

TAFP FOUNDATION BOARD OF TRUSTEES

Friday, November 8, 2024

10 a.m. – 12 p.m. CST

Zoom Meeting ID: **879 3703 1891** | Passcode: **871445**

Waterway 7&8, The Woodlands Waterway Marriott Hotel, upper level

AGENDA

1. Call to order by Linda Siy, MD, President.
2. Roll call and introduction of guests/members.
3. Approval of Minutes of meeting on April 12, 2024
4. Current Business
 - A. Update on travel funding
 - B. Update on Philanthropist of the Year Award
 - C. Financial Report
 - i. Approval of FY25 budget
 - iii. Investment report – Stephen Benold, MD, and Jordan Benold
 - D. Nominating Committee
 - i. Election of Board members
 - ii. Election of officers
 - E. Activities at 2024 Annual Session & Primary Care Summit
 - F. Research – Richard Young, MD
 - i. New proposals
 - ii. Final reports
5. Information Items
 - A. Cumulative Donors and Monthly Donors
 - B. Scholarships
 - C. Resident Scholars
6. Other Business
7. Adjourn

TAFP FOUNDATION BOARD OF TRUSTEES

Date: April 12, 2024

Members participating:

Justin V Bartos, MD, FAAFP
Adrian Billings, MD, PhD, FAAFP
Douglas Curran, MD, FAAFP
Bruce Echols, MD, FAAFP
Tricia C Elliott, MD, FAAFP
Lewis Foxhall, MD
Lesca C Hadley, MD, FAAFP
Rebecca Hart, MD
Terrance S Hines, MD, FAAFP
Shelley Kohlleppe, MD
Ashok Kumar, MD
C. Tim Lambert, MD, FAAFP
Eric Lee, MD, FAAFP
Adam Mendonca, MD, Resident Advisor
Dale C Moquist, MD, FAAFP
Mary Nguyen, MD
Donald Nino, MD, FAAFP
David Schneider, MD
Puja Sehgal, MD
Linda Marie Siy, MD, FAAFP
Erica W. Swegler, MD, FAAFP
Paul Swegler
Richard Young, MD

Lane Aiena, MD, Ex Officio
Emily D Briggs, MD, MPH, FAAFP, Ex Officio
Amanda Mohammed-Strait, MD, Ex Officio
Kasie Okonkwo, MD, Ex Officio
Ike Okwuwa, MD, Ex Officio
Rashmi Rode, MD, Ex Officio

Others participating:

Kathy McCarthy- Staff
Robert Montoya – Staff
Stephen Benold, MD – Investment Advisor
Dorcas Omari, MD, Resident Scholar
Madeline Huff, MD, Resident Scholar

CALL TO ORDER

The meeting was held at the Renaissance Austin Hotel and over Zoom. It was called to order at 12:45 p.m.

ROUTINE BUSINESS

The minutes of the November 11, 2023, meeting were approved without modification.

FAMILY MEDICINE RESIDENT SCHOLARS PROGRAM

Dr. Siy shared the names of the new scholars selected – Dr. Kristie Tu and Dr. Melanie Diaz. The interview committee this year included Dr. Linda Siy, Dr. Roland Goertz and Kathy McCarthy.

One of the resident scholars selected in 2023, Dr. Madeline Huff spoke to the Foundation Board of Trustees about her project. It is focused on cervical cancer screening. Members of the Board of Trustees provided feedback and suggestions.

FINANCIAL UPDATE

Dr. Puja Sehgal and Kathy McCarthy provided an overview of the TAFP finances. Six months into the fiscal year, we're on track to meet our expense budget. Donations are up, but the budget had an aspirational goal for income, so we still have work to do.

Dr. Stephen Benold presented a report on the TAFP Foundation investments and talked about inflation, interest rates, the consumer price index, and the possibility of a recession.

For the calendar year 2023, the TAFP Foundation saw a 6.6% rate of return on investments. The current allocation has 66% in US treasury bills, 33% in equities, and 1% cash. Currently, he does not recommend a change in the asset allocation. At some point there will be a shift to reduce the percentage of treasury bills.

TRANSFER FROM THE TAFP

Dr. Emily Briggs announced that the TAFP Board of Directors voted to transfer \$1 million from the TAFP reserve fund to the TAFP Foundation for initiatives that target medical students and residents with funding for travel, leadership development, FMIG activities, and more.

TRAVEL FUNDING

A new funding structure was approved for residents and medical students at Annual Session. The new structure provides travel funding for resident and student leaders for Annual Session and Interim Session and shifts more funding to the new TAFP Student and Resident Summit in August. The funding is now determined by geography with those living further from the meeting having access to more funding. Any leader funding not used will be reallocated for additional spots for the summit. The TAFP Foundation budget includes over \$100,000 in travel funding. The funding was not all utilized for Annual Session and likely will not all be used for Interim Session, so there should be additional spots for the summit.

FUNDRAISER INCENTIVE

Dr. Nino and his wife offered to engrave glasses with the TAFP Foundation logo for Annual Session to give to new and existing monthly donors. The distribution will be primarily at the reception in the exhibit hall on Friday. Dr. Lewis Foxhall offered to pay the cost of the glasses and Dr. Nino's wife is donating the engraving costs. The Ninos will bring the glasses to the hotel. The Board members will

1 need to staff the table with the glasses and thank donors. There will be a sign-up sheet at the Board
2 meeting in November.

3 4 **RESEARCH**

5
6 Dr. Richard Young provided an update on research funded by the TAFP Foundation. After several
7 years of declining applications, there were six new applications to fund in this cycle. The committee
8 is still finalizing the list of projects to fund.

9 10 **NOMINATING COMMITTEE**

11
12 Each year a Nominating Committee is elected at Interim Session and presents nominations for
13 officers and trustees at the Annual Session.

14
15 **MOTION: Elect Justin Bartos, MD, Ashok Kumar, MD, Dale Moquist, MD, Rebecca Hart, MD, and**
16 **Lesca Hadley, MD, as the Nominating Committee for 2024.**

17
18 **ACTION: Motion adopted.**

19 20 **OTHER BUSINESS**

21
22 Dr. David Schneider shared that colleagues at UT Southwestern are hoping to endow a professorship
23 to honor Dr. Amer Shakil who passed away recently. He also hopes to fund a lectureship and a
24 scholarship with the TAFP Foundation.

25
26 Dr. Siy noted the cumulative and monthly donor reports included in the packet. She encouraged
27 continued support for the monthly donor program. At the last meeting, Dr. Goertz challenged
28 everyone to increase their monthly donation amount to fund the extra travel in the budget.
29 Donations have increased and we project that there will be over \$50,000 in donations from monthly
30 donors in 2024.

31
32 The group discussed the TAFP Annual Session and Primary Care Summit. The Friday evening event
33 will be at Kirby's Steakhouse in The Woodlands. The Board of Trustees meeting will be on Friday,
34 November 8.

35
36 Meeting adjourned at 2 p.m. by Linda Siy, MD.

37 Minutes submitted by Executive Director, Kathy McCarthy.



Texas Academy of Family Physicians Foundation
 12012 Technology Blvd, Suite 200
 Austin, Texas 78727
 (512) 329-8666 / (512) 329-8237

MEMO

To: TAFP Foundation Board of Trustees

From: Kathy McCarthy, CAE and Juleah Williams

Date: October 31, 2024

Re: TAFP Foundation Travel Funding for Residents and Students

Last year, the Foundation Board approved big changes to travel funding. In summary, we:

- Eliminated funding for Annual Session and Interim Session except for resident and student leaders, scholarship recipients, and those in the research poster competition.
- Funding for those two meetings plus the new Summit went to a geographic model with maximum amounts determined by distance to the meeting.
- Changed National Conference funding to a scholarship to lessen the workload at the end of the fiscal year.

We can report that the changes have been very positive overall. We learned a few things this first year with the new funding:

- Just because a student is enrolled at a medical school doesn't mean they are living in that city!
- Students request funding and then don't register and don't communicate with us that they don't need the funding.
- Even though we have funding for our leaders to attend all three meetings, they likely won't be able to get away for all of them.
- Having the students at National Conference pick up their scholarship checks onsite worked really well. All were picked up and it decreased our administrative burden in collecting receipts and processing reimbursements after the conference.
- Zelle has a daily and weekly limit on transactions!

We really pushed the students and residents at the Summit to turn in their requests before they left the meeting and processed the majority using Zelle (transfers from our Bank of America account). I processed so many that the first week, I hit the daily limit for a small business account each day and then hit the weekly limit. Got them all paid within two weeks and closed out the for the end of the fiscal year.

Below you can see our estimates from last fall and our actual expenses in FY25. We reallocated unused funding from throughout the year to fund more students and residents to the Summit. Our number of students funded was dramatically higher as we had a lot of requests in the DFW area with a low maximum funding amount. The proposed FY25 budget does not include an increase in the total.

TAFP Foundation Travel Funding 2024				
Residents	Budget	Actual	Projected # funded	Actual # funded
Annual session - leaders only	\$8,850	\$3,810	18	8
Annual session – research posters (estimate)	\$3,000	\$2,581	5 - 10	5
Interim session - leaders only	\$6,800	\$1,773	18	2
Summit - 1 per program	\$16,100	\$16,207	40	38
Summit - leaders	\$7,600	\$5,012	18	11
National conference – Delegate and Alternate	\$2,400	\$2,400	2	2
Travel scholarships (French, Thorek, Hartin, Nixon)	(\$5,000)	(\$4,449)		
	\$39,750	\$27,334	101 – 106	61
Students				
Annual session - leaders only*	\$5,850	\$2,424	13	8
Annual session - posters	\$0	\$3,417		9
Annual session - Scholarship recipients	\$2,500	\$1,106	7 - 10	4
Interim session - leaders only	\$4,500	\$587	13	2
National conference - 3 per school	\$28,800	\$27,000	48	45
National conference - Delegate and Alternate	\$2,400	\$2,184	2	2
Summit - 3 per school	\$20,100	\$22,831	48	69
Summit - leaders	\$6,600	\$2,719	16	8
Travel scholarships (Mabry and Goertz)	(\$5,000)	(\$2,184)		
	\$65,750	\$60,084	145 – 147	147
Grand total for residents and students	\$105,500	\$116,936		
*Note: There are approximately 32 leader positions.				

Looking at how the funding was utilized and how far it went for our students and residents, we didn't have any students from UTRGV attend the summit and those who were further away had the largest gap between the expenses they submitted and what we were able to reimburse. We recommend increasing the maximum reimbursement amount for those more than 500 miles from the location of the meeting to \$750. Note that we made that change for Annual Session based on the approval of Dr. Siy.

RECOMMENDATION: Increase maximum funding for students and residents attending in-state conferences who are more than 500 miles from the host hotel to \$750.

Below are the maximum funding amounts (with the recommended change) and the cities for the meetings in FY24

	Maximum reimbursement amount	Cities for ASPCS (based on approximate distance to The Woodlands)	Cities for CFW/IS (based on approximate distance to Round Rock)	Cities for Summit (based on approximate distance to Irving)
Less than 75 miles	\$100	Conroe Houston, Sugar Land, Huntsville	Austin, Round Rock, Temple	Arlington, Dallas, Fort Worth, Waxahachie
76 to 200 miles	\$300	Athens, Austin, Bryan, College Station, Galveston Lufkin, Round Rock, Temple, Tyler, Victoria, Waco	Dallas, Fort Worth, Arlington, Waxahachie, Bryan, College Station, Waco, Huntsville, Houston, Conroe, Sugar Land, San Antonio, Victoria	Athens, Bryan, Denison, Huntsville, Lufkin, Pittsburg, Round Rock, Temple, Tyler Waco
201 to 350 miles	\$500	Arlington, Corpus Christi, Dallas, Denison, Fort Worth, Pittsburg, San Angelo, San Antonio, Waxahachie	Denison, Tyler, Athens, Pittsburg, Lufkin, San Angelo. Corpus Christi, Galveston, Odessa, McAllen, Laredo, Mercedes	Austin, Conroe, Galveston, Houston, Lubbock, San Angelo, San Antonio, Sugar Land, Victoria
351 to 500 miles	\$600	Laredo, McAllen, Mercedes, Odessa, Edinburg	Amarillo, Lubbock	Amarillo, Corpus Christi, Laredo, Odessa
More than 500 miles	\$750	Amarillo, San Antonio, El Paso	El Paso	Edinburg, El Paso, McAllen, Mercedes



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MEMO

To: TAFP Foundation Board of Trustees

From: Kathy McCarthy, CAE, Executive Director

Date: November 1, 2024

Re: Philanthropist of the Year

You'll notice that we do not have a philanthropist of the year this year. In consultation with the Executive Committee, we didn't select one and want to make that award one given when needed and not necessarily every year. The TAFP Foundation block of time at the TAFP awards lunch will be devoted to our cumulative donors and our scholarship recipients.

We don't know what philanthropic activities our donors are involved in outside of TAFP and the TAFP Foundation, so the award has been somewhat focused on the highest donors. We recognize high donors with the cumulative donor program. We believe the award will be more meaningful if it's given less frequently. I will create a nomination form and invite Trustees to self-nominate or nominate a colleague next year. The deadline for nominations will be the end of May.

Here is a list of past honorees:

1996	Henry Boehm, MD	2011	Bruce Echols, MD
1997	Barbara Conner, MD	2012	Edwin Franks, MD
1998	A.E. Mgebroff, MD	2013	C. Tim Lambert, MD
1999	Seth Cowan, MD	2014	Melissa Gerdes, MD
2000	Leah Raye Mabry, MD	2015	Patrick Leung, MD
2001	Warren T. Longmire, MD	2016	Lewis Foxhall, MD
2002	Hugh Wilson, MD	2017	Seth Cowan, MD
2003	Leah Raye Mabry, MD	2018	Dale Moquist, MD
2004	Roland Goertz, MD	2019	Adrian Billings, MD, PhD
2005	Paul and Erica Swegler, MD	2020	None - COVID
2006	Glen Johnson, MD	2021	Robert Youens, MD
2007	Stephen Benold, MD	2022	Lesca Hadley, MD
2008	Clare Hawkins, MD	2023	Mary Nguyen, MD and Lloyd Van Winkle, MD
2009	Linda Siy, MD		
2010	Jim and Karen White		

Texas Academy of Family Physicians Foundation
FY25 draft budget

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Description	FY23 Actual 31-Aug-23	FY24 Budget	FY24 Actual 31-Aug-24	FY25 Budget
General Income				
Grants & Scholarships	\$ 80,000	\$ 80,000	\$ 80,000	\$ 80,000
Designated Gifts- Memorials		\$ -		
Designated Gifts-Resident Trav	\$ 1,050	\$ 750	\$ 1,600	\$ 1,500
Designated Gifts-StudentTravel	\$ 10	\$ 35,000	\$ 9,700	\$ 12,000
Designated Gifts- General				
Undesignated Gifts- General	\$ 44,355	\$ 45,000	\$ 55,385	\$ 58,000
Research Grants- Designated		\$ 250	\$ 120	\$ 200
Resident Scholars	\$ 360			
Auction/Event Income	\$ 10,950	\$ 10,000	\$ 10,100	\$ 24,000
Other Income	\$ 38	\$ 250	\$ 40	\$ 50
Interest and investment income				
General investment Income*	\$ 22,000	\$ 30,000	\$ 20,000	\$ 20,000
Investment Income - Research*	\$ 6,600	\$ 6,633	\$ 6,713	\$ 6,713
Investment Income - Student Interest*	\$ 7,000	\$ 7,080	\$ 7,171	\$ 7,171
Investment Income - Resident Leadership		\$ 1,592	\$ 2,465	\$ 2,465
Investment income - TAFP Fund				\$ 40,000
Total General Income	\$ 172,363	\$ 216,555	\$ 193,293	\$ 252,100

* The budget reflects Investment Income of 4% of investments.

General Expenses				
Travel- Staff		\$ -		
Food & Beverage	\$ 357	\$ 400	\$ -	\$ 300
Postage	\$ 74			
Printing		\$ 150		\$ 150
Bank Charges	\$ 3,353	\$ 3,500	\$ 5,465	\$ 5,500
Local Property Taxes				
CPA & Audit	\$ 7,000	\$ 9,500	\$ 18,125	\$ 15,000
Equipment rental	\$ 436	\$ 450		\$ 450
Donation Recognition		\$ 5,000	\$ 3,577	\$ -
Auction/event expense	\$ 11,045	\$ 10,000	\$ 8,321	\$ 9,500
Medical Student Travel	\$ 49,123	\$ 60,000	\$ 57,899	\$ 60,000
Resident Travel Reimburse	\$ 14,047	\$ 30,000	\$ 26,022	\$ 30,000
Student Interest Groups	\$ 1,156	\$ 5,000	\$ 2,140	\$ 4,000
Research Grants	\$ 29,290	\$ 50,000	\$ 49,328	\$ 70,000
Fund Raising and Development		\$ -		
Research poster	\$ 1,200	\$ 3,300	\$ 2,700	\$ 3,300
Investment Management	\$ 19,174	\$ 17,000	\$ 19,550	\$ 25,000
Resident Scholars	\$ 16,500	\$ 20,500	\$ 26,713	\$ 29,200
Total General Expenses	\$ 152,754	\$ 214,800	\$ 219,840	\$ 252,400

Net profit - General	\$ 19,609	\$ 1,755	\$ (26,547)	\$ (300)
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Texas Academy of Family Physicians Foundation
FY25 draft budget

Description	FY23 Actual 31-Aug-23	FY24 Budget	FY24 Actual 31-Aug-24	FY25 Budget
Endowed Funds				
Investment Income - scholarships*		\$ 70,000	\$ 70,000	\$ 70,000
Total Endowed Fund Income		\$ 70,000	\$ 70,000	\$ 70,000

* The budget reflects Investment Income of 4% of investments.

Scholarship Expenses				
South Texas Scholarships	\$ 1,500	\$ 1,000	\$ 1,500	\$ 1,000
Kolb Schlr Fnd- UTMB Galveston	\$ 2,292	\$ 2,300	\$ 2,298	\$ 2,300
Porres Schlrschp- TX Tech Lubbk	\$ 1,700	\$ 1,700	\$ 1,700	\$ 1,700
Prussner Schlrschp-UTHSC Housto	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000
Ross Schlrschp- UTSW Dallas	\$ 2,000	\$ 2,000	\$ 1,000	\$ 2,000
Post Schlrschp- UTHSC San Anton	\$ 1,000	\$ 1,800	\$ -	\$ 1,800
Krause Scholarship	\$ 2,250	\$ 2,300	\$ 2,500	\$ 2,300
Thorek Schlrschp	\$ 1,100	\$ 1,200	\$ 1,100	\$ 1,200
Valley Chapter Scholarship		\$ 9,000	\$ 6,000	\$ 9,000
C. French Schlrschp	\$ 1,087	\$ 1,000	\$ 1,000	\$ 1,000
Hartin Scholarship	\$ 1,245	\$ 1,200	\$ 1,149	\$ 1,200
Nixon Scholarship	\$ 640	\$ 1,200	\$ 1,200	\$ 1,200
LR Mabry Scholarship Fund	\$ 2,400	\$ 4,000	\$ -	\$ 4,000
Lancaster Scholarship	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Jim Martin Scholarship fund		\$ 2,300	\$ 1,431	\$ 2,300
Cassie Murphy-Cullen, PhD Scholarship	\$ 2,400	\$ 2,400	\$ 2,500	\$ 2,400
Boehm Scholarship	\$ 1,000	\$ 1,000	\$ -	\$ 1,000
Mueller Scholarship	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Glen Johnson Minority Scholarship	\$ 1,500	\$ 1,500	\$ 1,750	\$ 1,500
Roland Goertz Scholarship	\$ 1,152	\$ 1,200	\$ 2,184	\$ 1,200
Leung Scholarship	\$ 2,300	\$ 2,000	\$ 2,100	\$ 2,000
Bartos/Pillow Scholarship	\$ 3,900	\$ 3,800	\$ 2,000	\$ 3,800
Seth Cowan Scholarship	\$ 500	\$ 500	\$ 500	\$ 500
Deuser Endowment	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Mettetal Scholarship	\$ 1,300	\$ 1,000	\$ 1,000	\$ 1,000
Dickey Scholarship	\$ -	\$ 1,000	\$ 1,000	\$ 1,000
Siy Scholarship	\$ -	\$ 1,000	\$ 1,000	\$ 1,000
Total Endowed Fund Expenses	\$ 40,266	\$ 55,400	\$ 43,912	\$ 55,400

TAFP FND
Balance Sheet
August 31, 2024

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		YTD FY24	YTD FY23	Net Change
ASSETS				
Current Assets				
10-106-00	Bank of Am Chkg	(\$ 7,819.49)	15,336.56	(23,156.05)
10-107-00	Bank of Am Savings	41,696.60	57,600.50	(15,903.90)
10-104-00	iShares TR-0-3 Mon Trus	2,991,311.90	0.00	2,991,311.90
10-105-00	Fidelity Govern Cash Res	62,721.26	27,054.53	35,666.73
10-109-00	Fidelity Bonds	0.00	2,208,821.69	(2,208,821.69)
10-111-00	Vanguard Value Ind Admiral	629,206.38	200,249.46	428,956.92
10-112-00	Vanguard REIT Admiral	406,937.60	161,977.14	244,960.46
10-114-00	ALPS ETPs TR Alerian	535,275.13	390,159.18	145,115.95
10-115-00	Fidelity Stocks	0.00	251,083.60	(251,083.60)
10-128-00	Accounts Receivable - Academy	0.00	1,340.00	(1,340.00)
	Total Current Assets	4,659,329.38	3,313,622.66	1,345,706.72
Property and Equipment				
	Total Property and Equipment	0.00	0.00	0.00
	Total Assets	\$ 4,659,329.38	3,313,622.66	1,345,706.72
LIABILITIES AND CAPITAL				
Current Liabilities				
20-201-00	Accounts Payable- General	\$ 0.00	1,679.44	(1,679.44)
20-202-00	Accounts Payable - Academy	0.00	4,109.39	(4,109.39)
20-204-00	Deferred Revenue- Grants	4,500.00	0.00	4,500.00
	Total Current Liabilities	4,500.00	5,788.83	(1,288.83)
	Total Liabilities	4,500.00	5,788.83	(1,288.83)
Capital				
30-221-00	Fund Balance	46,401.83	(23,148.05)	69,549.88
30-222-00	Restricted Principal-Scholarships	2,053,078.00	2,053,078.00	0.00
30-225-00	Designated Scholarships	802,052.00	802,052.00	0.00
30-228-00	Fund Balance- Interest Schlrsp	406,302.00	406,302.00	0.00
	Net Income	1,346,995.55	69,549.88	1,277,445.67
	Total Capital	4,654,829.38	3,307,833.83	1,346,995.55
	Total Liabilities & Capital	\$ 4,659,329.38	3,313,622.66	1,345,706.72



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Memorandum

To: TAFP Foundation Board of Trustees

From: Nominating Committee
Justin Bartos, MD; Ashok Kumar, MD; Dale Moquist, MD; Lesca Hadley, MD

Date: November. 1, 2024

The Nominating Committee is recommending change in the officers of the Foundation. We have opening on the Board and ask current trustees to help us identify potential new members.

Below are our recommendations:

- Item 1. We recommend re-electing the following trustees to another three-year term on the TAFP Foundation Board of Trustees.
- Justin V. Bartos, MD; Adrian Billings, MD, PhD; Bruce Echols, MD; Tricia C. Elliott, MD; Lesca Hadley, MD; David Schneider, MD; Puja Sehgal, MD
- Item 2. We recommend electing Emily Briggs, MD, MPH, for a term as an At Large Trustees.
- Item 3. We recommend the following slate of officers for 2025:
President – Linda Siy, MD
Vice President – Rebecca Hart, MD
Treasurer – Lloyd Van Winkle, MD



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MEMO

To: TAFP Foundation Board of Trustees

From: Kathy McCarthy, Executive Director

Date: November 1, 2024

Re: Annual Session Activities

We have several opportunities for fundraising and visibility for the work of the Foundation at the 2024 Annual Session and Primary Care Summit.

- During the Friday night reception in the exhibit hall, the TAFP Foundation will have a table to distribute glasses engraved with the TAFP Foundation logo. Dr. Nino's wife Danna donated the engraving. Current monthly donors and new monthly donors can get two glasses. They will be boxed and I have gift bags to put them in. At your discretion, you can give them to other generous donors.

We need our extravert Board members to attend the reception and help recruit new Monthly Donors!

The reception is in the Town Center South on the first floor of the hotel on Friday, 5 – 6 p.m.

- We have a fundraising dinner at Kirby's Steakhouse on Friday. We have more than \$14,000 in sponsorship and we still have tickets to sell.
- Dr. Linda Siy will deliver a short Foundation update to the attendees during the CME general session on Saturday morning.
- TAFP included a place for Annual Session registrants to make donations when they registered. We've raised over \$1300 from that so far plus \$600 from VIP seating.
- The Abstract on Friday afternoon includes three past TAFP Research Grant recipients. In addition, another past research grant recipient, Dr. Zach Sartor is presenting Sunday morning on addiction medicine in primary care.

- We'll recognize cumulative donors and scholarship recipients during the Saturday Awards Lunch. We have 12 scholarship recipients planning to attend.

Stephanie Elbanna	Dr. David Pillow Scholarship in Honor of 2001 TAFP President Justin Bartos, MD
Muhammad Hashir Jamal	Patrick Leung, MD, Medical Student Scholarship
Nancy Kha, MPH	Patrick Leung, MD, Medical Student Scholarship
Shreya Mallena	Ted Mettetal, MD, Medical Student Scholarship
Cecilia Nguyen	Arnold N. Krause, MD, Medical Student Scholarship
Molly Ni'Shuilleabhain	South Texas Chapter Medical Student Scholarship
Jacob Player	Ted Mettetal, MD, Medical Student Scholarship
Haley Turner	Dr. David Pillow Scholarship in Honor of 2001 TAFP President Justin Bartos, MD
Matthew Wieters	Linda M. Siy, MD, Medical Student Scholarship
George Tong Yang, MPH	Glen Johnson, MD, Minority Medical Student Scholarship
Justin Yun	Arnold N. Krause, MD, Medical Student Scholarship
Tyler Zapata	Glen Johnson, MD, Minority Medical Student Scholarship

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MEMO

To: TAFP Foundation Board of Trustees

From: Kathy McCarthy, CAE on behalf of the Research Grants Committee

Date: November 1, 2024

Re: Research Update

Research in progress

Here are the research projects funded and in progress. Final reports from Drs. Grigoryan, Mahmood and Ravi follow.

Funded 2024

Texas Two-Step: Evaluation of two-part blood pressure screen during mass pre-participation physical exams in detection of pediatric hypertension

Namita Bhardwaj, MD, MPH, UTMB Galveston

Improving Cancer Survivorship through Better Communications within Primary Care Systems

Wei-Chen Lee, PhD, MSPH, UTMB Galveston

Understanding Clinicians' and Residents' Utilization of Telehealth in Family Medicine: An RRNeT Study

Maria Montanez Villacampa, MD, UT Health San Antonio

Funded 2023

Investigating Hormonal Influences on Pain and Stress Behavior using Longitudinal Adolescent Stress and Health Data

Chance R. Strenth, PhD, UT Southwestern

Preferences and Attitudes towards Telehealth among Individuals Attending Safety-Net Community Clinics in Houston Texas

Abayomi Ogunwale MD, MPH, McGovern Medical School

Implementation of a Hypertension Education Class at a Community-based clinic in an underserved urban area

Jonnae Atkinson, MD, Baylor College of Medicine

Development and validation of HITSS\$ screening tool for geriatric populations

Amer Shakil, MD, UT Southwestern – Note: After Dr. Shakil's death in April, Dr. Victoria Udezi became PI.

Familias Contra Diabetes: Group Visits to Teach Self- Management Strategies to Diabetic Patients and Their Families

Stephanie Nguyen, DO

Funded 2022

Likelihood of Specialty Mental Health Treatment for Pediatric Patients Receiving Care within the Primary Care Behavioral Health Consultation Model

Yajaira Johnson-Esparza, PhD; Stacy Ogbeide, PsyD, UT San Antonio

A pilot project to manage chronic kidney disease in patients in the UTMB Family Medicine Island East Clinic by utilizing a chronic kidney disease patient navigator

Jamal Islam, MD, MS, UTMB Galveston – Note: Dr. Islam passed away in December. Dr. Quratulanne Jan has taken over as PI.

Funded 2021

How Family Medicine Physicians Can Demonstrate Accountability: an RRNeT Study

Richard Young, MD, JPS / RRNeT

Funded 2020

Mobile Health Technology and Self-collected Sample for Cervical Cancer Screening Among Low-Income Women: A Pilot Study

Matthew Asare, PhD and Sally Weaver, MD

Dementia: Determining the Capacity Necessary to Designate a Surrogate

Sally Weaver, MD, McLennan County Medical Education and Research Foundation

Funded 2019

Shared Care Model of Obesity Patients' Management

Saima Siddiqui, MD, MSCI, UT Health Science Center at San Antonio

Assessing the Efficacy of Targeted Home Visits for the Management of Chronic Conditions

Nora Gimpel, MD, UT Southwestern Medical Center

Improving intent to utilize the HPV Vaccine among Young Adults in a Primary Care Setting: Comparing healthcare provider levels and education styles

Shane Fernando, PhD, MS, FRSPH, University of North Texas Health Science Center

Funded 2017

Reduction in the incidence of Type 2 Diabetes through self-monitoring of blood glucose in patients with pre-diabetes - a Pilot Study

Fozia Ali, MD, UTHSC San Antonio

New proposals

We received eight new proposals. The committee is finalizing their decision.

Title	Amount requested
A Survey of Resident POCUS Knowledge After Completing a Web-Based Curriculum vs Traditional Didactic Training at a Family Medicine Residency Program <i>David Fuhriman, MD, PGY2, Christus Health San Antonio</i>	\$10,000
Implementing and assessing the impact of an OB skills workshop on the OB clinical rotation experience for Family Medicine residents <i>Deepa Somcio, MD, Memorial Family Medicine Residency Program</i>	\$10,000
Need assessment of Lifestyle Medicine Education During Preparticipation Physical Evaluation (PPE) and its impact on BMI and Blood Pressure in High Schoolers: A Year-Long Study Across Three High Schools. <i>Ernst Joseph Nicanord, MD, UTMB Galveston</i>	\$10,000
Exploring and Improving Type 2 Diabetes Outcomes Using Short-Term Continuous Glucose Monitoring <i>Chelsea Mendonca, MD, Baylor College of Medicine</i>	\$10,000
Shared Responsibility for Patient-Centered Health Outcomes: Start with Nutrition <i>Wei-Chen Lee, PhD, MSPH, UTMB Galveston</i>	\$10,000
Barriers and Facilitators to Evaluation and Treatment of Endocrine Dysfunction among Patients With Long Term Opioid Exposure <i>Curtis Bone, MD MHS, UT Health San Antonio</i>	\$10,000
Waco COVID survey Follow-up survey <i>Sally Weaver, PhD, MD, Waco Family Medicine</i>	\$10,000
Building a Sustainable Referral System between Primary Care and the San Antonio Food Bank: Implementation and Evaluation <i>Yun Shi, MD, PhD, UT Health San Antonio</i>	\$10,000

Texas Academy of Family Physicians Foundation

ATTN: TAFP Foundation
Research Grants Committee
Kathy McCarthy
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Austin, TX 78727
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Ph: (512) 329-8666

COVER SHEET FOR CLOSING REPORT

Start date: 05/04/2023

Stop date: 04/30/2024

Principal Investigator: Dr. Larissa Grigoryan

Institution: Baylor College of Medicine

Title of Project: Reducing use of antibiotics without a prescription: testing of a stakeholder-driven, patient education intervention in primary care

Larissa Grigoryan, MD, PhD^{1,2}, Kiara Olmeda, MS¹, Azalia Mancera¹, BS, Roger Zoorob, MD, MPH¹, Mohamad Sidani, MD¹, Lindsey Laytner, MPH, PhD¹, Mace Adams, MPH³, Tyler Brehm MD^{2,4}, Barbara Trautner, MD, PhD^{2,5}

1. Department of Family and Community Medicine, Baylor College of Medicine
2. Center for Innovations in Quality, Effectiveness, and Safety (IQuEST), Michael E. DeBakey Veterans Affairs Medical Center
3. Department of Wellness, Baylor College of Medicine
4. Department of Medicine, Section of Infectious Diseases, Baylor College of Medicine
5. Department of Medicine, Section of Health Services Research, Baylor College of Medicine

750-1,500 words

Use of antibiotics without a prescription (non-prescription use) is a highly prevalent issue in Texas that poses significant individual and public health risks. [1-4] At the public health level, it can contribute to rising rates of antimicrobial resistance. At the individual level, important safety issues related to non-prescription antibiotic use include potential adverse drug reactions, drug interactions, diagnostic delays, masking of underlying infectious processes, superinfection, and disruption of the microbiome. In our previous survey on this topic in Texas clinics and emergency departments, 246 (43.6%) of respondents reported prior use of non-prescription antibiotics from various sources, including obtaining antibiotics from stores, herbalist shops, or flea markets, using leftover medication, obtaining them abroad, or receiving them from relatives or friends. [4] In addition, 177 (31.4%) reported intent to use antibiotics without a prescription in the future [4]. We found that patients often lack understanding regarding antibiotic risks, leading them to use antibiotics without consulting their primary care physician. [5] We also found that the barriers to using antibiotics with a prescription included confusing labeling (e.g., on prescription bottles and in the pamphlets accompanying the prescription) and limited knowledge and education surrounding antibiotics (e.g., proper use, risks, and antibiotic resistance). We designed a patient-focused educational brochure titled "Antibiotics: What You and Your Family Should Know," to reduce non-prescription antibiotic use. Our educational brochure was developed iteratively with the input from our community advisory board (comprised of family medicine patients), medical directors of family medicine clinics, and a graphic designer. We also received feedback from two experts in health literacy and cultural and linguistic competency in Hispanic communities. The brochure (available in English and Spanish) includes information about safe means of antibiotic procurement, antibiotic side effects, non-antibiotic treatment options for common symptoms, and guidance on accessing care at public clinics. As recommended by NIH, testing the acceptability, appropriateness and feasibility of the tool is the natural next step before subsequent full-scale implementation of the tool in the clinics. The results of the current study will inform our future R01 proposal on the implementation and effectiveness of the tool on reducing non-prescription antibiotic use using a cluster-randomized controlled trial in family medicine clinics.

With the TAFP support, we performed a cross-sectional survey with family medicine patients at Baylor College of Medicine family medicine clinics in Texas. From October 2023 to February 2024, we distributed brochures to 100 patients across two local clinics, with an equal distribution between English and Spanish versions. Following receipt of the brochure, patients completed a survey assessing its acceptability, appropriateness, and usability, as well as providing open-ended feedback for improvement. We used validated

measures of acceptability, appropriateness and usability of intervention. These outcomes are often used in studies as “leading indicators of implementation success. [7-8]

Our survey respondents, with a mean age of 53, were predominantly female (72%), college-educated (72%), and represented diverse racial and ethnic backgrounds, including Black (35%), Hispanic/Latino (30%), and Caucasian (28%). The majority demonstrated adequate health literacy (81%). [9-10] Feedback on the brochure was overwhelmingly positive, with 98% finding it acceptable and appropriate, and 100% deeming it usable. Furthermore, 96% of respondents believed the brochure would be useful, citing specific content areas such as antibiotic indications (23%), over-the-counter alternatives (23%), and side effects (14%). Suggestions for improvement, provided by 15% of respondents, included alternative media formats and increased availability at pharmacies (27% each).

In conclusion, our patient-centered brochure about antibiotic safety was considered acceptable, appropriate, and usable by our diverse clinic patients. The high acceptability, appropriateness, and usability of our educational brochure indicate its potential to serve as a valuable tool in reducing antibiotic misuse. Key learning points reported by patients included antibiotic indications, side effects, and over the counter alternatives. Next the brochure will be the focus of an intervention to reduce non-prescription antibiotic use among our socially vulnerable patient population.

We extend our sincere gratitude to the TAFP Foundation for their generous support of this project. Their funding has enabled us to evaluate an innovative patient-education tool with the potential to positively impact public health outcomes in Texas and beyond. We also express appreciation to our community advisory board members, expert collaborators, and the patients who participated in this study for their invaluable contributions to our efforts.

By disseminating this executive summary, we aim to share our findings and recommendations with the TAFP Foundation, informing future initiatives and guiding efforts to address antibiotic misuse within primary care settings. Our findings are highly meaningful for our future R01 proposal to design and implement an effective intervention in English and Spanish to reduce non-prescription antibiotic use in Texas. Together, we can work towards improving patient outcomes and promoting the responsible use of antibiotics in our communities.

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Adequacy of follow up in patients with PHQ-9 screen detected depression risk: An executive summary of study

Author: Naveen Mahmood, MD

Patients with suspected depressive symptoms may not be receiving adequate referral and follow-up. Early diagnosis and treatment may help prevent severe mental health disorders. The need for early identification and management of depressive disorders was even more important at the time considering the state of anxiety and uncertainty imposed by the COVID-19 pandemic. Detection of depressive disorders through screening provides opportunities for early management and could prevent development of severe disease. The nine-item Patient Health Questionnaire (PHQ-9) is widely used in primary care settings to identify patients at risk of depression. Assessing PHQ-9 scores following treatment by their PCPs or referral for evaluation and management by behavioral health professionals, can provide a window into the adequacy of follow-up received by patients with potential mental health disorders. Measures could be put in place to educate providers to address any inadequacies detected in order to get patients with suspected depressive symptoms the help they require.

With funding from the Texas Academy of Family Physicians (TAFP), we wanted to determine whether patients identified as being at risk of depression and managed were having adequate reduction in their depression symptoms. We conducted a cross-sectional analysis of medical records of patients 18 years and older who were seen at the UT Physicians family medicine clinic from January 2019 to December 31, 2020, and had been identified as having moderate or higher scores of depression risk based on PHQ-9 scoring. We regarded improvement as adequate if patients had decrease in the their PHQ-9 scores by 5 points or more. For 24 patients who had records of follow up at one year, 13 (54.2%) improved, 4 (17%) saw no change, and 7 (29%) had worse score. Although over half improved only 12% had adequate improvement (i.e. 5 or more decrease in PHQ-9 scores. We also analyzed the data to determine correlates of depression symptoms in the population. We found that African Americans, younger age and people with other mental health issues like anxiety disorder were at higher risk of depression than those without. We also found that patients who smoked were more likely to exhibit symptoms of depression than those who did not. Findings from our studies

were presented as posters at the conference of the TAFP in 2021 and the 2022 Spring Conference of the Society of Teachers of Family Medicine (STFM).

The finding of association between smoking and depression made us look further into effects of smoking on depression risk reduction, which were published in the Journal of Primary Care and Community Health (Mahmood et al, 2023). We found that risk of depression was more likely to persist in smokers than non-smokers after 6 months follow up. We could not look at the effect at 12 months because of the high attrition. Thus it will be important for primary care providers to enquire about smoking status of patients at risk of depression and incorporate plans for smoking cessation into their management since our study showed that smoking impedes recovery from depression in patients with a history of smoking.

Reference

Mahmood N, Goldstein S, Thiele A, Trotchie M, des Bordes J. Smoking and Depression Risk Reduction in a Primary Care Setting. J Prim Care Community Health. 2023 Jan-Dec;14:21501319231213748. doi: 10.1177/21501319231213748. PMID: 38041400; PMCID: PMC10693795.

Clinician and Patient Experiences with Medical Interpreter Use in a Family Health Center

Introduction

The United States is a melting pot of ethnic and linguistic diversity. Effective communication and understanding of cultural contexts are paramount in delivering quality care to patients from different ethnic and linguistic backgrounds.¹

Research shows that language barriers contribute to poor treatment adherence, decreased patient comprehension of their diagnoses, and increased associated complications.¹ Conversely, provider-patient language concordance improves medication adherence, patient perception of healthcare quality, and patient satisfaction.^{3,4,5,6} Professional interpreters are associated with improved clinical outcomes, increased patient satisfaction, and decreased communication errors.^{1,7,8}

Exploring the hurdles encountered by clinicians when using medical interpreters is crucial because of their potential adverse effects on patient communication and clinician satisfaction. A national survey from 2006 revealed that 58% of resident physicians faced significant challenges in delivering care due to time constraints, while 54% encountered difficulties due to limited access to interpreters.⁹ Due to time limitations, poor interpreter access, and technical problems with interpreter access devices, residents and physicians in practice often chose to underutilize interpreters or used ad hoc interpreters instead.¹⁰⁻¹² Beyond these challenges, a qualitative study involving family physicians uncovered additional obstacles, such as difficulty setting an agenda during the patient encounter, compromised ability to form good patient-

physician relationships, problems gathering information from the patient because of the need to speak through a third party, and delays in conveying visual cues.¹³

This study aimed to gain a deeper insight into clinician satisfaction and comfort with medical interpreter use, gather clinicians' perceptions of how interpretation influences the quality of medical care provided, and to identify barriers to effective communication when using medical interpreters. The study also explored patient experiences when using interpreters and contrasted them with clinician experiences.

Methods

The Family Health Center (FHC) is a family medicine residency-based clinic, set in an urban, low income area of Bexar County, Texas, where roughly 13% of the population is foreign-born, with Hispanics/Latinos comprising 60.3%.² Additionally, 48% of the population speak a language other than English at home.² Notably, since 2021, the clinic has also been serving Afghan refugees. Qualified phone/video interpreter services are available; however, clinicians reported concerns about limited English-proficient (LEP) patients not comprehending their healthcare plan despite using medical interpreters. In 2021, we conducted a mixed methods study consisting of surveys and focus groups. Two provider surveys: "Clinician survey" and "Staff survey" were collected. "Clinician survey" was completed by the clinic's family medicine faculty, resident physicians, and pharmacologists. "Staff survey" was completed by medical assistants (MA) and licensed vocational nurses (LVN). Surveys were designed based on review of medical literature and FHC providers' experiences using medical interpreters. Surveys assessed clinician and staff satisfaction with the care provided

using medical interpreters, comfort level with interpreter use, and barriers that prevented use of medical interpreters when needed.¹⁴ Both “Clinician survey” and “Staff survey” contained similar questions except that “Clinician survey” included questions regarding satisfaction with ability to diagnose/treat LEP patients, empower patients, and make a personal connection with them when using medical interpreters. Patient surveys were also collected from Spanish-speaking patients; these surveys asked patients how well their concerns were addressed by their providers and how well they understood their provider’s instructions and advice when using qualified interpreters. Chi-square analyses were performed to assess potential associations between the primary type of interpreter used and provider satisfaction with interpreter use; and to examine if prior training in interpreter use had any impact on provider comfort levels in using interpreters.

Additionally, we conducted two focus groups using a semi-structured format—one for residents and another for faculty physicians—to delve into barriers to effective interpreter use. The family medicine department’s Research Operations Supervisor, (JR), led the resident focus group, and co-led the faculty focus group along with a faculty physician (TR) involved in this study. We could not recruit the clinic’s medical assistants and nurses for focus groups because they could not be compensated per institutional policies. The sessions were recorded and anonymously transcribed. Two project team members independently analyzed transcriptions and met to discuss agreement of coding and themes. The thematic analysis was conducted utilizing ATLAS.ti software.

The project was approved by both the UT Health San Antonio IRB and University Health System IRB.

Results

Provider Surveys

Of the 70 clinicians and staff who participated in the surveys, 52 (74%) were clinicians, 14 (20%) were MAs, and 4 (6%) were LVNs. Forty-nine (70%) reported speaking other languages than English. Twenty-four (34%) reported using medical interpreters for 1-5 clinic encounters in the preceding 3 months, and 20 (29%) for more than 10 encounters. See Table 1 for additional demographic information.

Eighty-seven percent of clinicians and staff were at least “somewhat comfortable” using medical interpreters and 76% felt they were able to overcome language barriers through interpreter use. However, only 39% were satisfied with overall medical care provided during visits when they used medical interpreters (Figure 1). Most clinicians (70%) stated they were satisfied with their ability to diagnose and treat a disease when using interpreters; but fewer than half were satisfied with their ability to empower patients (44%) and make personal connections (33%) (Figure 2).

When overall satisfaction level with the type of interpreter most often used was collapsed into satisfied vs. not satisfied vs. neither to increase cell sample counts and contrasted between video and telephonic interpreters, the results trended toward better satisfaction with video interpreters (57.9% video vs. 31.6% telephone) but were not statistically significant ($\chi^2=3.8$, $df=2$, $p=0.15$). There was no significant difference in the comfort level with interpreter use between those with prior training on interpreter use

and those with no prior training ($X^2=2.1$, $df=1$, $p=0.15$); however, there was a tendency for greater comfort with any training (69.2% at least 1 lecture vs 53.3% no training) estimating an Odds Ratio of 2.14.

Fifty-one percent of clinicians did not use a medical interpreter at least once in the past 3 months in a clinic encounter with a LEP patient due to various barriers; including high wait times to connect to interpreters, poor quality of interpreter phone connection, and patients' preference to use family/friend as interpreter. (Figure 3)

Provider Focus groups

Fifteen family medicine resident physicians participated in the resident focus group and 8 family medicine faculty participated in the faculty focus group. The focus group discussions unveiled several critical themes on provider experiences when using medical interpreters at the Family Health Center (FHC) clinic.

Access to interpreters emerged as a significant challenge experienced by the participants, with limited availability for specific dialects. One participant voiced, "I've had patients that speak a very particular language, and they connect me to someone in the region that may speak a similar one, but it's a very different dialect." Participants also expressed challenges in requesting an interpreter of a specific gender, which were frequently requested by Afghan patients. In addition, they highlighted the absence of designated in-person interpreters, and the availability of only two video interpreter devices.

Factors influencing the accuracy of interpretation were discussed. Participants noted substantial variability in interpretation accuracy and health literacy of interpreters.

"It seems like they are linguistic interpreters but not medical interpreters," stated a participant.

Logistical and technical issues with medical interpreter services were another prominent concern. One example noted by resident physicians was speaking through a third party and shuttling between patient rooms to precept with attending physicians. Additionally, both attendings and resident participants reported long wait times, poor connectivity and low-quality audio. They also highlighted challenges where interpreters were unable to stay on the line for the required duration or technical issues with the devices, affecting the smooth flow of communication during appointments.

Participants also noted differences in proficiency between video remote and telephonic interpreters. They perceived the interpreters using video devices to be more fluent and qualified.

Participants explored the impact of medical interpreter use on the doctor-patient relationship, noting both positive and negative effects. Many felt that the logistical barriers and inconsistent accuracy of interpretation negatively impacted their capacity to establish positive patient-physician relationships. Conversely, a few residents and attendings believed that some patients valued physicians' attempts to comprehend them, despite the additional time and effort required for interpreter use. Some physicians felt their relationships with certain LEP patients were stronger than those formed during language-concordant visits.

Recommendations to improve satisfaction with interpreter services included integrating a link within the electronic medical record (EMR) for seamless access, allocating increased time for interpreter use during appointments, seeking support from

additional staff members to facilitate interpreter coordination, and obtaining more video devices.

Patient surveys

Seventy-two patient surveys were collected from Spanish-speaking patients. These were all patients established in our clinic for more than 2 years. Ninety-four percent of patients responded they understood their doctor's advice very well or extremely well when using qualified interpreters. Eighty-seven percent felt that their symptoms and concerns related to their health were adequately addressed when their doctor used a qualified interpreter. When asked about the types of interpreters used in clinic in the past year, 26% of patients reported that they used an in-person qualified interpreter, 68% used an interpreter through a video device, 57% used an interpreter via telephone, and 11% used a family member. Except for two patients, the patients' comments on their experiences with qualified interpreters were very positive, they felt that the interpreters were very professional and had a good vocabulary. Two patients felt that the interpreter sometimes did not translate everything they said and one of them preferred an in-person interpreter.

Discussion

Overall, FHC clinicians and medical staff reported comfort with accessing interpreter services and, through the use of medical interpreters, most clinicians were able to perform their essential duties. However, clinicians were not satisfied with the medical care provided and relationships established with patients. A similar theme emerged in the resident focus group: a majority of residents noted difficulty making a

personal connection with their patients when using interpreters (although some did feel the use of interpreters actually strengthened their relationship with certain patients). In contrast to provider experiences of dissatisfaction with the care they provided when using qualified interpreters, patient surveys indicated that patients generally were able to communicate well with their providers and get their concerns adequately addressed through the use of qualified interpreters; the patients really appreciated the interpretation services.

Provider focus groups and surveys helped identify specific challenges with the logistics of interpretation, including technical issues related to interpreter devices, interpretation accuracy, and time pressures. They also underscored the need for more video interpreter devices, which were perceived as supporting better quality interpretation than audio-only devices. It is also important to highlight that a significant number of clinicians (30%) cited patient request for using a family member/friend as an ad hoc interpreter as the reason for not using a trained interpreter. Eleven percent of patients also stated they used a family member/friend as an interpreter in the previous year. It would be interesting to delve into the degree to which time delays connecting to interpreters, poor audio quality, and inaccuracy of interpretation influenced these patients' decisions.

Through the funding provided by the Texas Academy of Family Physicians, our clinic has been able to understand the challenges our clinicians and patients face when using interpreters. The findings of this study prompted the clinic to develop a quality improvement initiative in collaboration with the healthcare institution's Interpreter Services department, in order to address the challenges faced by clinicians when using

medical interpreters. This study can help other programs monitor for similar issues during language discordant visits so they can develop strategies to improve experiences during these encounters, and mitigate the barriers to effective communication.

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Demographics	n (%)	n (%)	
Age		Speak other languages than English	
20-30years	26 (37%)	No	21 (30%)
31-40years	28 (40%)	Yes	49 (70%)
41-50years	10 (14%)	Spanish	35
51-60years	3 (4%)	Other	14
Over 60 years	1 (1%)	Role in Clinic	
Gender		Clinician	52 (74%)
Male	12 (17%)	MD/DO (attending)	9
Female	56 (80%)	MD/DO (resident)	32
Prefer not to say	2 (3%)	Behavioral Health faculty	3
Ethnicity		Behavioral Health resident	2
White	21 (30%)	Family NP specialist	1
Latino	24 (34%)	Physician's Assistant	1
Black	6 (9%)	Staff - Medical Assistant	14 (20%)
Asian/Pacific Islander	13 (19%)	Staff - Licensed Vocational Nurse	4 (6%)
Other	6 (9%)		

Table 1. Demographic data, from Clinician and Staff surveys.

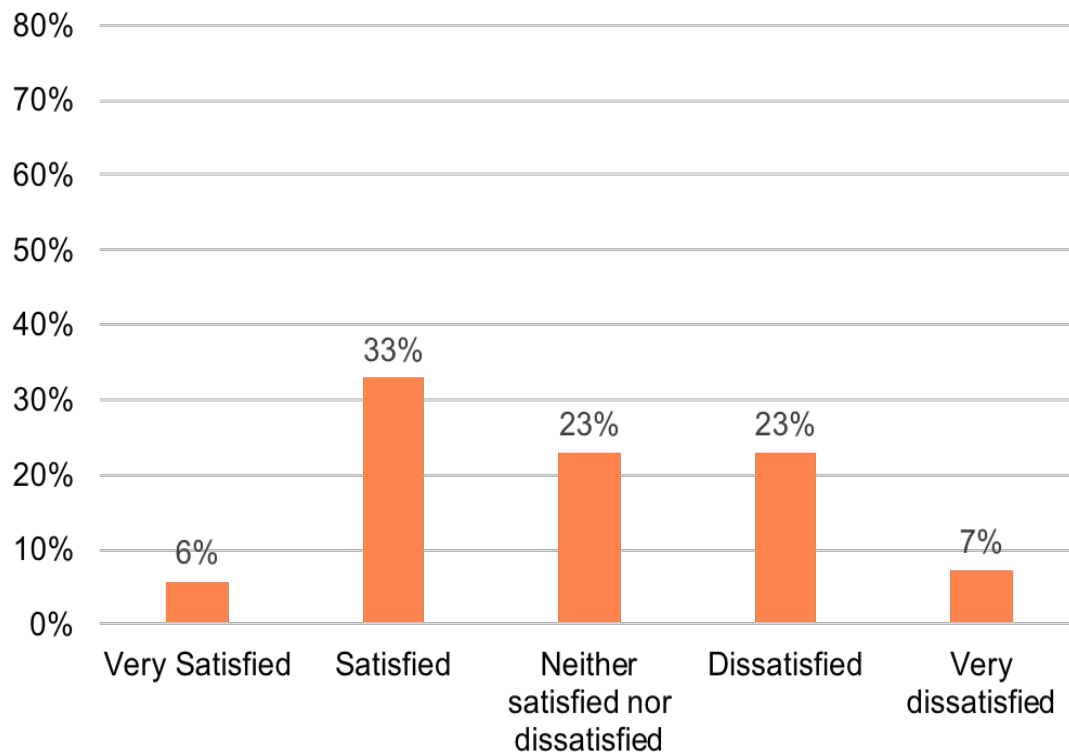


Figure 1. Clinician and Staff satisfaction with medical care they provided when using interpreters, from Clinician and Staff surveys. n = 70

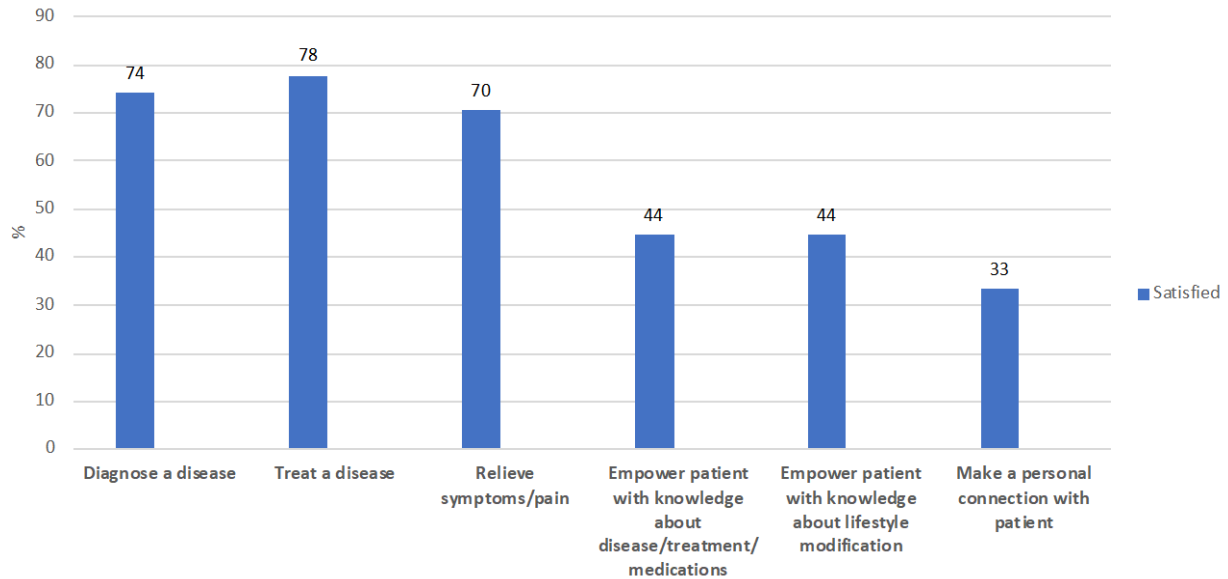


Figure 2. Clinician satisfaction with the ability to perform certain tasks, from Clinician survey.

n=54

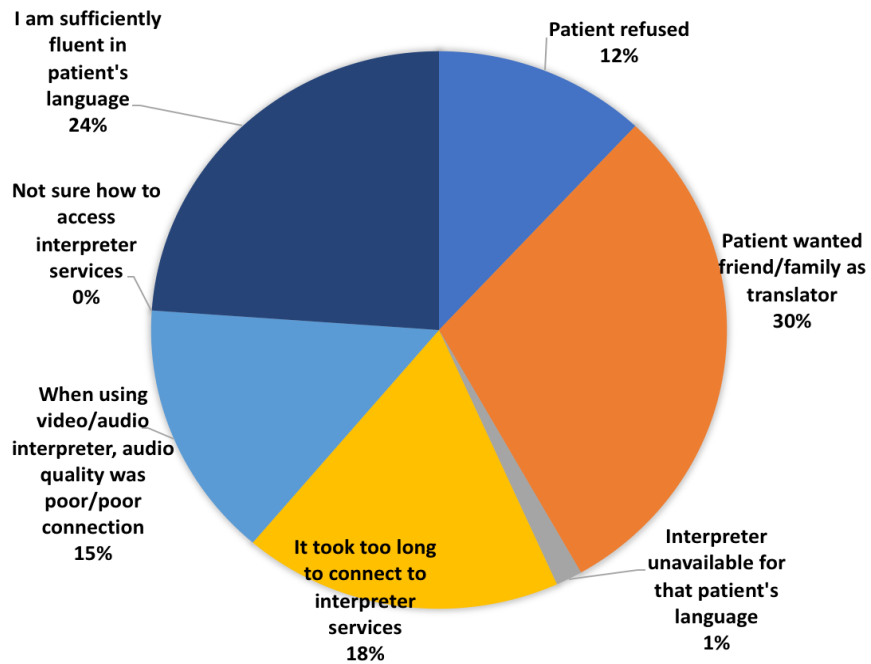


Figure 3. Reasons for not using medical interpreters, from Clinician survey. n = 31

Themes	Representative Quotations
<p>Access to interpreters:</p> <ul style="list-style-type: none"> -limited access for certain dialects -no designated in-person interpreters 	<p>"I've had patients that speak a very particular language and they connect me to someone in the region that may speak a similar one, but it's a very different dialect."</p> <p>"There are no designated interpreters but there are two staff that are also qualified to interpret. But they have their regular job."</p>
<p>Experience with interpreters:</p> <ul style="list-style-type: none"> -video remote interpreters more fluent than telephonic interpreters 	<p>"The interpreters that I've had on the iPads are more fluent than the phones. I feel like they are more qualified from my experiences."</p>
<p>Factors that influence the accuracy of interpretation:</p> <ul style="list-style-type: none"> -health literacy of interpreters 	<p>"Health literacy of our interpreters... That's critical, really, for what we're doing."</p> <p>"It seems like they are linguistic interpreters but not medical interpreters."</p>

<p>Impact on doctor-patient relationship:</p> <p>-both positive and negative impacts</p>	<p>"Sometimes I do have that personal connection or building rapport with using the interpreter because patients sometimes see how hard we are trying to understand them."</p> <p>"It can absolutely, significantly affect patient care... It makes (patients) frustrated and it makes us frustrated because we're talking through a third party, who both of us are not getting good translation. And then the visit gets longer and then they're frustrated and we're frustrated..."</p>
<p>Logistical issues with interpreters:</p> <p>-time taken to precept to faculty</p> <p>-interpreter device connectivity issues</p>	<p>"When we step out of the room and we're like 'we have to go check out to our attending, can you stay on the line?' and they're like 'I can only stay for 10 minutes'."</p> <p>"At other times (video device) is not charged or there are network issues and it's not functioning properly."</p>
<p>Recommendations to improve satisfaction:</p> <p>-link in electronic medical record</p> <p>-increased time allocation for interpreter use</p>	<p>"Why can't we have a link embedded in our (EMR) login to be part of the interpreter services, as we have the computer open and can chart."</p> <p>"Maybe more iPads."</p> <p>"I think if you have to use the translator, you should have more time."</p>

<p>-assistance from support staff</p>	<p>"When you see your panel for that day, just get in the habit of looking to see who speaks a language you're going to need a translator for. That way, from early on, you can get help from the MA or nursing staff to try to get that translator on."</p>
---------------------------------------	--

Table 2. Themes from Resident and Faculty Focus Groups

New Pins for 2024

Visionary (\$50,000+)

None

Pioneer (\$25,000 - \$49,000)

Mary Nguyen, MD

Lloyd Van Winkle, MD

Lewis Foxhall, MD

Trailblazer (\$10,000 - \$24,999)

Joshua Splinter, MD

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Partner (\$6000-\$9999)

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Paul B Oliver, MD

Patron (\$2,500 - \$5999)

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Chris Casso, MD

Jennifer G. Liedtke, MD, FAAFP

David Paul Sanner, MD

Yanqiu Zhao, MD

Sustainer (\$1000-\$2499)

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Charles V O Hughes, III, MD, FAAFP

Li-Yu Huang Mitchell, MD, FAAFP

Odette Mohamed-Santa, MD, FAAFP

David B Vaughan, MD

Erin L Wright, MD

Elizabeth L Yang, MD, FAAFP

Jessica Yao, MD, FAAFP

Friend (\$500 - \$999)

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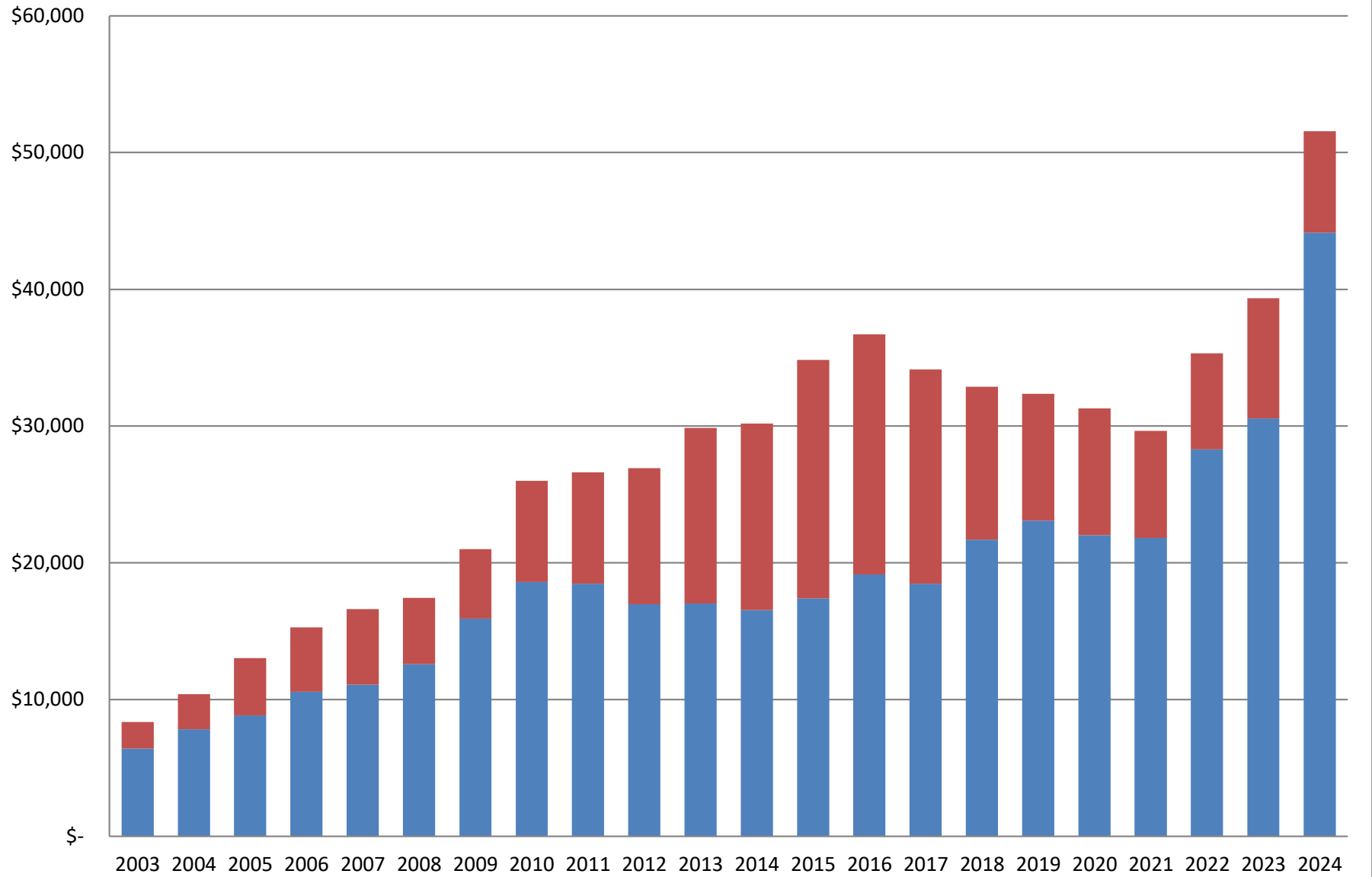
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*2024 estimated based on Jan-Sept donations

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■ Endowed Funds

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Scholarships & Endowments

	8/31/2023 Balance at audit	FY24 Donations & Transfers	Appreciation	FY24 Payouts & Reductions
Valley Chapter	\$ 251,101	\$ -		\$ 6,000
Student Interest Endowment	\$ 179,280	\$ 17,220		\$ 7,171
Pruessner	\$ 179,235	\$ 3,890		\$ 6,000
Research Endowment	\$ 167,825	\$ 5,440		\$ 6,713
Mabry	\$ 114,813	\$ -		\$ -
Bartos / Pillow	\$ 100,047	\$ 1,733		\$ 2,000
Martin	\$ 67,990	\$ -		\$ 1,431
Murphy-Cullen	\$ 65,500	\$ 400		\$ 2,500
Ross	\$ 62,928	\$ -		\$ 1,000
Krause (Tarrant County)	\$ 61,986	\$ 1,083		\$ 2,500
Resident Leadership Endowment	\$ 61,633	\$ -		\$ 2,465
Kolb	\$ 57,814	\$ -		\$ 2,298
Leung	\$ 53,043	\$ -		\$ 2,100
Goertz	\$ 49,026	\$ 1,995		\$ 2,184
Post	\$ 45,899	\$ -		\$ -
Johnson Minority	\$ 44,435	\$ 50		\$ 1,750
Nixon	\$ 43,436	\$ -		\$ 1,200
Porres	\$ 42,944	\$ -		\$ 1,700
Lancaster	\$ 42,234	\$ -		\$ 1,000
Boehm	\$ 42,049	\$ -		\$ -
South Texas Chapter	\$ 40,530	\$ -		\$ 1,500
Hartin	\$ 39,829	\$ 50		\$ 1,149
Cowan	\$ 39,002	\$ -		\$ 500
Dickey	\$ 37,328	\$ -		\$ 1,000
Thorek	\$ 36,012	\$ -		\$ 1,100
Mettetal	\$ 32,113	\$ -		\$ 1,000
Mueller	\$ 28,695	\$ -		\$ 1,000
French	\$ 28,542	\$ -		\$ 1,000
Deuser	\$ 27,441	\$ 450		\$ 1,000
Siy	\$ 27,030	\$ 5,233		\$ 1,000
Powell	\$ 10,502	\$ -		\$ -
Totals	\$ 2,080,242	\$ 37,544	\$ -	\$ 60,261



Texas Academy of Family Physicians Foundation
 12012 Technology Blvd, Suite 200
 Austin, Texas 78727
 (512) 329-8666 / (512) 329-8237

MEMO

To: TAFP Foundation Board of Trustees

From: Kathy McCarthy, CAE, Executive Director

Date: November 1, 2024

Re: Update on Resident Scholars program

The program has been in place since 2020 and is doing great. Our two most recent scholars are unable to join us in The Woodlands to discuss their projects, but we should have them at our Interim Session meeting.

Here is a recap on all of our scholars:

- 2020 Kendra Williams, MD – completed residency in 2022, practicing in Knox City, TX
- 2021 Tyler King, DO – completed residency in 2023. Practicing in Laredo and serving on the Laredo City Council
- 2022 Carmella DeSerto, MD – completed residency in 2024. Practicing in San Antonio with UT Health.
 Gerardo Rodriguez, MD – completed residency in 2024. Working at Health Services of North Texas in Denton. Should be Medical Director in the next few months.

At the 2023 AAFP Congress of Delegates in Chicago.



- 2023 Madeline Huff, MD – Third year resident in Austin. Recipient of the AAFP Award for Excellence in GME
Dorcas Omari, MD – Third year resident in Lufkin.

At the 2024 AAFP Congress of Delegates in Phoenix.



- 2024 Kristi Tu, MD – Second year resident in Sugar Land.
Melanie Diaz, DO – Second year resident in Waco