with them — they teach me, and I teach them, and we all joke about being indoors when the weather is glorious on Friday afternoons.

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same effect on people, to captivate and enthrall them. I don't think I am nearly as successful as he was, but it's good to have aspirations.

Why did you choose to practice in your area of focus? What are some of the rewarding aspects of this type of care?

I guess my focus would be considered LGBTQ medicine, specifically HIV Prevention and gender-affirming hormone therapy for folks who identify as transgender. Sometimes I don't feel like I “chose” this specialty, but more that it just fell into my lap. There was a need for these services in my community and I filled it.

The most rewarding part of what I do is developing long-term relationships with patients — those are the interactions that mean the most to me. To some extent, I function as a “specialist” in that I do gender-affirming hormone therapy management for folks seeking these services, but I am not their primary care physician. Although this is also very rewarding and serves a role that my community needs, I feel like I get the most reward from seeing my transgender and LGBTQ patients for whom I am their primary care provider. These are individuals who I've been taking care of for years, and there is a real comfort from knowing them longitudinally and feeling like I am doing something that helps them beyond just offering PrEP or hormone therapy.

To some extent, I feel drawn to provide care for the LGBTQ community because they have historically been disenfranchised from receiving compassionate, evidence-based care, and it feels good to be able to provide care to someone who maybe has not had good experiences with the “medical-industrial complex” and to help change their

Member Spotlight | Continued on page 18

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I am convinced that virtual visits have expanded the capacity for individuals to receive care they otherwise would not have received. This is particularly true for marginalized communities like LGBTQ folks, especially those living in rural communities.



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Member Spotlight | Continued from page 17

mind about what having a primary care provider can be. For example, I think some men who have sex with men have felt that all of the other care providers they've seen don't really take the time to understand the gay culture or gay sex. I'm really proud I can be a resource for these folks and create a space where they can feel comfortable talking about things with me that maybe they've never discussed with another provider. It seems to me that all people should be able to feel comfortable with their PCP – like there will be no judgment about how someone is living their lives. If they have a question about this or that, their provider will be knowledgeable about it and able to provide information that is evidence-based and culturally informed. I'm glad that my knowledge is broad, and that I feel equally comfortable talking about SSRIs and anal sex and reliable forms of contraception. It makes me feel like a reliable medical information resource to my community.

But I also wish that someone like me didn't need to exist. By that, I mean I wish that there didn't need to be a primary care provider who knows a lot about LGBTQ medicine because really, what that is saying to other primary care providers is that this is “specialty medicine,” and it takes the onus off of them to know how to care for this population. I don't believe that should be allowed or tolerated. As primary care providers, we don't have a choice about who we get to see — that is not the spirit of primary care. We know a little bit about everything. I don't think it's okay for a gay man to go to a doctor in Provo or Vernal asking to be put on PrEP, and the provider says, “That's not something I do; you're going to need to see someone else.” Because it should be something they do. It must be. Gender affirming hormone therapy and HIV Prevention aren't specialty medicines, they are primary care. Medical schools across the country need to do a better job of incorporating LGBTQ medicine into their curricula.

There is so much legislation targeting the LGBTQ community seemingly sweeping the nation. It is obviously hateful and intended to further disenfranchise and cause deliberate harm to an already marginalized

community. It is medically uninformed, and when viewed through the “arc of the moral universe,” it will in time be recognized for what it truly is: hate speech manifested as legislation passed by bigoted and ignorant zealots. I am embarrassed by any legislature that enacts laws deliberately seeking to further marginalize the LGBTQ community and remain cautiously optimistic that these laws will be repealed or overruled as unconstitutional, which they most certainly are.

Practice Changes Due to COVID-19

I have an entire day that is now virtual visits solely due to the pandemic. I think this is great and that a lot of medical problems really lend themselves to the virtual format. I hope virtual visits don't go away and reimbursement rates don't decrease for virtual visits because I think we would stop offering them. I am convinced that virtual visits have expanded the capacity for individuals to receive care they otherwise would not have received. This is particularly true for marginalized communities like LGBTQ folks, especially those living in rural communities. But I worry that reimbursement rates for these visits will drop, and we would be economically forced to stop offering them. That would be calamitous to these vulnerable populations, particularly in the conservative intermountain west.

Right now, we are experiencing massive staffing shortages, and I think this means that we need to pay our support staff more money to encourage folks to enter healthcare. Similarly, we need to improve reimbursement rates for primary care to keep primary care providers in the workforce. If we don't do something about pay inequity in the primary care space, we will not have the clinical bandwidth to care for our population. Every family physician in our practice works part-time (clinical) because the reality of seeing 25 patients a day, four and a half days a week, just isn't sustainable long-term. Simply put, family physicians need to be paid more. By improving reimbursement rates for primary care, family physicians would not be forced to see 25 patients a day — the pace just isn't sustainable. 🍷

Resident Spotlight

Skyler Nguyen, MD



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Being in the U.S. and, more specifically, Utah, the role of family medicine is essential to the medical system and how medical care is delivered to our community.

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Meeting Dr. Nguyen

I was born and raised in Saigon, Vietnam and immigrated to the U.S. in 2008 at the age of 15. I moved with my family to the state of Utah at that time and have resided in this wonderful state ever since then. I went to high school at a small charter school in Layton called NUAMES and then did my undergraduate degree in Zoology at Weber State. I had a blast during that time before I received the privilege of being admitted to the University of Utah School of Medicine after graduating with my undergraduate degree. I'm your average dude who loves to be physically active and all things sports. I'm an avid tennis player and enjoy playing as much as my residency schedule allows. I have an interest in international travel and would love to be able to do this more soon (thanks, COVID). I am also a self-proclaimed foodie and love to eat and explore new cuisines and restaurants.

The Journey to Family Medicine

It took me a while to decide on medicine. Part of me wanted to find an easy career to graduate early and make money to support my family, but another part of me wanted to do something more than just graduate and find an office job. I was never the smartest guy in the room, and being an immigrant, it was exceptionally hard to adapt to the new language (my English capability was probably equal to a first grader when I first arrived in the U.S.). I had to try to perform at a high level to be competitive for med school. It took some deep introspective conversation about what I truly wanted out of a lifelong career to figure out that

medicine really was the best fit for me. I wanted to make a difference in the community, change people's lives for the better, and be in an environment where I could be challenged to be a better person every day. I took a leap of faith in myself and worked as hard as I possibly could. Thankfully it all worked out in the end. It goes without saying that I had some great mentors and a tremendous amount of support from my family to be where I am now. In Vietnam, family medicine physicians play an important role in the health of the community, and I was fortunate enough to come under the care of some outstanding doctors that really made my impression of family medicine a positive one. Being in the U.S. and, more specifically, Utah, the role of family medicine is essential to the medical system and how medical care is delivered to our community. Especially with my background as a Vietnamese American, my experiences with the Vietnamese community here show me how vital it is to have excellent family medicine physicians who possess clinical and cultural competency. Being a first-hand witness of the critical need for this type of physician inspired me to pursue family medicine and keep working to hopefully become one in the future.

Residency at St. Mark's

St. Mark's was always on top of my residency list because they offered everything I was looking for: a community program with a flexible, outpatient-focused curriculum and

Resident Spotlight | Continued on page 20



Resident Spotlight | Continued from page 19

wonderful teachers and co-residents were all I could ask for in a training program. My time here has been great. Residency has its ups and downs, but overall, I feel like I am slowly becoming the kind of physician I'd like to be with the help of all the amazing people here at my program and that in itself makes all the sacrifice worth it.

Completing a Residency During COVID

The pandemic at times placed a lot of stress and unforeseen challenges that I don't think most of us were well prepared for, but now, looking back, I think this has molded my residency colleagues and me into more resilient and adaptable clinicians, traits that are incredibly important in the ever-changing practice environment of medicine. The pandemic also forced me to perform more introspective reflection on the important things that I desire to have in my career as a physician and to look at the future more closely, thus giving me a clearer picture of my career moving forward as a physician.

What kind of practice or additional training are you looking to pursue after completing your residency?

My hope and dream are someday to have a practice that can focus on providing medical care to the Asian and — more specifically — the Vietnamese community in Utah. I still vividly remember my experiences of taking my grandpa to receive medical care as a young teenager and the challenges of communication and cultural differences that, at times, presented big obstacles for the physician to provide excellent care. I face the same challenges and obstacles as a resident on a daily basis now, with our clinic having a large refugee population that we take care of. I would love to have the opportunity to serve my community through my skills as a physician and help lessen the barriers that these populations face in receiving medical care.


If you could go back in time and give yourself some advice either as a medical student or new intern, what would you tell your younger self?

Understand that being wrong is sometimes the best way to learn. Stay humble about your limitations. Appreciate the challenges because they would be the things that mold you into a better physician and person. 🍀


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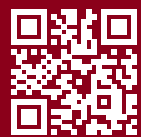
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Medical Student Spotlight

Elizabeth Turner



My name is Elizabeth Turner, and I am 30 years old. I am almost done with my first year of medical school at the Noorda College of Osteopathic Medicine in Provo, Utah. I never thought I would be where I am today.

I was born in Los Angeles, California, and raised near LA in Santa Clarita, where most of my family still lives. Speaking of family, I have five siblings, including an identical twin sister, Christine. Yes, we look super similar. Yes, I am the older twin. Yes, we can read each other's minds. Just kidding, but we do have a lot in common, and I love being a twin; I have an automatic best friend, confidant, and supporter.

Christine and I were always helping our mom bake in the kitchen. Like most kids, we would lick the beater from a batch of chocolate chip cookies, but for us, it was never enough. We marveled at the process from beginning to end. The alchemy that turns butter, sugar, eggs, and flour into cookies and cakes never ceases to delight me. We both inherited our mother's sweet tooth. To be honest, I have it worse than either of them. I've had a toxic love of chocolate cake ever since I can remember, and rolling out pie dough is my version of doing yoga. Dessert is in my DNA.

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We quickly realized that baking for an income just wasn't as magical as hobby baking, and running our bakery wasn't suitable for pursuing our other ambition of attending graduate school.

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Family and friends who would taste my bakes would joke about how I should start a bakery. HelloFlour Bakery was born. One day in July 2014, I asked my sister to join me in taking our sweet obsession to another level. From the tiny kitchen of our college apartment, we created and sold treats ranging from brown butter pumpkin pies to elaborate floral wedding cakes. I treasure the thrill of setting down a golden apple pie or a fluffy layer cake on a table surrounded by friends and the spectacle of cutting into it. Dessert is always a centerpiece.

Medical Student Spotlight | Continued on page 22

We quickly realized that baking for an income just wasn't as magical as hobby baking, and running our bakery wasn't suitable for pursuing our other ambition of attending graduate school. Christine is in her fourth year of optometry school and living in Huntington Beach, California. We still bake for fun and share photos of our bakes on Instagram. We like it better this way.

In junior high, high school, and college, I became obsessed with biology. Sounds typical for a medical student, right? But before the seventh grade, I was terrified of the human body. As a self-diagnosed hypochondriac, the thought of learning about Ebola and brain cancer almost crippled me — cancer seems to run in my family. But before long, I realized the more I learned the hows and whys of biology, the more empowered I felt. Demystifying my previous fears became my new goal.

Before I decided to attend medical school, my original plan was to become a junior high school biology teacher. At that point in life, I was married to my husband Levi and was attending Utah Valley University, where I got my undergraduate degree. I applied for the Biology Education program at UVU and was accepted. Yay! On my first day in the program, I knew it wasn't for me. That night I told my husband I wanted out. Come again? "But you've only given it one day," he said. It was one of those moments when you can't explain why, but you just know.

After that, I'll admit, I didn't have a solid plan. I was working as a customer service manager for a mail-order pharmacy. I was teaching English to students in China. I was still baking cakes for weddings here and there. But with each side job, I missed biology.

One night, I found myself talking to my husband in our kitchen, washing dishes, when it clicked. I should go to medical school. Again, he was shocked. He wasn't exactly dumbfounded — he knew how much I liked science — but I had literally zero experience in healthcare. But once I got a good idea in my head, I'm hard to dissuade. I am stubborn to a fault.

I knew the path was ambitious. I knew I had a lot of work to do to be application-ready. However, with my new sense of purpose, I made a U-turn, which led me to "Ann."

"No! No! No!" Ann said while pointing at me. As I cautiously approached, I saw the panicked look in her eyes. I introduced myself as a hospice volunteer and asked if I could sit on the couch beside her. "No!" continued to be her reply. Ann's daughter told me not to take her mother's words personally due to her frontal-lobe dementia. "Yes" and "no" were the full extent of her vocabulary those days. Determined to gain her trust, I played the piano, drew in connect-the-dot books, and cooked her lunches week after week. I'll never forget the day I was "in." I asked if I could take her hand as she apprehensively stared at the stairs in front of her. "Yes!" Such a simple word, yet it was music to my ears.

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Although it is still early in my medical school career, I am highly considering family medicine. When I ask myself, “what do I want to accomplish as a physician?” I think of being someone who provides the foundation for people to live their healthiest lives. In French cooking, there are four “mother sauces.” If you master the mother sauces, you can make nearly anything.

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Driving home that day, I realized a couple of things. First, there is nothing more gratifying than comforting fellow humans in their most vulnerable moments. Second, I had chosen the right path. Becoming a doctor is my life's calling.

Applying to Noorda was a no-brainer. It is close to my current home in Lehi, Utah, where I live with my husband and our two King Charles Cavalier dogs, Rupert and Daphne. I adore them. From the convenience of location to the excitement of being a torchbearer at a new and innovative school, the breadth of Noorda's appeal meant that I would be set up for a successful medical career. I believe the Noorda College of Osteopathic Medicine was founded on the idea that medical education does not have to be torturous. Rather, it should be suitable for the modern student. The mother with a family. The athlete who runs professionally. The dessert person obsessed with baking brioche.

Although it is still early in my medical school career, I am highly considering family medicine. When I ask myself, “what do I want to accomplish as a physician?” I think of being someone who provides the foundation for people to live their healthiest lives. In French cooking, there are four “mother sauces.” If you master the mother sauces, you can make nearly anything. I suspect family medicine would be like the mother recipe in healthcare. Patients in all stages of life — exciting or scary — would come to rely on and trust in me again and again. 🍩

Organizational Spotlight: Black Physicians of Utah

By Richard A. Ferguson, MD, MBA

Physician leader and community organizer Dr. Richard Ferguson shares his work to form Utah's first organization for Black physicians. Their aim is to build a community among current Black physicians, residents, and students living in Utah.

Black Physicians of Utah is a non-profit organization working to increase the number of Black physicians in the state through retention and recruitment. By working toward the organization's goal, we can increase equitable representation in the medical profession and help to eliminate racial health disparities. Utah is growing more diverse; to deliver the best care for all communities, our medical professionals must also become more diverse.

As a young Black man born and raised in Washington D.C., I was never too far



Dr. Ferguson, Dr. Adesomo and Jeelan Fall (NMW, NP), recording a public service discussion on Black Maternal Mortality Rates.

removed from seeing a path into medicine. There may not have been any physicians in my family, but my family knew of Black Physicians in the Washington D.C. area. Knowing the presence of Black physicians and having access to them built trust and confidence in my family over the years when it came to seeking healthcare. There were, of course, racial health disparities that existed in D.C. 40 years ago, as they do now in Utah and throughout our nation. However, these disparities were more likely to be recognized and addressed by the Black physicians in the area compared to non-Black physicians.

Growing up and knowing that there were physicians in the community who looked like me made me recognize that I could be like them and pursue a career in medicine if I desired. Unfortunately, a young Black student in Utah may not find a path, as I did, into medicine due to the mere fact that they may never meet or know of a Black physician in their lifetime. One of our own University of Utah BPOU mentees went 24 years without meeting a Black physician until he joined our group, and he is not alone. The Black Physicians of Utah (BPOU) was formed to address the under-representation of

Organizational Spotlight | Continued on page 24



Dr. Ferguson with his first MCAT Prep Scholars: (Left to Right) Isaiah Shipp, Madeika Vercella and Ayan Nor

Black physicians in the state by building a community among current Black physicians, residents, and students working or living in Utah.

Bridging the Gaps in Healthcare

Within Utah and across the U.S., many African Americans and Black people don't trust the health care system. The documented history of abuse, mistreatment, and racism within the health profession justifiably led to this mistrust. Black Utahns represent 1.9% of the current population but only make up 0.06% of all physicians in the State. It is 2022, and if we all work together, we can address this issue and show Black students a path into medicine.

I established BPOU in late March of 2021 through the help of a non-physician colleague, Nchopia Nwokoma, who helped to begin the social and philanthropic organization called the Young Professionals of Salt Lake City or YPSLC. I only knew of about four Black physicians in March 2021. Although I knew organizing BPOU would likely reveal that there were more than just the four of us.

Now, after 13 months, we have 23 members, and we continue to grow as we recruit and retain Black physicians in the State.

The Goals of the Black Physicians of Utah

Community to build belonging

Creating a community of fellowship can also help more Black physicians remain in the state. Currently, many Black health professionals may feel like they don't belong. They might not interact with any other people of color during the workday. By creating a greater sense of community among Black health professionals, we can help these talented physicians stay in the state.

Investing in the future

We are also working to recruit more Black students into the medical field. Our mentorship program is focused on undergraduates as well as medical students. However, there are less than two dozen Black medical students in Utah. The program will also help us influence students in their undergraduate years when they are still deciding on their future career paths.

We are working to connect with Black student unions at the University of Utah, Weber State, Brigham Young University, and other colleges in the state to get in front of students either virtually or in person. We need to show young Black students they have options in the medical field; specifically, pre-med is a path for them, and we can and want to help.

Representation in Medicine Matters

It may not be well known to many non-BIPOC (Black, Indigenous and people of color) providers, as this information is generally not covered in medical school: healthcare outcomes are improved when a Black physician provides care to a Black patient.

Research studies performed over the past three decades have demonstrated that a Black doctor can help increase important healthcare communication with Black patients, which can help with healthcare compliance, which could lead to offsetting some negative health outcomes. The reason Black patients often fare better with a Black doctor often comes down to the Black provider having increased cultural competency and less racial or implicit bias towards a Black patient. Therefore, our goals at BPOU are not only to increase the number of Black doctors in the State but to increase awareness and solutions towards addressing century-long health disparities amongst Black Americans.

Having a resource of trusted black physicians in the community gives black citizens someone to turn to for health advice. They may feel more comfortable sharing their health issues, needs, and fears with doctors of similar backgrounds and ethnicity. While they might not trust the information they receive from the CDC or the government, they can trust a doctor who has been in their shoes. We can build a directory of black medical professionals, from midwives to dentists, to make it easy for people to find someone they trust to provide care. We know this is an important part of consistent care; when you trust your physician, you are more likely to seek care when you need it and are thus more likely to follow your doctor's advice.



Dr. Erica Baiden, Dr. Jessica Jones and Dr. Ferguson introduce Family Medicine as a specialty to Pre-Med and Medical student mentees.



Noorda COM students learning and chatting with Dr. Adebayo Adesomo (MFM-Fellow)

Accomplishments of BPOU to Date:

- Enrolled over 19 students into our mentorship program, where we paired a Black pre-med or medical student with a current BPOU physician member
 - Participated in over 10 webinars addressing COVID education and vaccine updates
 - Developed partnerships with University of Utah Health Plans, University of Utah School of Medicine, Intermountain Healthcare, Salt Lake Regional Medical Center, U.S. Airforce and the Utah Hospital Association
 - Participated in several COVID vaccination drives to improve vaccination numbers in minority communities.
 - Participated in several health fairs and churches where we educated the public on preventative health measures and the importance of seeking care
1. Become an affiliated member so Black pre-med students can shadow and learn from a doctor who is deeply aware of the institutional and structural forces often working against these students.
 2. Be willing to work or partner with BPOU during community education and awareness events so Black Utahns will have increased trust in the health care system. Increasing trust amongst healthcare providers consistently leads to better health outcomes, and family doctors can play a big part in that.
 3. BPOU is non-profit and thus can only be sustained through funding acquired through donations, fundraising and grants. Family physicians (or anyone who wants to support our organization) could assist BPOU through donations towards scholarships, education campaigns or aiding in the research and writing of grants.

How All Family Doctors Can Help Support the Mission of BPOU

Family Medicine physicians in Utah can be the lead for change, as we are for so many aspects of healthcare, by doing several things:

Ultimately, our goal is to improve health equity within the state. If you are a Black student or Black physician in Utah, consider joining our organization and visit our website. We offer easy access to socialization, mentorship, and fellowship, without dues or fees.

BPOU provides an opportunity to positively change the lives of other health professionals and Black people

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Having a resource of trusted black physicians in the community gives black citizens someone to turn to for health advice.

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in Utah and become involved. If you are ready to join us, we are here to provide you with support and community. 🙌

Richard A. Ferguson, MD, MBA, is the President and Founder of Black Physicians of Utah. He is also the Chief Medical Officer at Health Choice Utah. For more information and to connect with on social media please visit www.bpou.org.



Psychiatric Consultation to Support Primary Care Physicians

By Mazey Schiffman, Project Facilitator, Huntsman Mental Health Institute CALL-UP Program



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In a push to reinforce our colleagues and provide equal access to world-class mental health experts, University of Utah Health has joined forces with the state to create the Consultation Access Link to Utah Psychiatry (CALL-UP).

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It is an unfortunate reality, but patients and parents of patients often shoulder the burden of managing their mental health alone.

According to data from the 2021 KIDS County Data Book published by local children's advocacy organization, Voices for Utah Children, “In 2021, the U.S. Surgeon General sounded the alarm on mental health and warned about the pandemic's impact on youth mental health. The Surgeon General also noted that mental health struggles affected the young even before the pandemic. Before the pandemic, one in five 3- to 17-year-olds struggled with either a mental, emotional, developmental, or behavioral disorder. In Utah, data from the National Survey of Children's Health shows that children 3- to 17-years-old struggling with mental health issues, approximately 60% are not receiving mental health treatment.”

Our primary care and pediatric providers have battled limited resources, funding, and decentralized psychiatric care. In a push to reinforce our colleagues and provide equal access to world-class mental health experts, University of Utah Health has joined forces with the state to create the Consultation Access Link to Utah Psychiatry (CALL-UP).

CALL-UP is a program funded by the state designed to address the limited number of pediatric psychiatric services in Utah and to improve access to psychiatric consultations. The program, which is implemented by Huntsman Mental Health Institute at the University of Utah Health, serves pediatric primary care physicians throughout the state of Utah, at no cost.

How we can help:

- Consult on psychotropic medication questions
- Optimize primary care providers' ability and confidence to diagnose and treat mild to moderate mental health issues in the primary care setting
- Improve quality of primary health care

When you contact us, a member of our team will gather basic demographic information about you and your patient. Since state funding requires this step, we appreciate your patience. Next, your call will be transferred directly to a psychiatrist who will complete your consultation. Our team will answer questions about common emotional and mental health disorders like sleep issues, school refusal, anxiety-related concerns and more. We also provide treatment recommendations, medication clarification and recommendations and diagnostic clarification when necessary.

Tips for busy providers:

We know, as a primary care provider, you typically have a full day of seeing patients and may not have time to reach out to us when you need some psychiatric direction on how to help your patients. To make it easier and more convenient for you:

- **Have someone call ahead for you** — Your MA or nurse can initiate the call for you and submit the patient information via our website or by calling our hotline at 801-587-3636. They can hand off the phone to you, or our provider on call for that day can give you a call back when it is most convenient for you.
- **Get therapist recommendations** — Many calls are simply a request for trusted referrals near a patient's home. We are happy to provide resources for these requests as well.
- **Build your mental health knowledge** — The real magic of these consults is not that it helps just one patient. Each time we connect with you, your comfort level expands, improving your ability to manage the mental health challenges of other patients.

Our psychiatric providers are available, waiting by the phone to support you, Monday through Friday 12:00 PM – 4:30 PM (excluding holidays). Consults are available for providers with patients ages 0 to 24. 🏠



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