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YOU ARE THE KEY TO ZERO SUICIDE

45% of those who complete suicide see a primary care physician in the 30 days before they die.

The Journal of General Internal Medicine ‘Health Care Contacts in the Year before Suicide Death’ (June 2014 Vol 29 Issue 6 pp870-877) notes that nearly all completed suicides receive health care in year prior to death (83%), yet less than 25% had a mental health diagnosis in the month prior to death.

The new West Springs Hospital is a resource for you and your patients. Our psychiatric staff is happy to consult regarding identification of mental illness and suicidal ideation. Should your patient need our services, we provide a world-class, state-of-the-art healing environment set amongst the majestic vistas of Western Colorado.

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Sydney Davis, MD, Family Medicine Resident, PGY-2, University of Colorado Family Medicine Residency
Katie Doster (Teixeira), DO, 2022, North Colorado Family Medicine, Greeley
Danielle Eves, MD, PGY2, SFMR
Jordan Harbaugh-Williams, MD, MPH, 2022, North Colorado Family Medicine, Sunrise Track
Allison Johnson, MD, 2021, University of Colorado Family Medicine Residency, Denver Health, Denver
Leah Kellogg, MD, 2022, St. Joseph Family Medicine Residency, Denver
Katharine Kelly, MD, 2021, University of Colorado Family Medicine Residency, Denver Health
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External Relations/Awards Committee Chair
Zach Wachtl, MD, Denver

Vision Statement:
Thriving Family Physicians creating a healthier Colorado.

Mission Statement:
The CAFP’s mission is to serve as the bold champion for Colorado’s family physicians, patients, and communities through education and advocacy.
Are your patients asking about stem cells for orthopedic conditions?

Studies have shown 53% of orthopedic surgeries are unnecessary.

Our team of board certified physicians have treated more patients than any other orthopedic stem cell provider or clinic. We can help your patients avoid pain medications and surgery. Give your patients the best, send them to Centeno-Schultz Clinic.

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www.CentenoSchultz.com/provider-meeting/
I would like to start by expressing my gratitude for this opportunity to serve as the President of the Colorado Academy of Family Physicians (CAFP)! I am lucky enough to have been raised in the house of medicine here in Colorado for my entire career and it is exciting to have this chance to give back. Thank you!

First of all, I would like to give tremendous thanks to Dr. John Cawley, who led us through the past 16 months with his strong leadership. He was willing to take on an extended presidency to help guide us during the most unusual of circumstances. Further, his organization of the search committee to choose Raquel’s successor is greatly appreciated. John’s humbleness and grace is to be admired and can serve as an example to us all. Thank you!

Thanks as well to our incredible staff - Raquel, Ryan, Erin, and Josh - I can never say enough about the hard work you do every day for family medicine physicians. We could not do any of it without you and your dedication to helping us is greatly appreciated. Thank You!

I also need to thank so many of my teachers, mentors, and friends who have encouraged me to be more involved ever since medical school (when I first started participating in Colorado Medical Society/American Medical Association events). This has transitioned into a passion to serve and a belief that the greatest impact is possible by working within my own specialty organization. The impact I imagine organized medicine can have due to its potential to influence change is realized in the academy. I feel so honored to have a seat at the table moving forward. But it is a team effort – I look forward to continuing to work with the board, our members, and staff to continue to fulfill our mission of being the BOLD champion for Colorado’s family medicine physicians, our patients, and our communities.

I have worked closely with Ryan on several legislative initiatives during his time as deputy CEO. I am so thrilled that he has accepted the position of EVP/CEO. He has done so much for the CAFP already and it will truly be my honor to be working alongside him as he transitions into this new role. We have our work cut out for us trying to fill John and Raquel’s shoes, but we will give it our best!

So, what is on my mind as I assume this role? As the medical director of a rural health clinic in Lake City, Colorado, I have worked directly with our local public health department during this pandemic. This unique perspective has inspired me to affect change in our system; I think an opportunity has presented itself that needs to be seized. We need to work with other stakeholders to improve the coordination, delivery system, and funding streams of not just medical care, but of public health and mental health services. We know that the best community health happens when there is good public and mental health infrastructure that is integrated with medical care – especially primary care! Therefore, we need to make this a priority for our larger Colorado community and beyond. I see this as a logical next step, especially given the primary care investment work we have focused on over the past several years. I will be striving to find opportunities for CAFP to influence change in this arena.

Another area that I am excited to see CAFP move forward in the near future is health equity. Given recent current events and inequities that have been highlighted through COVID-19 there is momentum around the country to do more to fight injustice. The CAFP board is working on developing how the academy might lead the way in educating our members on this important topic. This is yet another factor in making our communities as healthy as they can be!

Thank you again for this opportunity to serve and please be in touch if there are things on your mind. I look forward to continuing to learn from all of you, especially my fellow board members – you continue to inspire and motivate me, so thank you!
FM and FM w/OB Opportunities in Colorado

Experience the relief of practicing with a large, integrated health system that offers its physicians a financially stable environment, resources and support to provide excellent patient care, and dedication to physician well-being unmatched in the industry. With dozens of clinics and health centers in six states, Banner Health continues to grow! We seek BE/BC Family Med or FM w/OB physicians who enjoy a collaborative team in an established practice. Join the Banner Health team, with practice options throughout the historic Eastern Plains of Colorado (Sterling, Greeley, Ft. Collins) and enjoy time to connect with your patients, your practice, your family and the great outdoors!

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Banner Health is an EEO/AA - M/W/D/V Employer
BY RYAN BIEHLE, MPA, MPH
EXECUTIVE VICE PRESIDENT AND CEO

MESSAGE FROM THE EVP & CEO, OCTOBER 2020

It is an honor to serve you as the CAFP’s next Executive Vice President and CEO. Family medicine is a true calling, and I admire the work you do every day for your patients and communities. We have remarkable leaders of the Academy who give their time freely to represent Colorado’s family physicians and to foster community and collegiality in your esteemed profession.

Our state and our healthcare system are, in many ways, at an inflection point. Yet despite the challenges that lay before us to ensure equitable access to care for all Coloradans, I am inspired and energized by your remarkable resilience. I know no group of people who work more diligently to care for others. As you all have worked tirelessly on the frontlines throughout this pandemic to care for others, I aim to ensure the Academy remains a place that works for and with you.

CAFP’s mission is to serve as the bold champion for Colorado’s family physicians, their patients and communities. We do this through our strategic focus areas of advocacy, education, and health of the physician and public. What has the academy been able to accomplish in these arenas, and where are we headed? This is a path that will be charted together with our CAFP leaders and members.

Advocacy

We had a major win in 2020 by passing legislation to permanently allow audio-only telehealth reimbursement from insurers. COVID-19 underscored the need for this, and we will be looking to ensure the law is implemented so that practices can continue to use the technologies they quickly adopted. Public policy never stops with the passage of legislation – we have to assure it is implemented as intended.

After more than a year of work, with Dr. Stephanie Gold serving brilliantly as the CAFP representative on the Colorado Primary Care Payment Reform Collaborative, we expect the state will adopt regulations this fall to enhance investments in primary care and accelerate payment reform. The Healthcare Affordability Standards regulation will require insurers to invest more dollars in primary care and move toward payment models with at least 50% of reimbursements through non-fee-for-service payment. It is time to pay primary care for the value it brings to patients, and to get physicians off the “hamster wheel” of volume-based payment.

Call For Nominations for the Board

Are you ready to take the next step in family medicine leadership? Join the CAFP Board of Directors!

To nominate yourself or someone you know for the Board of Directors please compose 1-2 paragraphs explaining who you are and why you are interested in serving on the Board. Please be sure to include your city and what type of practice you are in. For more information about serving on the board, please see our website.

The CAFP seeks to have a diverse Board of Directors that is representative of our full membership. We particularly encourage physicians from rural communities and small / solo practices to run for the Board.

All nominations are due December 1, 2020.

Nominations should be sent to Ryan J. Biehle, EVP and CEO: ryan@coloradoafp.org.

August Board Highlights

A fond and heartfelt goodbye to Raquel Alexander, whose service to the Academy is treasured. Everyone at the CAFP is grateful to you and wishes you a happy retirement.

1. Mr. Ryan Biehle, MPA, MPH was approved as the new CAFP CEO and EVP. He starts on October 1, 2020.

2. The CAFP board will pursue developing anti-racist policies for the CAFP.

3. The CAFP will send two resolutions to the AAFP regarding health insurance reform and climate change.
Our CAFP Education Committee recently developed monthly virtual CME opportunities. Topics have included dementia care, health policy, sports medicine, and ADHD. Though the pandemic led us to cancel the 2020 Annual Summit, we look forward to offering more virtual education opportunities and are planning for our April 2021 Summit. We hope for this summit to be in person at the Stanley Hotel in Estes Park so we can once again gather as a community, though we will be planning for online alternatives if needed. As family physicians are lifelong learners, it is imperative that CAFP offer world class educational opportunities for family physicians and by family physicians.

My commitment to supporting family medicine is nurtured both by a belief in the truly positive impact you make on our world, and by a personal connection to the field. My partner is a family physician at a community health center in Aurora, Colorado. She, like all of our members, goes the extra mile to navigate our fragmented healthcare system for her patients. Whether it is patient calls on the weekends, evening charting, contacting your legislators, or teaching students and residents, it is family physicians’ devotion to excellence that will lead us to realize a future where all patients can lead healthy and fulfilling lives. Thank you, and I look forward to our work ahead.

Health of the Physician and Public

We have suffered multiple crises in recent months. COVID-19 hit like a freight train, causing unprecedented economic fallout, even in the healthcare professions which have traditionally been insulated from recession. CAFP was successful in urging the Governor to issue the initial stay-at-home order and statewide mask mandate. We continue to push for federal financial relief and reimbursement flexibilities to help practices maintain their revenue. Yet the COVID-19 crisis collided with another – that of racism and health inequality. Though black Coloradans make up 3.9% of the Colorado population, they represent 7% of the COVID-19 cases and nearly 7% of COVID-19 related deaths. Latinos make up nearly 22% of the population but 28% of the COVID-19 cases. These disparities are not new, underscoring the imperative for us to do more to close the health equity gap. CAFP’s board of directors is convening a special meeting of the board to identify a myriad of approaches CAFP can take to address inequity in public health, within family medicine and in care delivery, and through our advocacy. This challenge requires long term commitment and effort, but we are up to the task.
Elections and Medicaid Reimbursement

Election season is in full swing and the CAFP Political Committee is evaluating candidates for elected office to receive a CAFP endorsement. We have interviewed 36 state legislative candidates and received survey responses from more on issues important to family physicians. From their positions on malpractice liability caps, to support for Medicaid reimbursements and family medicine residency funding, our conversations with candidates illuminate what level of support we can expect for our issues in the coming years. Endorsements will be made available to members once finalized by the CAFP Executive Committee. We work with candidates of both parties to advance primary care and support family medicine.

One of the most critical issues in the 2021 legislative session will be Medicaid reimbursements. Due to the pandemic, Colorado faced an over $3 billion budget deficit last year. While all healthcare providers took a 1% cut on Medicaid reimbursements, we have impressed upon legislators the need to hold the line and ensure further cuts are not on the table. With more Coloradans expected to enroll in Medicaid due to job loss, Medicaid may make up a larger share of practice revenues in the coming year. Practices need certainty in their revenue expectations from Medicaid, particularly with the uncertainty brought on by COVID-19 and the impacts to patient visit volume.

Tobacco Tax Ballot Issue

CAFP is supporting Proposition EE, a ballot issue before voters this November to raise the tobacco tax and begin taxing vaping products on par with other nicotine products. With the passage of Proposition EE, cigarette taxes would slowly increase from 84 cents in 2020 to $2.64 in 2027. It would also close the vaping tax loophole, slowly increasing taxes in line with other tobacco products (62%) by 2027. Colorado has among the highest teen vaping rates in the country, with 1 in 4 teens saying they vape. The measure will lower the rates of teen vaping and lower the uptake of teen smoking. The measure would raise $375 million for schools by 2023, $2 billion for universal preschool over the next 10 years, $35 million for affordable housing and eviction assistance by 2023, and $110 million in new money for tobacco-vape cessation and other public health programs.

Medicare Fee Schedule

In positive news we have been aiming for over years of work, Medicare is planning to move forward with changes to evaluation and management (E/M) visit coding. The AAFP and CAFP have consistently advocated for and defended these changes including increasing the RVUs for office/outpatient E/M visits, creating a new code for prolonged visits, and streamlining documentation requirements. These changes will take effect January 1, 2021 and the estimated financial impact is a 13% net increase in total allowed charges for family practice. Learn more about the E/M valuation changes and how to prepare for the coding changes with a new AAFP resource for members: https://www.aafp.org/news/practice-professional-issues/20200528emresources.html.

Colorado Physicians Health Program

Colorado Physicians Health Program (CPHP) is the organization that has been providing care through the State of Colorado’s Peer Assistance program for over 30 years. The contract for this state program is periodically rebid to provide peer mental health and substance abuse services to Colorado’s physicians. Of greatest concern is that the new contract, awarded to a different organization called Peer Assistance Services, does not have the same confidentiality protections for physicians who voluntarily seek mental health or substance abuse care through the Peer Assistance program. CAFP is very concerned that a physician’s information could be provided to the Medical Board, even when the condition does not pose a risk to patient care, and that this lack of confidentiality could result in a licensing action. CAFP joined a letter to the Department of Regulatory Agencies, urging them to reconsider the confidentiality provisions in the Peer Assistance contract. While this has not yet resulted in a change in the agencies’ awarding of the contract, CAFP is exploring all possible alternatives. We are working alongside COPIC, the Colorado Medical Society and state lawmakers to restore confidentiality in this vital program. Physicians have a right to confidentially seek care, and we will work to preserve this important feature of the program.
Kids are incredibly different. They need incredibly different care.

Kids aren’t just tiny adults. From the way they breathe, to the way they think, to the way they metabolize medication, kids’ bodies and minds are completely different. That’s why, when they need a hospital, they need one that’s just for them. At Children’s Hospital Colorado, we’ve got the medical expertise, specialized equipment and understanding of kids’ minds and emotions to treat them exactly how they need to be treated: like kids.
CAFP (VIRTUALLY) ON THE GO

BOB GRAHAM MD SPEAKING AT THE VIRTUAL NATIONAL CONFERENCE OF CONSTITUENCY LEADERS.

CAFP STAFF GIVE HIGHLIGHTS OF OUR LEGISLATIVE ACCOMPLISHMENTS IN 2020 TO FAMILY MEDICAL RESIDENTS IN FT. COLLINS, CO.

DOZENS OF FAMILY PHYSICIANS, COLLEAGUES, PEERS, AND FRIENDS WISHED RAQUEL ALEXANDER, MA, CAE, WELL WISHES FOR HER LAST BOARD MEETING AS CAFP CEO.
It is time to recognize the best of Family Medicine in Colorado! Nominations for the 2021 CAFP Awards are now open. The awards include:

- **Family Physician of the Year** recognizes an outstanding family physician who provides exceptional care, enhances their community, is a role model professionally and personally, and is an exemplary representative of the AAFP, CAFP, and family medicine profession.
- **Family Medicine Teacher of the Year** recognizes an exceptional family medicine educator, teaching part-time, full-time, or volunteer. Nominees should demonstrate dedication to preparing the next generation of family physicians to provide excellent, patient-centered care.
- **Family Medicine Resident of the Year** recognizes a first, second or third-year resident who demonstrates clinical, academic or teaching excellence and a dedication to patients, colleagues, and the community.

All nominations are due December 1, 2020. You can find the nomination criteria and forms on our website at https://www.coloradoafp.org/awards/.
Here we are more than five months into the pandemic and no clear end in sight. The ways it has impacted us personally, professionally and nationally are too numerous to begin to understand. I hope you are finding time to reflect on and embrace what is most important: family, friends, colleagues and the relationships that sustain us.

In mid-August, we held the NAPCRG PBRN Conference in a virtual, online format where we shared our Colorado SNOCAP work during the COVID pandemic and we heard from the Larry Green Center’s Becca Etz on their work. I was moved by the local and national evidence of the sacrifices we’ve made in Family Medicine practices to continue to serve our communities in the face of enormous odds.

On that note, I wanted to share an update from our SNOCAP COVID-19 response work. At our last writing, we were 5 surveys into our findings and were still figuring out some of the numerous ways our SNOCAP practices and partners were being impacted by COVID-19 at a local, practice, and personal level. Here we are at the end of August and 8 surveys in. We are now surveying practices once-per-month in the hopes that we can still collect data to learn from over time, but to not over-burden those that are in the thick of it. We have all of our current infographic reports on our COVID-19 response website that can be found here: https://bit.ly/SNOCAPCOVIDwebsite

During this time as well, we have had many opportunities to have open conversation with a number of our SNOCAP partners. What is the fate of Family Medicine in this country? Is this pandemic hurting or helping the practice of family medicine? How can we continue to show not only the worth, but the importance to personal and public health?

That being said, and you may have already seen this described elsewhere, but SNOCAP has been partnering with Family Medicine United for Colorado, a collaborative between the University of Colorado Department of Family Medicine (DFM) which includes SNOCAP, the Colorado Academy of Family Physicians (CAFP), and the Colorado Center for Primary Care Innovation (CCPCI). Family Medicine United for Colorado can help you through this pandemic and create a comprehensive family medicine resource for the future. The group has worked hard over the past few months to create tools and resources to share, in addition to offering a free consultation. Follow this link to access the AnswerBank to evaluate your practice needs for help through Family Medicine United for Colorado: http://bit.ly/FMUtiedAnswerBank

Want to stay involved and hear more from SNOCAP?

We look forward to hearing your thoughts and reactions to these pieces. Please let us know if you have questions or would like to continue the conversation. Reach out in any of the ways, below:

- Join the SNOCAP bi-monthly newsletter: bit.ly/SNOCAPnewsletter
- Follow along on Twitter: @SNOCAPpbrn
- Email SNOCAP Director Don Nease: Donald.nease@cuanschutz.edu
- Email SNOCAP Manager Mary Fisher: mary.fisher@cuanschutz.edu

Reach out if we can be of any assistance. Stay safe and keep the faith,

- The SNOCAP Team
Aurora Mental Health Center

Private non-profit serving people with a wide range of mental health needs since 1975.

With a full array of mental health programs, Aurora Mental Health Center's goal is to help everyone, regardless of circumstances, overcome mental illness of all severities and types, and to live their lives to the fullest.

Providing Treatment Services for Everyone

- Telehealth
- Individual therapy
- Group therapy
- Couples therapy
- Family therapy
- School based services
- Older adult services
- Outpatient and inpatient services
- Day treatment services
- Preventative and wellness classes
- Psychiatric services
- Psychological testing
- Residential programs
- Substance abuse and Detox
- Trauma-focused therapy

303.617.2300

aumhc.org
While the issue of cyber liability is something medical providers have been warned about for years, the question of “where to start” to protect yourself can be complicated. The Department of Health and Human Services released a publication titled “Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients” to help medical practices and facilities prioritize what issues to tackle first.

Based on recommendations that focus on the most impactful threats, the publication notes that “Given the increasingly sophisticated and widespread nature of cyber-attacks, the health care industry must make cybersecurity a priority and make the investments needed to protect its patients...Hackers look for targets that require the least time, effort, and money to exploit. Do not make the mistake of thinking that your practice, no matter how small, is not a target for indiscriminate cyber-attacks.”

The most impactful threats the publication identified are:

1. Email phishing attack
2. Ransomware attack
3. Loss or theft of equipment or data
4. Insider, accidental or intentional data loss
5. Attacks against connected medical devices that may affect patient safety

The publication includes a two-page summary regarding each threat with real-world scenarios, quick tips, and a table that outlines vulnerabilities, impact, and practices to consider. The following is an example of the information provided in each threat area:

**THREAT: Email Phishing Attack**

**REAL-WORLD SCENARIO:** Your employees receive a fraudulent email from a cyber-attacker disguised as an IT support person from your patient billing company. The email instructs your employees to click on a link to change their billing software passwords. An employee who clicks the link is directed to a fake login page, which collects that employee’s login credentials and transmits this information to the attackers. The attacker then uses the employee’s login credentials to access your organization’s financial and patient data.

**VULNERABILITIES:**
- Lack of awareness training
- Lack of IT resource for managing suspicious emails
- Lack of software scanning emails for malicious content or bad links
- Lack of email detection software testing for malicious content
- Lack of email sender and domain validation tools

**IMPACT:**
- Loss of reputation in the community (referrals dry up, patients leave)
- Stolen access credentials used for access to sensitive data
- Erosion of trust or brand reputation
- Potential negative impact to the ability to provide timely and quality patient care
- Patient safety concerns

**PRACTICES TO CONSIDER:**
- Be suspicious of emails from unknown senders, emails that request sensitive information such as PHI or personal information, or emails that include a call to action that stresses urgency or importance
- Train staff to recognize suspicious emails and to know where to forward them
- Never open email attachments from unknown senders
- Tag external emails to make them recognizable to staff
- Implement incident response plays to manage successful phishing attacks
- Implement advanced technologies for detecting and testing email for malicious content or links
- Implement multifactor authentication (MFA)
- Implement proven and tested response procedures when employees click on phishing emails
- Establish cyber threat information sharing with other health care organizations

In addition to the “Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients” publication, there are two supporting technical volumes that outline ten cybersecurity practices for managing the key threats (one volume is designed for small health care organizations, the other is for medium to large organizations). There is also a “Resources and Templates” document that includes a variety of cybersecurity resources and templates for end users to reference.

All of these materials are available for download at: www.phe.gov/Preparedness/planning/405d/Pages/hic-practices.aspx
As a healthcare provider and practice owner, you know how important it is to make each moment matter.

At PNC, our dedicated team of Healthcare Business Bankers understands your business challenges. That's why we offer a range of solutions to help your practice run more efficiently. Whether you're looking to expand, optimize cash flow, or simplify your patient payment process, we are here to help make banking easier.

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Suicide Prevention

Suicide is a difficult topic for our society to address and frequently our instinct is to not talk about it unless the topic is brought up by a parent or patient. There are pervasive myths that persist that talking about suicide with youth will “plant” ideas in their mind and increase the likelihood that they will consider and attempt suicide. Despite these concerns the research in this area is robust and clear that talking to youth about suicide decreases the likelihood that youth will make a suicide attempt. Understanding the power of having these conversations is essential for primary care providers as research has indicated that 45% of patients who died by suicide visited a primary care provider in the month before their death. Because primary care physicians are the most likely group of professionals to interact with youth on a regular basis, it is important that we use this setting to assess for suicidal ideation on a regular basis in all patients seen for annual wellness checks. This is particularly salient for the state of Colorado where suicide is the leading cause of death in youth and young adults.

Suicide in Colorado

One striking statistic is that Colorado is within the top ten states in the US for death by suicide. Often people have a conceptualization of Colorado as a place of health and wellness which disrupts the notion that mental health problems exists among the youth in our state. Despite these notions, we know that 24% of youth experience a major depressive episode each year and that 14% of youth have seriously considered suicide within the past year. There are several ideas for why rates of depression and suicide are so high in Colorado. There is no one specific reason to explain this phenomenon; however, a conglomeration of factors is likely to explain the increased rates of depression and suicide and youth in Colorado. First, access to mental health care is limited within Colorado so there are a variety of youth with mental illness who are not identified as having a mental disorder and if they are there is difficulty connecting them with care. Second, states that have high gun ownership often have higher rates of suicide within the population which speaks to the importance of step 6 in safety planning which is addressed later in this article. Finally, there is some research that suggest that individuals living at a higher elevation have higher rates of depression. Outside of these factors are other variables related to family history, social media use, and resiliency factors available to youth. Regardless of why, we know that suicide is an epidemic in the state...
of Colorado and primary care providers are best positioned to reduce the risk through systematic screening of suicide symptoms as part of sick and wellness visits.

**Screening for Suicide**

There are several effective and nonproprietary measures for assessing suicide in youth available to primary care providers. These include the Columbia Suicide Severity Rating Scale (C-SSRS) and the Ask Suicide Screening Questions (ASQ). Both measures are able to be administered to youth within less than 5 minutes and are able to reliability and validity identify suicide risk. There are many practices that also utilize the Patient Health Questionnaire 9 for Adolescents (PHQ-A) to identify depressive symptoms and suicide risk. Although the PHQ-A is an effective tool for assessing depressive symptoms the measures described above (C-SSRS and ASQ) are more effective in flagging patients who are suicidal, and it is recommended that practices use these measures as an adjunct to the PHQ-A and not utilize the PHQ-A in isolation to screen youth for suicidal ideation. Below are links to the C-SSRS and ASQ both of which are available in a variety of different languages.

Columbia Suicide Severity Rating Scale: https://www.hrsa.gov/behavioral-health/columbia-suicide-severity-rating-scale-c-ssrs


Currently Partners for Children’s Mental Health, a non-profit organization dedicated to improving systems of care for mental health services for youth in Colorado, is offering training and implementation support for integrating the ASQ screening tool into primary care practices. Please contact info@pcmh.org for information on how to enroll our practice in this project.

**Safety Planning**

In the event that primary care providers experience working with a suicidal patient, it is important to engage in supportive practices to stabilize the patient. For patients that are high risk, which means they are endorsing suicidal ideation with a plan and intent, providers are instructed to send the patient to and emergency department for crisis care. For patients who are medium to low risk, (ideation with or without a plan but no intent) it is recommended to engage the caregiver and patient in safety planning.

Safety planning consist of completing information in six core areas which include:

1. Identifying warning signs
2. Listing coping strategies
3. People and social settings to provide distraction
4. People who I can ask for help
5. Professional agencies I can contact during a crisis
6. Making the environment safe (removing or locking away medications, guns, etc.)

The Stanley Brown safety plan is a well established tool that providers can use (https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf) Additionally, there are a variety of apps that patients can download for safety planning that are free and easily accessible via their smartphones. These strategies can be helpful in best supporting patients with suicidal ideation without needing to escalate care to an emergency department. As primary care providers become more comfortable and adept at using these screenings and support tools we can hope for a decrease rate of death by suicide in our youth in the state of Colorado.

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**Additional Resources:**

Charting PediaTrics Podcast (Found on Apple Podcasts, Spotify or Google Podcasts or wherever you like to listen to podcasts):

- Mental Health During the Pandemic (S3:E43)
- Depression Management and Medication in Pediatrics (S3:E3)
- School Anxiety and School Refusal in Kids (S1:E25)
- Teen Suicide: Risk Factors, Screening and Prevention (S1:E24)

**References**

1https://jamanetwork.com/journals/jama/article-abstract/200641
3https://newatlas.com/high-altitude-suicide-risk/53770/
Important vaccine win for CAFP and our patients

CAFP co-wrote and strongly advocated for Senate Bill 20-163, which Governor Jared Polis signed into Colorado state law on Friday, June 26. SB 163 will help to improve Colorado’s lowest-in-the-nation vaccination rates, bolster public health efforts, and protect Coloradans, especially children and vulnerable populations, from vaccine-preventable diseases – a critical goal as our state battles the COVID-19 pandemic and a resulting drop in vaccinations.

The new law requires parents who choose not to vaccinate their children for nonmedical reasons to either provide an exemption form signed by a medical professional or take an online module about vaccines and submit a completion certificate. Schools will also have to provide students and parents with their vaccination and exemption rates. Children who are home-schooled are exempt. Read more at tinyurl.com/y6h6wsf8.

COVID-19 results in immunization rate decline in Colorado

Meanwhile, Colorado state health officials sounded the alarm about what this very disruptive COVID pandemic has done to our state’s already-less-than-impressive immunization rates. They noted in a recent videoconference about a 20% drop in vaccinations from mid-March through mid-July when compared to 2019. This decline “puts us at risk for another public health crisis — one in which serious, preventable diseases like measles and pertussis can resurge,” said Dr. Rachel Herlihy, a staff epidemiologist with Colorado Department of Public Health and Environment. With many of us experiencing lowered patient volume, it may be the perfect time to follow-up on our younger patients to be sure that they are up to date, and to schedule those who are not for a checkup (tinyurl.com/y2yuujuw).

COVID-19 Vaccine

The Trump administration has selected Moderna, Merck, Pfizer, Johnson & Johnson and an AstraZeneca-Oxford collaboration as finalists in the search for a novel coronavirus vaccine. The firms are receiving additional government funding and clinical trial support as well as financial and logistical assistance for scaling up manufacturing (tinyurl.com/yxpwexho).

The CDC and a panel of health experts are “trying to decide who
will get the first doses of any effective coronavirus vaccines, which could be on the market this winter but could require many additional months to become widely available to Americans. The panel “in April began working on a ranking system for what may be an extended rollout in the United States.” The preliminary plan calls for vaccines to “be offered to vital medical and national security officials first, and then to other essential workers and those considered at high risk—the elderly instead of children, people with underlying conditions instead of the relatively healthy.” Vaccines considered most likely to be successful “will start being made even before they have cleared the final stages of clinical trials and been authorized for public use by the FDA” (tinyurl.com/yah8wvl9).

FDA Commissioner Stephen Hahn said Monday the agency will not compromise standards in its review of COVID-19 vaccine candidates (tinyurl.com/y3ubvh9). Peter Marks, MD, director of the FDAs Center for Biologics Evaluation and Research, says the U.S. vaccine must be at least 70% effective against COVID-19, and at least 70% of the population should receive it, adding that an emergency use authorization could come after an interim analysis of a Phase III trial demonstrates safety and efficacy but before full submission is completed (tinyurl.com/y3wphcmx).

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said he would “settle” for a COVID-19 vaccine that was 70% to 75% effective, but that figure would likely not bring about herd immunity if only two in three people were vaccinated. “The best we’ve ever done is measles, which is 97% to 98% effective,” he said. “That would be wonderful if we get there. I don’t think we will” (tinyurl.com/y6etrtap).

A Washington Post-ABC News poll reported around 70% of Americans say they would get a coronavirus vaccine if it “were free and available to everyone” (tinyurl.com/yxsvf4r7). Among those who are worried they might catch the virus, 81% say they are likely to get vaccinated, compared with 52% of those who are not as worried. Distrust of the vaccine is particularly pronounced in African-American communities, which have been disproportionately devastated by the virus. An AP poll (tinyurl.com/yl5t8s58) reported that 70% of those "who said they wouldn't take the vaccine noted concerns about safety." Specifically, "among those...
who would not take the vaccine, about 40% said they were worried about getting COVID-19 from it."

**ACIP Influenza Vaccine Updates**

ACIP reports that between October 2019 and April 2020 there were an estimated 39 million to 56 million instances of influenza in the U.S., resulting in as many as 740,000 hospitalizations — a rate higher than that seen in four of the five previous flu seasons.

The influenza vaccine for the 2019-2020 season having only a 39% effectiveness rate for all age groups and virus types. This season having only a 39% effectiveness rate for all age groups and virus types. This was 10% higher than the previous season and roughly the same as seen during the 2016-17 and 2017-18 seasons. Even so, recent research has found:

- Influenza vaccine may lower risk of heart attacks, strokes, and some other CV conditions for people at high-risk (tinyurl.com/y6lgpslv)
- Influenza and pneumonia vaccines may reduce Alzheimer’s risk by 13-25% (tinyurl.com/y3yla7oe)
- Higher flu vaccination rates are associated with less antibiotic use and improved diabetes outcomes (tinyurl.com/y5blavgv) including a 46% reduced risk for influenza hospitalization (tinyurl.com/y2wtt6y)

ACIP again voted unanimously to accept the recommendation that annual influenza vaccine be administered to all people 6 months and older who do not have contraindications — a recommendation identical to that contained in the 2019-2020 statement. Other 2020-2021 vaccine statement recommendations include:

- Affirmation that trivalent high-dose inactivated influenza vaccine (HD-IIV3; Fluzone) and trivalent inactivated adjuvanted influenza vaccine (allV3; Fluar) may be used in patients 65 and older;
- Updates in guidance for use of quadrivalent live attenuated influenza vaccine (LAIV4) in settings of asplenia, cochlear implants and active cerebrospinal fluid leaks;
- Additional language to highlight the presumptive interference of antiviral medications with LAIV4 efficacy; and
- Clarifying language stating there is no need for vaccine administration to be supervised by a health care professional who is able to recognize and manage severe allergic reactions in those who have anaphylactic egg allergies in an inpatient or outpatient medical setting if an egg-free vaccine is used.

Given the likelihood that COVID-19 will still be circulating in the United States when flu season arrives, ACIP said that vaccine manufacturers have pledged to make a concerted effort to ensure adequate and increased supplies of influenza vaccine this year. “Most scientists predict a devastating influenza season if people are not vaccinated against influenza, especially those in high-risk groups, as coinfection with COVID-19 will worsen outcomes and confer severe morbidity and mortality.”

Adding a warning for those hesitant to be immunized against influenza, one ACIP member says, “If you were ambivalent or on the fence about the influenza vaccine in past years and wondered about the benefit of vaccination, this year, with the ongoing COVID-19 pandemic, is the year to rethink your ambivalence and make sure you get vaccinated! Not only is the influenza vaccine proven to reduce the incidence of influenza, it also reduces overall hospitalizations, ICU admissions, and death even if one contracts the flu.”

Other experts agree saying, “People need to get flu shots this year to stop the spread of flu and to reduce the chance of hospitals being overwhelmed during a potential second wave of coronavirus cases” (tinyurl.com/y6klwzno).

CDC Director Robert Redfield says the federal government is working with manufacturers to increase the availability of flu vaccines” (tinyurl.com/y52mr32). In addition, pharmacy chains and pharmaceutical companies “are preparing a big push for flu vaccinations when the season kicks off in October, hoping to curb tens of thousands of serious cases that could coincide with a second wave of coronavirus infections.” For example, CVS, Rite Aid, and Walgreens say they are all expecting an increase in the number of Americans seeking flu shots in the fall. Vaccine makers are also preparing for a predicted surge in demand for flu vaccines (tinyurl.com/y5y6on8d). Although “flu season doesn’t begin until the fall, major flu vaccine manufacturers say they plan to boost production by about 10%, to about 189 million doses, up from 170 million doses last year, to ensure enough doses exist for an anticipated surge in people seeking flu shots” (tinyurl.com/yxsv4r7).

**Review finds U.S. vaccines are safe**

A comprehensive review of 20 years’ worth of data reports that U.S. vaccines are remarkably safe, thanks in part to ongoing safety surveillance after a vaccine hits the market, according to an Israeli study published in the *Annals of Internal Medicine* (tinyurl.com/yxogbk2). During the period of study, there were 58 safety-related changes to labels after FDA approval, in 25 vaccines, with 55 related to additional safety information and three to the removal of prior warnings and precautions. The data indicated that the most common safety issue was related to which populations could have the respective vaccines, followed by allergies – mostly due to packaging containing latex. The only vaccine that was withdrawn for safety reasons was the rotavirus vaccine which was taken off the market less than a year after it was initially marketed due to being linked to rare cases of intussusception. Nevertheless, a recent national survey found that 25% of parents are still hesitant about their children being given seasonal flu shots, and 1 in 15 is hesitant about regular childhood vaccinations, according to data reported in the journal *Pediatrics*. The research, which surveyed nearly 2,200 parents, also showed 12% are strongly concerned about the possible side effects of routine childhood immunizations and flu shots (tinyurl.com/yxtxpoem).
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Gina Carr, MD, MPH, may have just become president of the Colorado Academy of Family Physicians, but she did not go into medicine at first. Instead, she studied engineering and pharmaceutical research. “I like learning what happens inside our bodies – it’s extraordinary,” she says.

Working in research, however, was unfulfilling. “It’s lonely in a lab,” Dr. Carr says. Looking at her options, she found inspiration from her own father, who was a family physician in Grand Junction. “I grew up around medicine,” she says, but it took some time for her to realize that it was the best path for her.

“What I care about is connection,” she says. Medicine seemed like an ideal way to build connection while helping people. “Plus, family doctors are well

rounded people. I could relate to them like no one else in medical school and knew I had found my specialty.” During medical school she was a member of the University of Colorado’s Rural Track, which motivated her to obtain her Master of Public Health alongside her MD degree, partially because she was struck by how little focus there was on rural communities. “There is so much a doctor can do there to help build healthy communities, but students often just don’t get exposed to it,” she says.

After medical school, she found her way to Grand Junction and the St. Mary’s Family Medicine Residency. Like many residents, Dr. Carr did several rotations at clinics around the state. Her rotation in Buena Vista was especially inspiring to live in a rural community and provide full spectrum care. “I realized all the possibility that rural medicine has to offer,” she says. It was a way to build that connection she had missed in the pharmaceutical lab.

After residency she was able to join the physicians in Buena Vista and thoroughly enjoyed the three years she spent there. Not only did she work in clinic, but also spent some time doing inpatient and OB care at Heart of the Rockies Regional Medical Center in Salida, CO. In the meantime, life happened and she and her husband decided on a new adventure together. “I got an opportunity I could not turn down.” The Lake City Area Medical Center offered her a position as medical director of a Rural Health clinic and she could not get there quickly enough.

“I love the lifestyle you get in a rural community,”
she says, “I wish more doctors knew how great it can be to practice in small towns.”

Life as a small-town doctor is very different from the busy schedule she had during medical school and residency. “My practice is as much outside the clinic as in it,” she says. “I see my patients in their daily lives and get to connect with them on a much deeper level than I could in a bigger city.” She is able to interact with public health and EMS colleagues regularly which truly enriches the experience of being the small-town physician she dreamed of.

Family Physicians can sometimes lose track of their real value to patients, especially as they get buried in paperwork, administrative burdens, and the punishing schedule at a larger clinic. “Knowing everyone in your town changes the equation,” she says. “If I never saw my patients outside the office, I would not develop the appreciation I have for them and their lives.”

Too many doctors, she says, treat problems but do not get to see the whole person in their office. “That whole-of-person approach is so important to me, and to family medicine,” she says, “That’s why I got into this in the first place – to heal people, as people.”

Plus, living in a rural community has real benefits. “I have the best backyard in the world,” Dr. Carr says. “The best part about rural medicine is the opportunity to enjoy work-life balance and can actually enjoy my surroundings.”

Living in Lake City is not without its challenges, however. The internet is sometimes flakey, and not every family can relocate to a rural community. “Family medicine already has a pipeline problem,” she says. “But it’s even worse in rural communities.”

There are many reasons for this – medical schools do not always center rural medicine as an option for students, and specialties can be appealing. “But,” Dr. Carr says, “I bet if you spend a week here it will change your perspective.”

“I love being a rural family physician,” she continues. “I am a part of my community in a way I don’t think would be possible if I did anything else. I cannot imagine anything being more fulfilling.”

Dr. Carr was installed as the president of the board of directors of CAFP in a virtual ceremony in August. The incoming president of the AAFP, Ada Stewart, MD, FAAPA, officiated the swearing-in ceremony.

“Being a part of the academy is so meaningful for connecting to peers,” Dr. Carr says. “I have the chance to make family medicine, and the health of all our communities, better.”

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VASCULAR INSTITUTE OF THE ROCKIES
CU FMIG Wins AAFP Award for Program of Excellence in Family Medicine

The University of Colorado, Anschutz Medical Campus Family Medicine Interest Group has been chosen as a recipient of the 2020 AAFP Program of Excellence Award. This program, a social media program co-led by board member Cleveland Piggott, MD, MPH, was recognized by the AAFP as one of the top 10 family medicine interest groups in the country.

Medical students and faculty were honored during the AAFP National Conference of Family Medicine Residents and Medical Students, where they gathered virtually across the country to network with each other, hear addresses by family medicine leaders and to learn which schools won the PoE Awards.

FMIGs are student-run organizations that create opportunities for students to learn about and experience family medicine outside of their medical school curricula. FMIGs host social events, workshops, leadership development opportunities, community service and clinical experiences. These award-winning groups are breaking new ground with important initiatives such as starting pipeline programs for students who are underrepresented in medicine and serving their communities during the COVID-19 pandemic.

“Working with incredible medical students is one of the favorite parts of my job. This group of students were special: Halea Meese, Nicholas Arlas, Christine Krentz, Mary Wang, and Emily Wolverton. They truly deserve to be recognized nationally for their work. I’m a better physician for knowing them.” Cleveland Piggott, MD, FMIG Advisor for the University of Colorado.

The program Dr. Piggott works on, Humans of Family Medicine, is a social media project modeled off the famous Humans of New York that leverages storytelling to amplify the voices of family medicine. Check out Humans of Family Medicine on Instagram (https://www.instagram.com/humansoffamilymedicine/) to see what great work he and his team are doing.

Christine Krentz, who runs the Instagram account, said, “We as an FMIG are so honored to receive this award and are grateful to the AAFP for recognizing our work. I am personally thankful to my fellow FMIG teammates, they are each motivated, hardworking and passionate people who I truly believe will help shape the future of Family Medicine. It was a team effort and I’m so proud of the work we were able to accomplish. We as a group hope to use this motivation to continue to spread our love of Family Medicine to other students at CU!”

“The FMIGs we honor this year have gone above and beyond by activating students to put the knowledge they’ve acquired in the classroom into practice,” said Clif Knight, MD, senior vice president for education at the AAFP. “These programs help students develop leadership skills that will serve them in their future practices and communities and provide opportunities to better understand the many vital roles that family physicians play in our health care system.”

CAFP Resident Member Wins Award for Excellence

Franklin Niblock, MD, MPH, was selected by the AAFP to receive the 2020 AAFP Award for Excellence in Graduate Medical Education. It is a recognition of his hard work and commitment to family medicine. He received a scholarship award and free registration to the 2020 AAFP Family Medicine Experience Conference in October. Our heartfelt congratulations to you, Dr. Niblock!
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The CAFP would like to welcome the following new and returning members who joined our organization in July, August and September.
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BY GLENN COSH, DO, FAAFP

Member Perspective:
THE DUELING HATRED WARS OF COVID-19 VIRUS AND AMERICANS’ SOCIAL UNREST

I think we can all agree: the consensus from the world at large hates how the COVID-19 virus has intruded into our lives.

The intense dislike, disgust, loathing and detestation of this virus comes from how many different directions it attacks us: from taking the lives of our love ones beyond any pandemic I’ve witnessed in the 55 years of practicing medicine, to intruding on our daily routines, whether providing a living for our families, freezing out our futures (businesses, jobs, schools, and socializing), or even attending large events like sports and spending time with family.

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Fortunately, our airwaves are saturated with sage advice of wearing a face mask, washing our hands, and social distancing. Once the vaccines become available, and the wretchedness from this virus is alleviated I believe the new norm will require us to continue to practice hygienic awareness. It is a very small upside, at least.

There is no question that this COVID-19 virus has compounded and escalated our country’s feelings of anger towards already sensitive social and political issues. When we witness on TV the atrocities toward African Americans by some police officials, we become more angered and our hate threshold goes off the charts. I am afraid that the hatred in politics from both sides of the political spectrum, especially with the upcoming elections, will foster a degree of hatred that will simmer long after the elections.

Our 24-7 saturation from the media will only further polarize our country, and when you add social media into the mix the hatred becomes personalized between friends and family. This places all Americans on the cusp of civil chaos and strife. Hatred, whether directed towards race, religion, politics, nationality, wealth, or neighbors can be kept in check if we can only hate a little less and stay calm, take a timeout, exercise, use humor, and above all else is practice empathy—putting oneself in another’s shoes.

The origin of this hatred is within our frontal cortex of our brain, associated with judgement and reasoning. If hate is the antagonist of our relationship with others, then love in a sense plays the role of the protagonist. Generally, if we don’t understand the person or group it helps to be educated in regard to their feelings. This hatred can upset our hormone balance and damage our immune system and our lifespan. Yes; we are entitled to our beliefs and views, but for the benefit of our health and country, let’s tone down our hate.

Glenn Cosh, DO, FAAFP, is a former president of the CAFP and the CAFP Foundation. He lives in Morrison, CO.

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Student Perspective: 2020 AAFP National Conference

BY CHRISTINE E. KRENTZ
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, CLASS OF 2022
CAFP STUDENT DELEGATE FOR THE 2020 NATIONAL CONFERENCE

This was my second year attending the AAFP National Conference. While both were great experiences, like many things in the era of COVID, they were so different. In normal years the conference is held in Kansas City where students and residents all coalesce for a weekend of sharing ideas, networking, and socializing. This year, the entire conference was virtual. In all honesty, missing out on the camaraderie and the grandness of the event was a disappointment. In addition, there were some hiccups, such as the entire conference platform crashing. However, despite this, I do not think the virtual experience detracted from its overall success. One thing National Conference always succeeds at, both this year and last, is making me excited to be a part of Family Medicine.

One memorable event discussed two truths of primary care. The first is that true primary care is patient centered. It exists as both first contact for the medical system and provides continuity, allowing our patients to build relationships with their doctor. The second truth is that it is systemically undervalued. Current levels of national investment in primary care are unacceptable. Unfortunately, many of us already know this to be true. Systemic change is needed to better patient care. But who is there to help make this change? As residents, medical students and doctors, we are.

The session was an inspirational call to action, and I walked away proud to be a part of such a strong profession and community. I still feel challenged to help build the change our healthcare system so desperately needs.

In spite of COVID and the difficulties of going virtual, National Conference was a success this year. The AAFP does an amazing job at empowering both students and residents to be trail blazers and makers of change. I walked away inspired and unabashedly proud to be apart of the Family Medicine family.

BY ERIC KIM, MD, PHD

Things are different right now than many of us expected a year ago. Medical practice and education have been perturbed in a way that they have not been for decades by the COVID-19 pandemic. Racial inequality and our own social responsibility have taken the national spotlight. I certainly did not expect that I would be attending the AAFP national conference virtually. So much of the joy, potency, and connection that comes from the conference feels like it issues from the people. Being so far away from everyone, I feared that we would lose that. I am happy to report that I was wrong. Even blunted by a computer screen, I watched as presenters spoke with just as much fervor as ever about the transformative nature of family medicine. Despite being miles away, I engaged with the next generation of family medicine residents as they investigated the tremendous variety of residencies eager to train them. Best of all, I participated with other student and resident leaders in discussing the great challenges and opportunities of our time including education reform, social justice, universal healthcare, deployment of telehealth, and so much more. I saw the banners of change, justice, and progress taken up with enthusiasm by amazing resident candidates as they campaigned for leadership roles within the AAFP. At this conference, I saw highlighted how in this time of great turmoil and uncertainty, family doctors are perfectly matched to the challenges of our day. I hope that we never have to be so far apart from each other again, but I know even while we are that we will never stop working to make our world a better place. Thank you for the honor of serving as your state delegate.
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**Pediatric conditions we treat include:** Allergies (such as anaphylaxis, drugs, foods, rhinitis, urticaria, and venom), asthma, atopic dermatitis, autoimmune/autoinflammatory diseases, eosinophilic esophagitis, gastroesophageal/laryngopharyngeal reflux, immunodeficiency, pulmonary diseases, recurrent infections, sleep disorders, sinusitis, vasculitis, vocal cord dysfunction, wheezing in infants.

**Our services include:** Comprehensive food allergy testing/challenge, exercise physiology and lung function testing, genetic and immune function testing for immunodeficiency, neuropsychological testing, sleep testing.
Why COPIC?

COPIC connects you with expert guidance when you need it; with legal and HR helplines and a 24/7 risk management hotline.

Trusted knowledge from an engaged partner. That’s why.