

The Official Publication of the Oklahoma Academy of Family Physicians

FALL • VOL.3 • NO.4

FAMILY PHYSICIAN

Oklahoma

A close-up portrait of a man with short brown hair and glasses, smiling. He is wearing a black suit jacket over a teal shirt. A stethoscope is draped around his neck. The background is a dark, solid color.

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2020-2021
PRESIDENT**



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CME Choice Partners – 2020

- **AllianceHealth Deaconess Hospital**
<https://www.myalliancehealth.com/alliancehealth-deaconess>
- **Ardmore Institute of Health**
<https://www.ardmoreinstituteofhealth.org/>
- **BancFirst**
<https://www.bancfirst.bank>
- **Centennial Health Partners**
www.centennialhealth.com
- **Diagnostic Laboratory of Oklahoma**
<http://www.dlolab.com>
- **INTEGRIS Health**
<https://www.integrissok.com>
- **DiaryMax/Midwest Dairy Council**
<http://www.dairymax.org>
<https://www.midwestdairy.com>
- **Oklahoma Allergy & Asthma Clinic**
<http://www.oklahomaaallergy.com/>
- **Oklahoma Beef Council**
<http://www.oklabeef.org/>
- **Oklahoma Prevention Services-DCCCA**
<https://www.dccca.org/prevention-services/oklahoma/>
- **OU Physicians/OU Medical Center**
<https://www.oumedicine.com/ou-physicians>
- **PLICO**
<http://www.plico.com>
- **Saint Francis Health System**
<https://www.sainfrancis.com/Pages/home.aspx>
- **St. John Health System**
<https://www.stjohnhealthsystem.com>
- **Vaxcare**
<https://www.vaxcare.com>





By Kari Webber, CAE
Executive Vice President

webber@okafp.org



To say 2020 has been a difficult year would be an understatement, but I continue to be amazed at the strength, passion, and resilience of family physicians in Oklahoma. You continue to dedicate your time and energy to your community wellbeing. Your patients have and will continue to come first no matter what circumstances to practice medicine have been thrown your way in the last 7 months. With changes to delivery methods & clinic procedures and lack of PPE on the front lines your passion and commitment to your patients and to primary care never wavered. It truly has been remarkable to see. I know we are not close to an end in sight but I want to encourage each and everyone of you to keep up the good fight and know that your academy is here supporting you every step of the way.

At the beginning of 2020 I set my word of the year as intentional. A word of the year is an alternative to a new year's resolution and is a way to organize or work towards certain goals for the year. I choose intentional as I started my new position with the OAFP because I wanted not only my relationships but our moves in 2020 as an organization to be well thought out and with great purpose. However, over the last couple of months I have updated my word of 2020 to be Pivot. This is something I have had to do in every aspect of my life and I wanted to take the word and make it a focal point of how to achieve and push goals in the year of chaos. In a year where we could have let the chaos determine our success the OAFP Board took the chaos and created new opportunities for our members to engage, started coalitions that would offer guidance and support during COVID, worked on policy, volunteered their time and energy and still offered the same level of care to their patients. One of the biggest highlights in the past few months was the OAFP Scientific Assembly that needed to

be re-worked several times with new dates and locations given where we were with COVID in Oklahoma at that time. We finally moved to an all virtual (first ever) conference to provide the much-needed CME and KSAs for our physicians this year. We had over 360 physicians in Oklahoma registered for the Oklahoma Physicians Virtual Forum, 7 hours of CME and 25 different speakers. While it is not how we hoped or planned to meet it was incredible to witness the response and participation we had from our members. The OAFP will continue to be nimble in our thinking as we move forward in 2020. We are continuing to offer monthly online CME webinars to our members, creating a legislative strike force, designing, and hosting a legislative training and redefining our board and committee structure. So as we move into the last quarter of the year rest assured the OAFP will continue to pivot, re-work, swing, rotate whatever we need to do in order to serve our members whatever else may come in 2020.

Sincerely,

Executive Vice President
Kari Webber

CONTINUING MEDICAL EDUCATION

VIRTUAL PRIMARY CARE UPDATE

November 2 - December 3, 2020 | Work at your own pace
Earn up to 20 AOA Category 1-A credits, AAFP Prescribed Credits - Pending

Proper Prescribing: As a registered attendee, you will automatically be enrolled in the Live Proper Prescribing webinar November 13 at 5:00 p.m. CST, as a part of the registration for this conference. To receive credit for Proper Prescribing, you will need to be logged in to the live zoom webinar.

ONLINE COURSES ALSO AVAILABLE Approved for AAFP Prescribed and AOA Category 1B credits

Visit osu-cme.com for more information and to register.



CENTER FOR HEALTH SCIENCES

Samuel J. Ratermann, MD FAAFP
President Oklahoma Academy Of Family Physicians



Oklahoma family physicians remain the backbone of medical care in Oklahoma. The value of family physicians to each of our communities cannot be overstated. Now, perhaps more than ever, the power of our specialty is needed as we navigate our patients and communities through the uncharted waters of the COVID-19 pandemic.

The Oklahoma Academy of Family Physicians stands firm on the traditions, hard work, and sweat equity of those who developed this academy over 72 years ago while also showing great flexibility in our ability to grow and adapt to an ever-changing landscape. After a national search under the leadership of former president Dr. James Beebe, MD, we were fortunate to hire Kari Weber as our first new Executive Vice President in 25 years. Kari is a uniquely talented individual who will help guide us to success over the next 25 years. We are both proud and lucky to have her back on our team. One of her many new projects is working with members of our board to create a new board structure which is designed to put our Academy in position of success moving forward.

The mission of the Oklahoma Academy of Family Physicians remains to “Promote excellence in health care and improve the health of the people of Oklahoma by supporting and educating family physicians and by advocating for the patients they serve.” Even though our annual 2020 Scientific Assembly was cancelled by the COVID-19 pandemic, your OAFP forged new partnerships to provide a very successful and innovative educational program through a virtual forum. We will continue to find new roads to support the needs of our membership moving forward. Albert

Einstein once said “In the middle of difficulty lies opportunity.” I look forward to the opportunities that await us.

The influence of the OAFP in our state is growing. We navigated a challenging legislative session with the help of our legislative consultant Dawn Watson. We were a sought after partner on the Healthier Oklahoma Coalition and helped support the successful Oklahoma “Got Mask” campaign. We partnered with the Oklahoma Chapter American Academy of Pediatrics and created a task force to provide back-to-school recommendations during the COVID pandemic to all Oklahoma counties.

I hope all of you have explored the OAFP website, electronic newsletter, and Oklahoma Family Physician Magazine. We will continue to reach out to our membership to hear your voice and learn how we can best support your needs. While we all share common goals in medicine, we must acknowledge that each physician has a unique perspective and each practice faces a unique set of challenges. The OAFP can only effectively advocate for such a large group when member voices are shared. Please do not hesitate to contact myself, Kari, or any member of the board with your thoughts, concerns, and needs. We want to hear from you!

Oklahoma family physicians deserve an academy that works as hard for them as they work for their patients. I am honored to be a family physician, and I am honored to work with this organization supporting our fellow family physicians in Oklahoma.

MEET YOUR PRESIDENT

Dr. Samuel J. Ratermann, MD FAAFP earned his medical degree from the University Of Oklahoma College Of Medicine after studying mechanical engineering at Oklahoma State University. He completed residency at Via Christi Family Medicine Program in Wichita, Kansas earning top honors his first and third years. After residency he practiced full spectrum family medicine including endoscopy and surgical obstetrics in Jay, Oklahoma. Presently, he is the director of the hospitalist program at INTEGRIS Grove Hospital, an associate medical director for Good Shepherd Hospice, and the volunteer medical director for Delaware County Children’s Special Advocacy Network where he provides forensic child abuse exams and medical expertise.

Dr. Ratermann has been involved with the OAFP since joining the Family and Community Medicine Interest Group in medical school.

He believes in the power of family medicine and the unique ability of family medicine physicians to meet the needs of the communities they serve, especially in rural areas. Sam and his high school sweetheart Shannon are raising their two amazing young children in the small town of Grove, OK, where he enjoys the outdoors, woodworking, and spending time with his family.

OKLAHOMA ACADEMY OF FAMILY PHYSICIANS OFFICERS



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GROVE, OK



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ALTERNATE DELEGATE
PHIL PALMER, MD



DELEGATE
TOMAS OWENS, MD



ALTERNATE DELEGATE
BRAD MCINTOSH, MD



“
I am looking forward to serving as the Student Member of the AAFP Foundation Board of Trustees. I thrive on building strong relationships with others and engaging in collaborative decision-making to effect community-level change. In this position, I will confidently represent the views of my fellow medical students and work to advance our great specialty.”

ASHTEN DUNCAN, MS-3
UNIVERSITY OF OKLAHOMA
UNIVERSITY OF TULSA SCHOOL OF COMMUNITY MEDICINE

JULY MEMBERSHIP SPOTLIGHT

SYEACHIA DENNIS, MD

Member Status: (Active, Resident, Student)
Active



What is your favorite quote?

"You are your best thing" – Toni Morrison, Beloved

Where are you currently working or attending school?

OU-TU School of Community Medicine, Department of Family Medicine

How long have you been within the OAFP community?

Since I moved to Tulsa in 2009

Why did you choose family medicine?

I wanted to practice the full scope of medicine: children, elderly, pregnant women. Family medicine was the only specialty that offered that type of practice.

What has been the most fulfilling moment of your career or education?

The most fulfilling moment in my education was graduating from medical school. I was the first doctor in my family and I had so many family members drive to Chicago to be there and celebrate. It was an amazing day for all of us.

What has been the most challenging aspect of your practice or education?

The most challenging part of my practice is trying to impart what I know to learners. Every person has a different learning style so you can't teach the same way to every student or resident. That has taken time for me to understand.

What is your work life balance like & how do you achieve it?

Prior to COVID19, we took a lot of vacations! Now I try to spend time in my yard, learning to garden and just relax in the space.

Who is your biggest role model?

My Father was a big role model for me growing up. He always stressed the importance to learning and being engaged in your family and community.

What do you like to do when you're not working?

I like to listen to music, spend time with friends and family at great restaurants in Tulsa.

Any advice for residents and students finishing their training or education

God willing , you will have a very long career in medicine. Don't look at any one thing as the end of it all. It's just the beginning. There are so many ways to re-invent yourself in medicine, if you find a roadblock, just go in a new direction. Don't stress, keep perspective on the long game.question about each one in order to continuously build your knowledge base.



AUGUST MEMBER SPOTLIGHT

PHIL PALMER, MD

Directors: Member Status: (Active)

What is your favorite quote?

Do you want to impress people or influence people? You can impress from a distance, but to influence, you must be close and personally involved in their lives. – Don Demeter

Sorrows and calamities are not an obstacle to success, but a way to succeed. – John Piper

Where are you currently working or attending school?

Faculty member at Great Plains Medicine Residency

How long have you been within the OAFP community?

Started as a medical student member (so 30+ years!)

Why did you choose family medicine?

It was what I understood a doctor to be. My experience with medicine was seeing my family doctor. So when I decided to go to med school, I loved all my experiences (except for time in the OR). I remember being on an orthopedic rotation and the resident called a consult for an internist to manage the patient's blood pressure. I understand now why the patient should be grateful for the orthopedist getting the consult, but at the time I remember wondering why they didn't just treat it, they were doctors after all. So that would be me: The doctor who wanted to be there and take care of all those things for his patients. I am still providing care in both the clinic and the hospital.

What has been the most fulfilling moment of your career or education?

Several things come to mind

1) delivering babies is such a joy, but I remember when I first delivered a child of a patient that I had also delivered. A very neat experience though it reminded me of how long I have been in practice in order to get such an experience.

2) I referred a patient to oncology due to a diagnosis of breast cancer. She came back after the consultation and wanted to make sure I agreed with the recommended treatment before she started Chemo. It was a reminder of what a great honor I have to be a Family Physician and the trust patients place in their doctor.

3) I also get a great reward working with resident physicians. Seeing a doctor progress from uncertain to comfortable, from wary about a procedure to eagerly teaching that same procedure to a medical student or fellow resident, and from uncertain in their first times on call to confidently starting their own practice. Very cool to see someone mature as a physician.

What has been the most challenging aspect of your practice or education?

Balancing patient care and teaching and military service with family time and involvement in my church and involvement in the OAFP and AAFP. My job as faculty at a residency has given me some flexibility that I might not have in private practice, but mainly I have been blessed with practice partners who agree that we need to help each other pursue the things that bring meaning to our lives and I am blessed and fortunate to share my practice with docs who have graciously supported me in my pursuits and activities.

What is your work life balance like & how do you achieve it?

My faith and family are crucial for having balance in my life. I am a husband and father who happens to be a doctor. Medicine sometimes interferes, but I make family activities and worship times priorities. Good partners are key to this for sharing call/covering when needs come up but this mindset has helped me keep my joy for medicine over all these years.

Who is your biggest role model?

Jesus Christ. I fail so often to live and act in ways that please him but my goal each day is to imitate God and reflect Christ to those around me.

What do you like to do when you're not working?

Spend time with my wife and kids and our dog. Now that our kids are grown and moving out, Shannon and I like to travel and anxiously await the end of the pandemic to make travel easier.

Any advice for residents and students finishing their training or education?

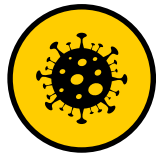
Try new things. It doesn't matter if it seems interesting or not, it doesn't matter if you plan to do it/use it in your practice or not. Now is the time to learn and experience and gain skills and perspective, so try new things, ask questions, get involved with things that matter to you and your patients. That last is how I connected most with the OAFP as a new physician and I have learned many things and been able to work with some amazing doctors and make a difference in the delivery of care in Oklahoma.

OAFP 2020 LEGISLATIVE SESSION AT-A-GLANCE



ADVOCACY WINS

- Blocked efforts to stop State Department of Health immunization rules from going to governor and killed several anti-vaccine pieces of legislation
- Kept Medicaid provider reimbursement rates and Oklahoma Health Care Authority flat amid extensive agency cuts
- Fostered liability protections for health care and businesses in response to COVID-19
- Assed requirement for coverage parity for mental health and substance abuse treatment, a shift in focus of opioid reform on provider and to the patients



COVID-19 RESPONSE

- Advocated for shelter-in-place to protect Oklahomans' health
- Advocated with coalition partners for changes to executive order regarding telehealth
- Educated governor's office and commerce department on economic effects to primary care
- Encouraged patients to safely visit providers to avoid increased health problems

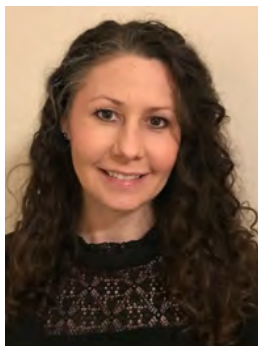


KEY COALITION MEMBERSHIPS /INTERACTIONS

- Health Care Preparedness Coalition – COVID-19 reaction
- Vaccine coalition
- Oklahoma Patient's Coalition
- Opioid Reform Coalition
- Early Childhood Caucus



YOUR LOBBY TEAM



Dawn Watson and Mark Nichols
A team for positive change, better health care and better patients.
Experience includes:

- 36 cumulative years at cap as staffers and/or lobbying
- Advocacy director
- Fiscal analyst
- Research analyst
- Policy analyst
- Project leads
- Advocacy/policy briefs
- Journalist



2020 SESSION STATS



5295 OF BILLS FILED



741 PASSED/SIGNED



**18 VETOES
10 OVERRIDES**



**660 OF BILLS
OAFP TRACKED**

CONGRATULATIONS TO SENATOR MCCORTNEY, REPRESENTATIVE ROE, FACTOR 110 AND TO ALL OUR INCREDIBLY DESERVING OKLAHOMA FAMILY PHYSICIANS!

2020 has been a challenging and different year, but we could not let this year go by without honoring the people that have been integral to the success of our association and the community. Here are our 2020 OAFP award winners.

OAFP LEGISLATOR OF THE YEAR

THIS YEAR WE WILL HONOR TWO OF OUR LEGISLATORS FOR THEIR AMAZING WORK.



Our first honoree, Senator Greg McCortney. He was also the 2019 OAFP Legislator of the Year. We wanted to recognize him again for his amazing work in response to the COVID-19 pandemic. He formed the Health Care Preparedness Coalition and helped guide member organizations through many executive orders and agency assistance of legislation needed in response to the pandemic. Greg has never been afraid to take on difficult issues and he has handled this year with determination and dedication.

CONGRATULATIONS TO 2020 LEGISLATOR OF THE YEAR, SENATOR GREG MCCORTNEY!



Our next honoree was elected in 2019 and she has already been a strong voice for primary care and Oklahoma patients in the House of Representatives. She is the vice chair of the Public Health Committee and sits on the Children, Youth and Family Services, Appropriations Subcommittee on Health and the Health Services and Long-term Care committees. Many of her colleagues turn to her for guidance and she was a leader in the House regarding health issues this past session.

**CONGRATULATIONS TO THE 2020 LEGISLATOR
OF THE YEAR REPRESENTATIVE CYNTHIA ROE!**

continued to page 12

2020 AWARD RECIPIENTS

continued from page 11



PARTNER OF THE YEAR

Factor 110 has been an OAFP Partner for the past 10 years. We want to honor and acknowledge all that they have done for the OAFP over the years, but the service, flexibility and the creative opportunities that have been implemented in 2020 have made it possible for us to deliver continued virtual services to our members. Congratulations and thank you for your support of Family Medicine!

PHYSICIAN OF THE YEAR

And finally, we recognize the physician of the year award. This award recognizes family physicians who provide their patients with compassionate, comprehensive, and caring family medicine. The physician is directly involved in community affairs and activities that enhance the quality of their community and they are a credible role model professionally and personally.

This year, the Physician of the Year Award is presented to all OAFP physicians in the state. To say this year has been difficult is an understatement. Physicians have been asked to risk their lives to save others daily. We cannot thank you enough for your dedication to the industry and to the people of Oklahoma. Your commitment is inspiring, and we are so proud to name you all the OAFP Physicians of the Year.





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We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

PLICO EVENING ROUNDS

Join us as we provide a variety of topics regarding the current issues facing physicians and other healthcare providers. Topics important to the practice of medicine and strategies to manage both ongoing and newly identified risks faced by providers in this evolving healthcare environment will be discussed.

In light of the challenges of COVID-19, we will be live-streaming these events. In order to receive the 4% Risk Management premium credit and the AMA PRA Category 1 CMETM, you must register, attend the live-streaming event and complete the evaluation process.

- Legal Update 2020 - **Malinda Matlock, Esq** and **Neel Natarajan, Esq**
- Navigating the Whirlwind: Burnout, COVID-19 and Your Personal Path Forward - **Dike Drummond, MD, The Happy MD**
- Telemedicine: It's a Brave New World - **Graham Billingham, MD, FACEP, FAAEM**

32ND ANNUAL INTEGRIS FALL SYMPOSIUM – VIRTUAL

Save the date for the 32nd Annual INTEGRIS Fall Symposium, November 6, 2020. Topics covered will include Physician Burnout, A Day in the Life of Family Medicine, Dealing with Difficult Patients & Families, Neurology Update, Cardiology Update, and Opioid Update.

Event Details:

- Friday, November 6, 2020
- 8 a.m. – 4:45 p.m.
- Price: \$45

For questions, please contact INTEGRISCME@integrisok.com

Visit the following website to register:

<http://integrisgiving.org/symposium>



PROGRAM: 6:00-8:00PM

- October 1, 2020: Navigating the Whirlwind: Burnout, Covid-19 and Your Personal Path Forward
- October 6, 2020: Telemedicine: It's a Brave New World
- October 7, 2020: Telemedicine: It's a Brave New World

PROGRAM: 9:00 Am – 11:00 AM

- October 17, 2020: Legal Update 2020

REGISTER BY CLICKING ON THE SESSION(S) OF CHOICE IN YOUR EPUBLICATION ON THE OAFP WEBSITE UNDER NEWS > NEWS NOW.



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TSET IS HELPING CHANGE THE EQUATION FOR HEALTH IN OKLAHOMA

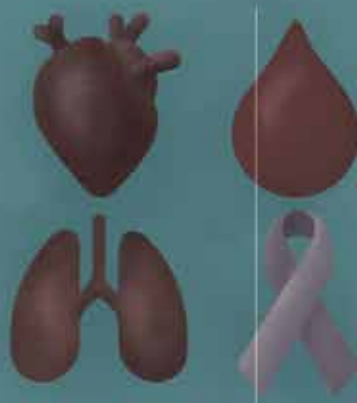
3

BEHAVIORS



4

CONDITIONS



65

% DEATHS



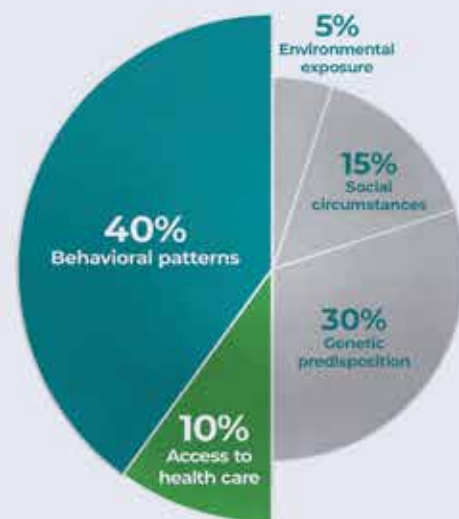
Prevention is key to building healthier lives in Oklahoma – and that is where TSET focuses its work.

3-4-65. This series of numbers should be concerning to Oklahomans. Three behaviors – poor diet, sedentary lifestyle and tobacco use – lead to four health conditions – lung disease, heart disease, diabetes and cancer – that cause 65% of the deaths in Oklahoma.

By changing those behaviors and investing in prevention, we could save thousands of lives and billions of dollars in our state every year.

TSET invests in life-saving programs that empower individuals to change harmful behaviors and provide greater access to better health care, leading to longer, healthier lives for all Oklahomans. We want to make the healthy choice the easy choice.

TSET has awarded more than \$3 million in incentive grants to schools and communities that are dedicated to making their students and neighbors healthier. The agency's grantmaking helps to establish policies, strategies and infrastructure to promote health and wellness across Oklahoma.



Several factors — social circumstances, the environment, access to health care and genetics — contribute to a person's overall health, but behavior has the most influence. Changing behaviors and improving access to care are where TSET can do the most good.

HEALTH FACTORS AFFECTING OUR STATE



7,500 Oklahomans die from tobacco-related illness each year.



Oklahomans spend more than \$3 billion in health care costs directly related to tobacco or obesity.



The tax burden from smoking costs Oklahoma adults \$545 per person whether they smoke or not.



1 in 4 Oklahoma high school students report using e-cigarettes.



“The Helpline opened up a new door. I had people in my corner supporting me. I couldn’t have done this by myself.”

-Shaun Pryor, former tobacco user



“For TSET to come in and say, ‘we’re going to invest in your community, we’re going to bring the providers to you,’ I appreciate the wisdom they have. I think that is what life is about – if you see a need, fill it.”

-Rebecca Good, patient of a PMTC physician in Stigler, Oklahoma



“Because of our partnership with TSET, we have world-class cancer care right here at home in Oklahoma. And as that partnership continues, we will continue to address the burden of cancer and reduce its impact for our citizens.”

-Dr. Robert Mannel, Director of the Stephenson Cancer Center

Through the TSET Healthy Living Program, grantees work within their communities to prevent cancer and cardiovascular disease and reduce tobacco use. The program has reached more than 2.4 million Oklahomans through policy change and evidence-based solutions. More than 500,000 Oklahomans enjoy safer routes to school and better street designs, and more than 250,000 Oklahomans have increased access to healthy foods through farmers markets and community gardens.

Because of TSET’s grants and programs, Oklahoma’s smoking rate has dropped 10 times faster than similar states.¹ The Oklahoma Tobacco Helpline and TSET’s Health Systems grants work with health care and behavioral health providers to increase referrals to the Oklahoma Tobacco Helpline. The Helpline has served more than 450,000 Oklahomans since 2003.

In addition to investing in prevention and promoting healthy lifestyles, TSET also supports programs that ensure Oklahomans have access to quality medical care.

Through a grant with the Physician Manpower Training Commission, TSET funds are used to help recruit primary care physicians to medically underserved areas by offering medical school loan repayment assistance. Since the start of the program in 2013, PMTC-placed doctors have conducted more than 324,600 patient visits.

TSET has invested more than \$53 million in innovative research and cutting-edge treatment at Stephenson Cancer Center. These grants support the TSET Phase I Clinical Trials Program, recruit scientists to Oklahoma, award research grants to Oklahoma scientists and leverage funds to advance behavioral and cessation research in Oklahoma. Thanks in part to TSET funding, the Stephenson Cancer Center was awarded National Cancer Institute designation in 2018.

Together, we can build a healthy Oklahoma. Visit TSET.OK.GOV and see how TSET can make a difference in your community.



¹Study conducted by University of Wisconsin School of Medicine and Public Health, and University of Oklahoma

AAFP NATIONAL CONFERENCE

The Family Health Foundation of Oklahoma sent 10 students to the AAFP National Virtual Conference this summer. AAFP has hosted students and residents at National Conference for 46 years—and the tradition continued as a virtual event. At National Conference students had the opportunity to advance their knowledge, make connections and learn what's on the horizon for family medicine. Just like with the live conference, the virtual platform allowed students to tailor their experience to best meet students needs and included:

- 11 hours of live workshops and main stage sessions
- On-demand access to all education for 30 days after the event
- Virtual expo hall, including the ability to schedule one-on-one appointments
- Networking opportunities

Several of the students put together words of gratitude to our faithful President's Club Donors that make this opportunity possible.

National Conference Quotes

At the AAFP National Conference I thoroughly enjoyed learning about the vast opportunities and experiences that family physicians can experience. The conference piqued my interest in unique family medicine practices such as wilderness medicine and sports medicine. Because of the generosity of the OAFP donors I am more equipped and prepared for the application process for family medicine residency which I will undertake in the fall. Thank you, OAFP!

– 4th year medical student

The AAFP Conference did a really great job at incorporating a wide variety of topics into their conference this year. Even though I'm only a second year student, I really enjoyed listening to residency/match advice, what to do and what not to do during residency interview. I also love the fact that I left the conference learning how to provide better quality care to the LGBTQ+ community, how to use my platform to become a better advocate for my patients, and how to fight for social justice at a higher level. Overall, I loved the conference and loved getting to meet faculty and doctors across the nation.

– 2nd Year Medical Student

The AAFP National Conference provided me with a unique opportunity to speak individually with the residency programs that I am interested in, often allowing me to speak one-on-one with the program director and residents. In this year of virtual interviews, this was a truly invaluable opportunity to become familiar to and with programs. Also, the sessions about residency applications, interviews, and debt management helped me to continue in the process of becoming a family physician.

– 4th Year Medical Student

I greatly enjoyed my experience and appreciated how integral family doctors are to community health. I did not realize that family doctors could also travel and be involved in global health. Family medicine has a wide variety in which physicians can practice and the patient populations they serve.

– 2nd Year Medical Student

Thank you for making it possible for us to attend the AAFP National Conference. One thing that was clear to me is that there is a wide variety of interests and ways to practice family medicine. I learned about everything from wilderness medicine to maternal care. I was also able to prep for the upcoming interview season by attending workshops to help students with tips for virtual interviewing and creating a CV. I learned about the variety of ways Family Medicine physicians practice, and I look forward to joining this specialty as a future provider.

– 4th Year Medical Student

I really appreciated having access to information about the specialty that is usually difficult to access in one spot. I learned a lot about the role of Family Med physicians in Global Health initiatives that I didn't know before. I especially appreciated the information about choosing, applying to, and interviewing for residencies.

– 4th Year Medical Student

One thing I truly enjoyed about this conference was learning more about the wide variety of pathways that can be taken in Family Medicine as a specialty. In addition, with these unprecedented Covid-19 times, it was interesting to learn more about how Family Medicine is developing and incorporating Telemedicine into its practice.

– 2nd Year Medical Student





Dairy + Plants: Better Together

Dairy offers crucial nutrients your vegetarian and flexitarian patients may otherwise be missing.

Dairy accounts for:



Nearly 20% of the protein in American diets.

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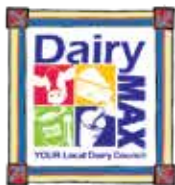
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RESIDENT AND STUDENTS

The OAFP is pleased to share Resident poster presentations on our website and encourages OAFP members to read what the future physicians have to say on a variety of medical topics here: <https://okafp.org/students/>

2020 POSTER PRESENTATIONS

1. Anderson Error Waste CVS Poster
2. Ashley Multani Clin IQ
3. Ball Reeder Sherier Interpreter poster
4. Bigelow David Robertson QI
5. Brigance Pyelonephritis
6. Chong Large Malignant Metastatic Breast Cancer
7. Clin Iq Poster
8. Dauer FINAL FPIN Poster Dauer
9. Dunn Beckman Breastfeeding Poster FINAL
10. Fonkem Anemia FINAL
11. GP Poster Knapp Team 2020
12. GP Poster Palmer Team 2020 -joint injections Clin IQ
13. GP Poster Pratt Team 2020
14. GP Poster Truong team 2020 OA Minimalist Footware
15. GPposter Owens team 2020
16. Hahn SSSS Poster FINAL
17. Harmon S Pseudohyponatremia FINAL Poster
18. Hernandez FINAL FPIN Poster
19. Kammerzell FINAL FPIN Case Report Poster
20. Kessling FINAL FPIN Case Report Poster
21. LBP FPIN DMcVay Poster
22. McDonald Paul Temple Vit K2 osteoporosis poster FINAL
23. OU Tulsa Research Day Poster Final SFP
24. Perkins Keeney QI Poster Final
25. Pham QI Final Poster
26. Poster presentation TKorff new
27. Selladurai FINAL2 FPIN Case Report Poster FINAL
28. Shields FINAL FPIN Poster
29. Southerland FINAL 5-20 FPIN_ CaseReportPoster_Southerland
30. SVANN FINAL FPIN Poster
31. Thompson poster FINAL
32. Vande Zande Neutropenia FINAL
33. Verdell FINAL FPIN Poster PPT
34. Walheim — FINAL FPIN Poster Walheim-1
35. WANG FINAL FPIN Poster

1.

SHORTCHANGING PATIENT HISTORY: Increasing the Risk of Error and Waste of Medical Resources
 Ashly Anderson, MD, Robert Adams, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Shortchanging patient history is a common occurrence in the clinical setting. This phenomenon is often attributed to time constraints, patient forgetfulness, or a desire to avoid uncomfortable conversations. However, this practice can lead to significant medical errors and unnecessary costs.

Discussion: Shortchanging patient history is a common occurrence in the clinical setting. This phenomenon is often attributed to time constraints, patient forgetfulness, or a desire to avoid uncomfortable conversations. However, this practice can lead to significant medical errors and unnecessary costs.

Conclusion: Shortchanging patient history is a common occurrence in the clinical setting. This phenomenon is often attributed to time constraints, patient forgetfulness, or a desire to avoid uncomfortable conversations. However, this practice can lead to significant medical errors and unnecessary costs.

7.

In adolescents, does e-cigarette use predict future cigarette use?
 Arica Dauer, MD, Ashley Hillstrand, MD
 OU School of Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: E-cigarette use has increased significantly among adolescents. This study aims to determine if adolescent e-cigarette use predicts future cigarette use.

Methods: A retrospective analysis of adolescent e-cigarette use and subsequent cigarette use was conducted. Data was collected from a longitudinal study of adolescents.

Results: The study found that adolescents who used e-cigarettes were more likely to use cigarettes in the future compared to those who did not use e-cigarettes.

Conclusion: Adolescent e-cigarette use is a predictor of future cigarette use. This finding highlights the need for interventions to reduce adolescent e-cigarette use.

2.

In women undergoing cesarean section, does anti-septic vaginal preparation vs no preparation reduce postpartum endometritis?
 Ashley Multani, MD, Robin Gonzalez, MD
 OU School of Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Postpartum endometritis is a common complication of cesarean section. The use of anti-septic vaginal preparation is a common practice, but its effectiveness is debated.

Methods: A retrospective analysis of cesarean sections with and without anti-septic vaginal preparation was conducted.

Results: The study found that the use of anti-septic vaginal preparation did not significantly reduce the risk of postpartum endometritis.

Conclusion: The use of anti-septic vaginal preparation does not significantly reduce the risk of postpartum endometritis.

8.

Omega-3 Supplementation to Improve Musculoskeletal Pain
 Arica Dauer, MD, Ashley Hillstrand, MD
 OU School of Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Musculoskeletal pain is a common condition. Omega-3 supplementation is a potential treatment, but its effectiveness is unclear.

Methods: A retrospective analysis of musculoskeletal pain patients who received omega-3 supplementation was conducted.

Results: The study found that omega-3 supplementation did not significantly improve musculoskeletal pain.

Conclusion: Omega-3 supplementation does not significantly improve musculoskeletal pain.

3.

Does Access to an Interpreter or Language-concordant Provider Improve Hemoglobin A1c Levels in Spanish-speaking Patients with Diabetes? An FPN® Evidence-Based Review
 William Bell, DO, Rayer Revilla, MD, MPH, Karina Chavez, MD, Victoria Sacks, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Spanish-speaking patients with diabetes often face barriers to care, including language barriers. This review examines the impact of interpreters and language-concordant providers on HbA1c levels.

Methods: An FPN® Evidence-Based Review was conducted to evaluate the impact of interpreters and language-concordant providers on HbA1c levels.

Results: The review found that access to interpreters and language-concordant providers significantly improved HbA1c levels in Spanish-speaking patients.

Conclusion: Access to interpreters and language-concordant providers significantly improves HbA1c levels in Spanish-speaking patients.

9.

Does Breastfeeding for Six Months or More After Birth Decrease the Risk of Childhood Obesity? An FPN® Evidence-Based Review
 Madison Beckman, DO, Christy Coates, MD, Amy Dunn, DO
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Childhood obesity is a global health problem. Breastfeeding is a common practice, but its impact on childhood obesity is unclear.

Methods: An FPN® Evidence-Based Review was conducted to evaluate the impact of breastfeeding on childhood obesity.

Results: The review found that breastfeeding for six months or more significantly decreased the risk of childhood obesity.

Conclusion: Breastfeeding for six months or more significantly decreases the risk of childhood obesity.

4.

Quality Improvement Project to Improve Rates of Gonorrhea and Chlamydia Screenings
 Amanda Hahn, MD, Jessica Aguiar, MD, Cassie Harrison, MD, Susanna Smith, MD, MPH
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Gonorrhea and chlamydia are common sexually transmitted infections. Improving screening rates is a key goal of quality improvement projects.

Methods: A quality improvement project was implemented to improve screening rates for gonorrhea and chlamydia.

Results: The project resulted in a significant increase in screening rates for both gonorrhea and chlamydia.

Conclusion: The quality improvement project successfully improved screening rates for gonorrhea and chlamydia.

10.

Milk: It Does Not Always Do A Body Good
 Vividha Fokan, MD, Thomas Kern, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Milk is a common beverage, but its health benefits are often overstated. This poster discusses the potential risks of milk.

Methods: A literature review was conducted to evaluate the health benefits and risks of milk.

Results: The review found that milk consumption is associated with an increased risk of obesity and cardiovascular disease.

Conclusion: Milk consumption is associated with an increased risk of obesity and cardiovascular disease.

5.

Enterobacter Bacteremia Secondary to Pyelonephritis
 James Brigrace, MD, Thomas Kern, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Enterobacter bacteremia is a rare but serious complication of pyelonephritis. This case report describes a patient with this condition.

Case Report: A patient with pyelonephritis developed enterobacter bacteremia. The patient was treated with appropriate antibiotics and supportive care.

Conclusion: Enterobacter bacteremia is a rare but serious complication of pyelonephritis. Prompt recognition and treatment are essential.

11.

Does vitamin D supplementation reduce the frequency or severity of asthma exacerbations in children?
 Rebecca Taylor, MD, MPH, Arica Dauer, MD, Ashley Hillstrand, MD, DO, Rayer Revilla, MD, MPH, Karina Chavez, MD, Victoria Sacks, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Vitamin D supplementation is a potential treatment for asthma, but its effectiveness is unclear.

Methods: A literature review was conducted to evaluate the impact of vitamin D supplementation on asthma exacerbations in children.

Results: The review found that vitamin D supplementation did not significantly reduce the frequency or severity of asthma exacerbations in children.

Conclusion: Vitamin D supplementation does not significantly reduce the frequency or severity of asthma exacerbations in children.

6.

Large Malignant Metastatic Breast Cancer - Phyllodes Tumor
 A. Benjamin Chang, DO, Thomas Kern, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Phyllodes tumors are rare breast tumors that can be benign or malignant. This case report describes a patient with a large malignant phyllodes tumor.

Case Report: A patient with a large malignant phyllodes tumor was treated with surgery and chemotherapy. The patient has a good response to treatment.

Conclusion: Phyllodes tumors can be malignant and require prompt recognition and treatment.

12.

Are sterile glove precautions necessary for joint injections or is a general aseptic process sufficient? A Clin-IQ
 Rebecca Taylor, MD, MPH, Arica Dauer, MD, Ashley Hillstrand, MD, DO, Rayer Revilla, MD, MPH, Karina Chavez, MD, Victoria Sacks, MD
 Department of Family and Community Medicine, OU School of Community Medicine, Tulsa, OK

Introduction: Sterile glove precautions are commonly used for joint injections, but their necessity is unclear.

Methods: A Clin-IQ was conducted to evaluate the necessity of sterile glove precautions for joint injections.

Results: The Clin-IQ found that sterile glove precautions are not necessary for joint injections if a general aseptic process is followed.

Conclusion: Sterile glove precautions are not necessary for joint injections if a general aseptic process is followed.

13. In chronic pain patients currently prescribed opioids, does adjunctive therapy with medical marijuana result in reduced opioid dosages?

Answer: Uncertain

Level of Evidence: 2B

CONCLUSION: The evidence is insufficient to determine the effects of the health care recommendation.

19. Clinical Outcomes of Limiting Resident Physician Shifts

Question: Do limiting resident physician shifts result in improved patient outcomes?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

25. Quality Improvement Project to Improve Fecal Immunochemical Test (FIT) Return Rate

Question: Can a quality improvement project increase the FIT return rate?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

31. Abdominal Pain of Unknown Origin

Question: What are the most common causes of abdominal pain of unknown origin?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

14. In adults with knee osteoarthritis, does minimal footwear significantly reduce pain compared to non-minimal footwear?

Answer: Uncertain

Level of Evidence: B

CONCLUSION: The evidence is insufficient to determine the effects of the health care recommendation.

20. Screening and Treating Antenatal Lower Genital Tract Infections to Improve Birth Outcomes

Question: Can screening and treating antenatal lower genital tract infections improve birth outcomes?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

26. Is ORF an effective treatment in adults with severe, refractory, and/or relapsing obsessive-compulsive disorder?

Question: Can ORF be used as an effective treatment for severe, refractory, and/or relapsing OCD?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

32. New Onset, Profound Neurogenic Incontinence in Setting of Recurrent Pyelonephritis

Question: What are the causes of neurogenic incontinence in recurrent pyelonephritis?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

15. Does long term Proton Pump Inhibitor use lead to osteoporosis and an increase in fractures?

Answer: Possibly

Level of Evidence: V

CONCLUSION: The evidence is insufficient to determine the effects of the health care recommendation.

21. Chronic Low Back Pain: Yoga vs. PT

Question: Is yoga more effective than physical therapy for chronic low back pain?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

27. Correction of Vitamin D Insufficiency or Deficiency to Improve Postpartum Depression

Question: Can correcting vitamin D levels improve postpartum depression?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

33. Does the LIG-LUD decrease BMD in adolescent females?

Question: Can LIG-LUD treatment decrease bone mineral density in adolescents?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

16. Staphylococcal Scalded Skin Syndrome

Question: What are the clinical features and management of staphylococcal scalded skin syndrome?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

22. Is Vitamin K2 Supplementation Effective in Reducing Incidence of Fractures in Adults? An FPN Evidence-Based Review

Question: Can vitamin K2 supplementation reduce fracture risk in adults?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

28. Mediterranean Diet and Decreased Development of Cognitive Impairment

Question: Can a Mediterranean diet reduce the risk of cognitive impairment?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

34. What are evidence-based interventions for prevention of diabetes in obese at-risk adults?

Question: What interventions can prevent diabetes in obese at-risk adults?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

17. Pseudohyponatremia due to Severe Hypertriglyceridemia

Question: How is pseudohyponatremia due to severe hypertriglyceridemia diagnosed and managed?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

23. Factors Associated with Medication Adherence among a High-Risk Hepatitis C Birth Cohort

Question: What factors are associated with medication adherence in a high-risk hepatitis C cohort?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

29. Football Helmet Design and the Risk of Concussion

Question: How does football helmet design affect the risk of concussion?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

35. Is Gabapentin more effective than TCA's in controlling neuropathic pain?

Question: Is gabapentin more effective than tricyclic antidepressants for neuropathic pain?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

18. The Use of Lavender in Sleep

Question: Can lavender essential oil improve sleep quality?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

24. Enhancing AAK Screening at the OUFM Clinic

Question: How can AAK screening be enhanced at the OUFM clinic?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

30. Duloxetine for Arthritis Pain

Question: Is duloxetine effective for treating arthritis pain?

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.

36. [Unlabeled]

Question: [Unlabeled]

Balance-Based Answer: The evidence is insufficient to determine the effects of the health care recommendation.

Summary of Data: The evidence is insufficient to determine the effects of the health care recommendation.



Future Physicians for Oklahoma Involvement Report

Payton Wright July 2nd, 2020

In the spring of 2020, I applied for the opportunity to shadow a physician in rural western Oklahoma, with the hopes of gaining more exposure to and experience with rural medical practices within the family practice realm.

While I have lived in rural western Oklahoma all my life and have seen some of the challenges of rural medical care from the patient's side, I had not seen it from the side of the physician. As a first-year medical student, the ever-looming question is, "What area of medicine are you planning to go into?". I consider this decision regularly, and as the time will soon arrive when I must commit to a decision, I find myself desiring as much exposure to different specialties as possible, believing they will greatly assist me with that career choice.

My time with Dr. Michael Robinson, of Elk City, offered me the opportunity to observe the running of a medical office, to understand the various jobs of the staff, to work with an in-house lab technician and alongside the office nurses. I had the privilege of interacting with approximately 900 patients. I was also given the chance to actively use the clinical skills I was taught in school this past year. Additionally, I was allowed to be part of several surgical births and many natural ones. I moved beyond shadowing and had direct encounters and real-time discussions regarding each patient's care. I saw a wide variety of cases and diseases, from pediatrics to geriatrics, and Dr. Robinson made a concentrated effort to constantly include me, as well as educate me.

We removed skin cancer, drained wounds, removed staples, delivered end-of-life news, lost patients, birthed patients, referred patients, admitted patients, faced the ever-growing problem of language and cultural barriers, and so much more.

Dr. Robinson's office sees approximately fifty patients each day. He is committed to getting patients in quickly and getting them back to their lives quickly. This is a business, as well as a passion, for him, and good care results in recommendations. That results in more patients and that results in financial success and stability for him. This success has provided him the opportunity to set up a lab within his office, so that reports get back to him quickly and the patient can be treated more efficiently. It has also enabled him to help set up an extended office in

a community not far from Elk City. This nearby area is in great need of doctors, and Dr. Robinson has established a partnership with another physician in an effort to bring more care options to those citizens. He has also expanded his practice to include an APRN, a weight-loss specialist, and a cosmetics specialist.

While in his office, I learned of many of the challenges facing small private practices, specifically in our rural area. I was also able to meet pharmaceutical representatives, sit in meetings with hospice companies and home health companies, and gain insight into being the director for a home health agency. I was also part of a discussion regarding the doctor's attorney and the legal obligations of physicians.

In the office, we discussed the wide variety of patients we saw, their history, their health, and their treatments. Our conversations included the patient's lack of health and science knowledge and their lack of self-care. We also discussed the travel distance required for many treatments that our patients need. This distance issue is a serious one for rural Oklahoma, especially for the elderly, the poor, and the underserved rural citizens of our state. I saw this doctor work tirelessly to arrange free transportation for a patient in a life and death situation, who had no means of getting to Oklahoma City, two hours away, for specialty treatment.

With the community's health in mind, I attended the city council meeting at the beginning of June, because part of the meeting was to be dedicated to a community health-related issue. The issue involved the local lake and the creeks and streams that run into it. The city officials, specifically the city manager, were accused of knowing for several years about the leaks in the city sewer system. The leaks had been reported many times, according to documentation, as well as the evidence that the sewage was flowing into the local creeks that run throughout the city proper. These creeks flow inside city neighborhoods and across main traffic areas, all eventually reaching the lake that is located south of town, and serves as a reservoir for the city, in a health emergency. I was highly impressed with the number of concerned citizens that were in attendance and with the medical representatives that were in attendance that night. The meeting showed me how valuable the knowledge and experience of our local doctors can be to our citizens even outside of the office.

While interning at the Robinson Clinic, I also attended a local church where I met several of Dr. Robinson's patients and further realized the impact a doctor can have on the citizens within their town, while being outside their office. Dr. Robinson stays involved in the community in several ways. He has worked extensively with the local hospital to educate the community regarding the Coronavirus Pandemic and the need for precautions. He also volunteers to conduct school physicals and works with the Community Health Education Initiative team.

As my time with this family physician came to an end, I found myself appreciating his role in a way I never had before. He was kind, inclusive, hardworking, knowledgeable, approachable, encouraging, and forthcoming with me. I appreciated the respect he showed me and the many teachable moments he spent with me. He gave me topics to look up and asked questions that forced me to draw on my science, chemistry, and limited medical knowledge. He had me read labs and tell him what the levels indicated, and asked me my opinion regarding a patient's possible diagnosis and treatment, always explaining how he came to his determination. I value the skills I learned and the many opportunities I had to use the skills I had gained in class.

Experiencing family practice, from the doctor's vantage point, was, of course, new to me. I found that I enjoyed the variety of cases that

each day brought, the fairly predictable and stable work schedule the field allows, and the longevity of relationship that Dr. Robinson had with many of his patients. Under his tutelage, I was made much more aware of the work needed to bring real improvements to the rural healthcare situation. The glaring need for better health and self-care education, more localized mental health treatment options, and better parental education options related to childcare and wellbeing, have been impressed upon me by my time spent in this clinic.

This field is a real possible career choice for me. I am intrigued by the many ways you can operate your clinic and the help you can bring to your community. This area of practice was not originally very high on my list of interests. I can honestly say that my thoughts have changed with this experience. After my time in this family practice clinic I believe I better understand the benefits of this specialty, both to the physician and to the community. I also see more opportunities within this specialty than I had previously, and I have a greater appreciation for what those working in this field do every day. I am grateful for the opportunity to spend a month alongside Dr. Robinson. When the time comes, making my career choice will not be easy, I'm sure, but the knowledge gained during this experience will help me make a well informed one.

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OUCOM Class of 2023 FPO Reflection

Stephen Stacy

July 2, 2020

In the era of the COVID-19 pandemic, countless healthcare enterprises across the world have changed for the indefinite future. OAFP's FPO program was no different

from these, having to limit the number of applicants who would be awarded the opportunity to participate. I am extremely grateful to myself for making that extra call and being allowed to be one of those students to partake. Kari Webber was essential to this process for me, and exceedingly helpful. Thank you, Kari, for working on my behalf to help make this happen! Thank you to the OAFP for conceiving of and perpetuating this program. It turned out to be an experience I wouldn't exchange for any other.

My FPO sponsor was Dr. James Beebe who practices family medicine at OU Physicians South Memorial clinic in Tulsa. While I spent most of my time at this clinic, let me start my recount in Muskogee. To get a better taste of a more rural setting than Tulsa, Dr. Beebe—who formerly practiced in Muskogee, OK—sent me there to work with Dr. Brad McIntosh in his private family medicine clinic.

The most impressive part of practicing medicine in the towns outside suburban Oklahoma is the versatility exhibited by the providers. Dr. McIntosh is a family medicine doctor who also serves as the OB/GYN for many of his patients, and often delivers babies and performs Caesarean sections. This does not come to mind quickly when I consider "primary care." Dr. McIntosh also practices in an Allergy Clinic on a weekly basis, although it was not open during my stint with him. Dr. McIntosh took me to the ICU to see a patient, and met another in the ER following a TIA. He is now a family medicine doctor, an OB/GYN, an allergist, and a hospitalist. His partner, Dr. Jason Dansby, is a family medicine doctor who additionally does colonoscopies. The variety of work possible for a family medicine doctor certainly piques my attention.

Between his many roles as a physician, Dr. McIntosh also makes time to be involved in his church and heads a beautiful family, to whom I was warmly introduced. He is very busy, and means to serve a great number of neighbors from his community and the greater region, but he finds a way to maintain balance.

I would describe Dr. McIntosh as chipper, ornery, and engaging. Dr. McIntosh is undoubtedly assertive in his leadership while remaining a team player. He is one who approaches his staff amicably. He is one to approach his patients warmly, and to always prioritize the wishes of the patients. Many of his patients come from

surrounding towns and routinely commute an hour to-and-from his office. When the patients routinely drive an hour to Muskogee and back to see their doctor, it's clear the patients believe they've found a good one. With ties to multiple generations within a handful of families represented in his clinic, Dr. McIntosh is connected to those families and their friends and neighbors.

I have made much to do about Dr. McIntosh to serve this point. He is an exceptional individual, certainly, yet the communities he serves seem to respect him proportionally. It is what he means to his community that makes him special. The importance of his many roles became evident when a patient said, "This guy here has been the best to me. God bless him! When I get hurt, who do I call?" The patient gestures at Dr. McIntosh. "When my ma was sick, who did I call? When I was in the hospital, who came to see me? Dr. McIntosh. This guy's the best." It is evident when a patient exclaims, "This man delivered both of my babies!"

From the patients' points of view, Dr. McIntosh appears to be a trusted counselor. He holds an esteemed reputation in a town where he knows many of the members of all the churches, city councils, the hospital, and small businesses; and, he is interconnected with friends, family, and neighbors of the folks aforementioned. It is evident in a more rural setting how a strong family medicine doctor can become central and integral to the community he or she practices in. Dr. McIntosh has achieved that in Muskogee.

Muskogee has the benefit of being close enough to Tulsa to refer patients to specialists near the metro. I think about what practicing might be like if that benefit was not retained. I want to experience a more rural environment than Muskogee before I apply for residency. I suspect it would only magnify the necessity for a primary care physician to be apt and competent in several other categories of medicine. I think that's really cool! I wouldn't have likely felt that way without having joined the FPO program this summer.

Most of my FPO experience was spent with Dr. Beebe in south Tulsa. By the end of the first three shifts, I knew this experience would be important; perhaps, the most important experience of my MS1 year. I give thanks now to Dr. Beebe, who is the person who made this experience exceptional. He has become a mentor and a friend to me, and nothing means more to me than having experiences like that, especially in the professional setting where some can be very guarded. Dr. Beebe was open about his previous experiences in family medicine—in which he also demonstrated notable versatility—and invited me to ask questions about balancing personal life with professional life. This made for a fast friendship between us.

NON-INVASIVE BRAIN MAPPING at Arkansas Children's Hospital

Arkansas Children's Hospital (ACH) in Little Rock is home to state-of-the-art brain mapping technology called magnetoencephalography (MEG). The MEG system allows physicians to identify patients who may benefit from epilepsy surgery. It's also used to evaluate brain activity and conduct mapping before brain tumor surgery. The MEG is safe for both children and adults.

Why MEG?

The main clinical use for MEG technology is in patients with epilepsy. With MEG technology, doctors can precisely identify where the seizure is coming from without invasive monitoring. This is especially beneficial for patients who don't respond to seizure medications. In these cases, surgery to remove the part of the brain where seizures are coming from is typically the next step, and MEG can potentially identify the abnormal brain area in a painless way.

How Often is MEG Technology Used?

It's estimated that out of every 100 patients with epilepsy, approximately 20-30 could be candidates for MEG technology. Many patients with brain tumors could also be candidates as these are the two main approved clinical uses. However, this may change in the near future as research in other areas continues to improve. MEG scans could soon be used on a variety of patients including those with:

- ADHD
- Autism
- PTSD
- Bipolar disorder
- Schizophrenia
- Alzheimer's
- Parkinson's
- Concussion

About the Neuroscience Center

At Arkansas Children's Neuroscience Center, our nationally renowned specialists give expert care for children suffering from a wide range of neurological disorders, treating brain, nervous system and neuromuscular disorders. Arkansas Children's pediatric neurologists serve children throughout the region at both of our hospital locations – ACH in Little Rock and Arkansas Children's Northwest (ACNW) in Springdale.



Dr. Beebe's good nature has built his reputation in the community as he cares for adult and elderly patients in addition to practicing a great deal of wound care at both his clinic and Hillcrest hospital. I spoke at length about the considerable rapport Dr. McIntosh builds with his patients. But, I have yet to see a doctor spoken-of and treated so fondly by his patients as Dr. Beebe is. Even with several great providers closer to home, dozens and dozens of patients come to Tulsa from Muskogee, Coweta, Wagoner, and even Eufala and Fort Gibson just to see Dr. Beebe. Apparently, these patients were not interested in getting a new primary care doctor, and never hesitated to tell me how much they liked and appreciated Dr. Beebe, whether he was nearby or not. They were patients of all different demographics and SES who lauded him. Multiple patients credited him with saving their lives, something that gets swept under the rug to some extent with primary care. Dr. Beebe's community loved him so much, they let him stretch the route another 45 minutes with smiles on their faces.

Of course, Dr. Beebe and I talked at great length about medicine, and he was informative and honest. One advice I gleaned from him is to know your capabilities as a physician. He was not too proud to refer patients to specialists at the point when his comfortability with treating a particular condition waned. I am one to act with the presumption I am pursuing self-sufficiency and expediency, when I might not be considering the well-being of the patient. Dr. Beebe, to the greatest extent possible, makes sure the patient's desires are met. He builds

trust quickly, because it is clear that people really do matter to him. I couldn't think of a higher aspiration.

I am deeply grateful to have been partnered with him, and would have been happy to just continue on working at his clinic through July! Is there another stipend laying around? Kidding. Sort of..

I have spent most of my training time thus far as a scribe in a metro ER in OKC, and EM has been my favorite field since. Now that I have dipped my toes in family medicine, I am well aware that continuity of care and closer relationships with my patients are powerful components of my experiences as a medical professional. It is clear that family medicine doctors anchor themselves in community and become that person relied-upon by many when things are going wrong. This is a role I would appreciate having, but I understand it takes a special kind of doctor and leader to be a successful family medicine doctor, to care best for your patients day in and day out. I also feel confident that I can join this field and maintain a suitable life balance. I see a bright future for myself in family medicine, though I know there is a long road ahead of me still. The FPO program changed the way I view not just primary care, but medicine as a whole. I am supremely grateful for the opportunity to participate in it. I look forward to following up with my new mentors and with family medicine.



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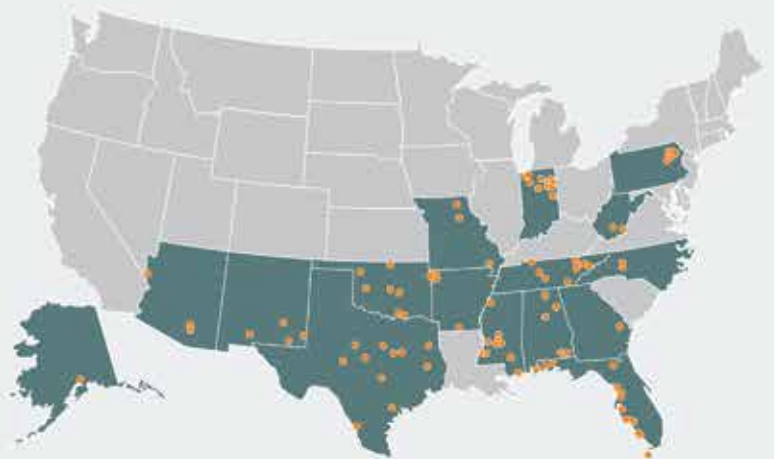
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GOOD SHEPHERD CLINIC AWARDED \$6,700 GRANT FROM AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

OKLAHOMA CITY (September 14, 2020) — Good Shepherd Clinic was awarded a \$6,700 grant from the American Academy of Family Physicians Foundation through its Access to Health Care for a Family Medicine Cares USA existing clinic award program. The grant will be used to assist low-income, uninsured residents of Oklahoma City to receive health care. This grant will allow access to chronically ill patients who have no other option for this much needed care.

The American Academy of Family Physicians Foundation advances the values of family medicine through humanitarian, educational, and scientific philanthropy dedicated to better health for people everywhere.

The grant funds will be used to purchase durable, sustainable equipment and instruments necessary for diagnosis and treatment related to primary care of our patients. These purchases will assist our volunteer physicians as they aim to manage our large population of patients with chronic illnesses to achieve their health outcomes.



“We are honored to receive this grant allowing us to serve even more in our community who otherwise may go without desperately-needed care,” Good Shepherd Clinic’s Executive Director Pam Timmons said. “The funding will enable our organization to bring essential medical and dental services to uninsured Oklahomans while serving as a teaching clinic to hundreds of medical and dental students each year and relieving the burden on other community services.”

Good Shepherd is a charitable clinic in the heart of midtown Oklahoma City. Its purpose is to provide quality medical, vision, prescription medications and dental care to the uninsured, and to meet the emotional and social needs of its patients. We rely on volunteers and donors to provide for those living in poverty.

For more information about Good Shepherd Clinic please visit www.GoodShepherdOKC.org or call (405) 754-5190.

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Primary Care Physician Position

Good Shepherd Community Clinic, Inc.

(GSCC), is looking for a primary care physician with a passion and training in ***lifestyle medicine*** who will help patients adopt and sustain healthy behaviors, address the needs of the whole person through root cause analysis and focus on preventative health interventions. The physician will be an integral part of a multi-disciplinary care team that includes health coaches, social and community health workers, pharmacists, nurses and dentists. Good Shepherd is a Federally Qualified Health Center and located in a Healthcare Provider Shortage Area, so qualified individuals could receive student loan reimbursement through the National Health Service Corp.

Responsibilities and Duties

The Physician will be responsible for providing medical care to patients at GSCC, and for the quality of services rendered. The Physician diagnoses and treats illnesses and injuries, promotes preventive care and well-being. He/She collaborates with the Chief Medical Officer in development of health care plans and quality initiatives. The Physician will also provide preceptorship opportunities for medical students at GSCC.

How to Apply

Apply by sending a copy of your CV along with a cover letter to traci@gsccardmore.com.



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The Science Behind Full Plate Living



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FULL PLATE APPROACH

Full Plate Living promotes a high-fiber approach to healthy eating, highlighting the consumption of whole, unprocessed plant foods: fruits, vegetables, beans and legumes, whole grains, nuts and seeds. Besides being a rich source of dietary fiber, whole plant foods are abundant in essential vitamins and minerals, antioxidants, phytochemicals, as well as healthy fats and protein.

HEALTH BENEFITS

- A high-fiber diet is associated with decreased risk of cardiovascular disease (CVD) and CVD mortality, coronary artery disease, type 2 diabetes, gastric, pancreatic, breast and colorectal cancers, all-cause mortality, overweight and obesity.⁽¹⁾⁽²⁾
- A high-fiber diet has been shown in numerous research studies published in peer-reviewed journals to significantly lower: total cholesterol, LDL cholesterol, triglycerides, fasting and postprandial blood sugars, HbA1c, insulin levels and C-reactive protein.⁽³⁾
- A high-fiber diet is associated with decreased risk of depression.⁽⁴⁾⁽⁵⁾
- A high-fiber diet increases the abundance of beneficial, protective gut bacteria, which is likely associated with decreased risk of CVD, type 2 diabetes, metabolic syndrome, obesity, inflammatory bowel disease and colorectal cancer.⁽⁵⁾
- A high-fiber diet is practiced by some of the longest-living people on the planet.⁽⁶⁾

FIBER INTAKE IN AMERICA

About 90% of Americans fail to meet the minimum daily fiber recommendations (25 grams for women, 38 grams for men), the average intake being around 16 grams a day.⁽⁷⁾ Fiber is a nutrient of “public health concern” because low intakes are associated with adverse health outcomes. Data indicate our low intakes of dietary fiber are due to low intakes of vegetables, fruits, whole grains and beans. So any dietary approach that encourages eating more of these foods can help move fiber intake closer to daily recommendations.⁽⁸⁾

WHAT ABOUT FIBER SUPPLEMENTS?

Fiber supplements contain different kinds of isolated fibers that have beneficial physiological effects, including lowering fasting and postprandial blood sugars, insulin, HbA1c and cholesterol levels, as well as helping normalize stools and aid in weight loss.⁽⁹⁾ However, not all fiber supplements have the same beneficial effects. If you use a fiber supplement, soluble, gel-forming fiber has been proven to be the most effective.⁽¹⁰⁾

While fiber supplements can make up for some of the lack of dietary fiber from whole foods, they do not provide the health benefits derived from eating whole, unprocessed fiber-rich foods. That’s because they are just isolated fibers, lacking the powerful health-promoting synergy derived from the full array of adjuvants, vitamins, minerals, antioxidants,

phytochemicals, healthy fats and protein found in fruits, vegetables, whole grains, beans, nuts and seeds.

CONCLUSION

In order to optimize health and longevity, focus on eating fiber-rich, whole, unprocessed plant foods at every meal, augmenting that with a soluble fiber supplement if medically prescribed.

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