



NEWSLETTER

Winter 2004

Montana Academy of Family Physicians // 2021 11th Avenue, Suite 1 // Helena, MT 59601

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FROM THE PRESIDENT...

national level. I will share a bit of that with you.

One of the more interesting decisions to come out of the Congress of Delegates this past year is a name change for our specialty. It was agreed to adopt "Family Medicine" in lieu of "Family Practice." My first take on this was that it is a matter of trivial semantics, but it does make sense in the way of branding and will help to reduce the public confusion that exists regarding family practice. Most of you are probably aware that there has been a very large study over the past couple of years referred to as the "Future of Family Medicine" project. The final report is due out soon and much of the data is available on the AAFP website, aafp.org. I do think that it will be very important for our specialty to evolve to best meet the healthcare needs of our communities.

One of the more newsworthy events as of late has been the Medicare Prescription Drug and Modernization Act of 2003. This

bill was supported by the AAFP, AARP and several other national organizations, and our elected representatives from Montana played important roles in the eventual passage. This bill will provide a prescription benefit plan for Medicare beneficiaries as well as replacing the 4.5% planned cut in physician reimbursement with a 1.5% increase. This legislation also stands to benefit rural physicians and other health care providers.

I personally feel that the Medicare Bill has many aspects to it which can provide some short term relief, and perhaps is a step in the right direction. My concern is that this legislation allows for the continuance if not augmentation of the status quo. The fact is that the United States spends more than twice as much on health care as the average of other developed nations, all of which have universal health coverage. My hope is that as we implement these changes in the

Greetings!

In the way of introduction, I am the Associate Director of the Montana Family Medicine Residency in Billings and have had the distinct honor of serving as the MAFP president this year. Like the rest of you, I mostly stay very busy dealing with my job and family, but I have had the opportunity, over the last few years, to also be involved through our academy with the politics of Family Medicine on both a state and

THE MONTANA FAMILY PRACTICE RESIDENCY WELCOMES THE ENTERING CLASS OF 2003...

The Montana Family Practice Residency Program is pleased to welcome 5 new residents this year. They will begin in late June for orientation. This will be our 8th entering class since the residency began.

Emily Colson graduated from Eastern Virginia Medical School and has moved with her husband to Billings. While in medical school, she participated in various activities from coordinating and participating in volunteer activities, presenting tobacco education

curriculum to 5th graders, working with the homeless and performed sports physicals at a local high school. She also has found time to run a marathon, compete in soccer and sing in the school a capella group. She also enjoys hiking, kayaking, camping, painting sewing and sculpture.

Vivian Cox and her husband have moved here from Colorado, after her graduation from the University of Colorado. During medical school, Vivian worked with ethics and professionalism forums,

FROM THE PRESIDENT (CONT'D)



Next Board Meeting-
Big Mountain
Medical Ski
Conference.
Sat. Feb. 7th, 2004



Have A Voice.....
Get Involved
In Your Chapter
Of Family
Medicine
Physicians!!

health care system for this rapidly growing segment of our population, we can continue to move forward and eventually reach a point where we have a health care plan that covers every American for all necessary medical care. I urge you to read the Special Communication in JAMA, August 13, 2003 - Vol 290, No.6 entitled "Proposal of the Physicians' Working Group for Single-Payer National Health Insurance." You can pull up the abstract or full text of this article at jama.ama-assn.org.

Ah yes, and then we also have the medical liability insurance problem. As rates climb, family physicians are forced to make tough decisions regarding their practice. The most vulnerable area appears to be OB, thereby threatening to severely limit patient access to this service in rural areas of our state. We are already seeing some evidence of this in Montana and the story is much the same across the country.

We, as physicians, do an excellent job with the medical care of our patients, but that is not going to be enough. We have to be willing to be more involved with the bigger picture and participate with the development and functioning of a system that promotes the greater health of individuals and communities. Clearly, it is now more important than ever for family physicians to join with our colleagues from other specialties, in order for our voice to be heard both in Helena and Washington.

I invite any of you to contact me regarding concerns or just to share your opinion. I would ask you to consider becoming involved with our Montana Academy of Family Physicians and let us know what your state academy can do for you. We have two meetings a year in Montana and a co-sponsored meeting with the Idaho AFP. Visit the web site at www.mafp.org for meeting places

and dates. Our board has approved a \$100 registration discount for 1st time attendees to our annual summer meeting this June in Fairmont. It is great CME and family fun and will allow you to become acquainted with and hopefully active in your Montana AFP.

President, Montana Academy of Family Physicians

 THE MONTANA FAMILY PRACTICE RESIDENCY
WELCOMES THE ENTERING CLASS OF 2003 (CONT'D)

was a class officer and an officer in the Rural Health and Primary Care Club. She participated in research comparing health care delivery in Britain and the United States while studying abroad at Oxford during college. She looks forward to finding time to pursue her love of hiking and camping, fly fishing, skiing and triathlons.

Cameron Gardner hails from Gold Beach, Oregon, and is moving to Montana with his wife Trisha, who is from Great Falls. He graduated from the University of Rochester School of Medicine and Dentistry in New York. While in school, he was active as an officer in their Family Medicine Interest Group and helped to organize medical student basketball leagues and a charity tournament. He enjoys mountain biking and singing in rock bands, hiking, camping and skiing.

Kirsten Morissette will be close to her hometown of Hardin, Montana. During medical school at Loma Linda University School of Medicine she worked as a Hospice volunteer, participated in a spiritual care practicum, was an officer for the Christian Medical and Dental Association and found time to remain active in her church. Kirsten plans a career in rural Montana.

Jennell Pribyl, originally from Centerville, Montana, is moving back to Big Sky country after graduating from the University of Iowa School of Medicine and spending two months this spring working as a volunteer in Karatina, Kenya. She was an officer in her school's Family Medicine Interest group, and student representative to the Iowa Academy of Family Practice. Her leadership in community service activities led to her selection to the Humanism Honor Society. She remains involved in her family's ranching operations, runs and plays basketball and is interested in sports medicine.



Chronic Care

By Will Snider, D.O.

Community Health Centers across Montana are working in collaboration to improve the care provided to patients with chronic illness. The Health Disparities Collaboratives are a national effort developed to change primary health care practices and to eliminate health disparities. They establish a system of care that changes the way health care is provided, thereby changing lives. People with diabetes, depression, asthma, cancer, and heart disease are currently targeted.

The Bureau of Primary Health Care (BPHC) coordinates the Collaboratives in partnership with other organizations such as the National Association of Community Health Centers, the CDC, and the Institute for Healthcare Improvement. An estimated 99 million Americans live with a chronic illness. Sixty three percent of Medicaid patients have more than one, with 25 percent having at least four chronic conditions. Effectively caring for these people requires a radical change from the past, and a new system of care. The chronic care model advocated by the BPHC and implemented by Community Health Centers across the country provides this new system.

The Chronic Care model identifies six essential elements: the health care organization, community resources and policies, self-management support, decision support, delivery system design, and clinical information systems. The interaction of these elements encourages high-quality chronic disease care.

The health care organization encourages better chronic illness care by including these goals in the organization's business plan. This helps focus the administration on quality, outcomes, and long-term preventative care. Members of the administration become "Senior Leaders", and work to visibly support improvements in chronic illness care.

Community resources are utilized forming effective partnerships, and patients are encouraged to use these programs. The creativity of many organizations can benefit the common goal of a healthier community. Hospitals, civic groups, governmental organizations and others all can play a critical role.

Effective behavior change strategies for patients are encouraged through self-management. The Family Doctor acts as the guide emphasizing the patients' role in managing their own illness. Additional patient peer support fosters the idea that chronic illness care is a lifestyle.

Decision support embeds evidence based guidelines into daily practice, and makes patients aware of these guidelines. Specialty care is integrated as needed into primary care. Providers and support staff are provided with timely and appropriate continuing education.

The delivery system design defines and delegates tasks as appropriate to the needs of the team. The Primary Care team assures continuity, regular follow-up, and focused effective clinic time.

Clinical Information Systems provide a registry with a powerful, clinically useful database. Patient subgroups can be identified to evaluate the success of treatments across populations as well as facilitating individual patient care. Care reminders and feedback for providers and patients can be built right into the information system.

The system of care established by the chronic care model is dynamic. Everyone involved from the patient to the provider to the administrator has responsibilities and the teamwork brings results that change lives. Over 340 Community Health Centers across the country participate in collaboratives, forming the standard of care soon to be expected in both the public and private sectors.

FPReport COMING SOON: 2004
November 2003
POST-ASSEMBLY EDITION **online** ACF
MATERIALS ON CARE

FOR AMERICA'S AGING

Thanks to the AAFP 2004 Annual Clinical Focus: Caring for America's Aging Population, you can look forward to receiving a wealth of information on health care for elderly people throughout the coming year. The Academy officially launched the 2004 ACF at this year's Assembly.

Diverse and comprehensive, Caring for America's Aging Population will cover three age groups: those 50-65 years old, those 65-80, and those 80 and older. The initiative will address the psychosocial and physical changes associated with aging, multiple chronic health problems, management of common geriatric syndromes, medications and drug interactions, ethical issues, and challenges of management across clinical settings.



Core elements of the 2004 ACF are supported by unrestricted educational grants from Merck/Schering-Plough Pharmaceuticals Joint Venture, Aventis Pharmaceuticals, AstraZeneca, Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership, Forest Pharmaceuticals Inc. and Ortho Biotech. Core elements include: a CME video/monograph program, an *American Family Physician* monograph, various patient education handouts, inclusion of ACF topics at national AAFP CME courses throughout 2004, an online ACF discussion/information site through the ACF Web page at <http://www.aafp.org/acf.xml>, a wrap-up CD-ROM of ACF 2004 and more.

The 2004 initiative will also include a variety of additional elements, such as a chapter lecture series, CME *Bulletins*, DVD/monographs, research study and ACF programs at the Family Practice Board Review Courses (to be renamed Family Medicine Board Review Courses for 2005 and beyond).

ACF 2004 is developed in cooperation with the AARP, Agency for Healthcare Research and Quality, American Cancer Society, American Diabetes Association, American Geriatrics Society, American Heart Association, National Cancer Institute and National Institute on Aging.

Delegates Corner

By Mike Streckall, MD

This year's Congress of Delegates started with a very well attended Town Hall Meeting. The topic— new ABFP Maintenance and Certification guidelines and expectations. Several resolutions were offered the C of D, and I accepted the chance to sit on the Reference Committee on Education which took testimony on these resolutions. **Our AAFP board and the ABFP board have communicated extensively since early this summer. Much common ground exists, and further study by the AAFP board was requested by the Reference Committee. While space here limits what was discussed, interested members can go to this site to review this hot topic, <http://www.aafp.org/x24715.xml>. The changes are mandated by the American Board of Medical Specialties. We will have topic specific yearly maintenance open book online testing over a single subject, ie Hypertension or Diabetes, requiring a passing grade. The every 7 year comprehensive exams will still exist, but likely be offered at 200 sites across the US, and offered more than once per year. All of the details are forthcoming and will be widely distributed once each module is formulated. Watch the ABFP's web site for details. For a complete listing of the 2003 Reference Committee Reports with Congress Actions, go to the AAFP page <http://members.aafp.org/members/x24676.xml>**

Dr. Michael Fleming was elected President of our AAFP, and has the backing of the entire C of D. His energy, talent and leadership will be required to move our academy forward. Fair reimbursement, declining FP medical school and residency enrollments, and electronic medical records are a few of the tasks that he will be required to impact over this year. Offer your support!!

PAST PRESIDENT'S REVIEW OF MAFF...

BY DENNIS SALISBURY, M.D.

I had the great privilege of serving as President of the Montana AFP from June of 2002 until June of 2003. 'Privileges' like that are often bestowed when one fails to attend a meeting, but I stepped willingly into this one because of the caliber of doctors who were my predecessors. Following the tremendous job of Heidi Duncan was easy, as she had accomplished much of what needed doing and had things running smoothly.

For a little background, your chapter is run by volunteer members of a Board of Directors. The President is joined there by two Directors, two Delegates and two Alternate Delegates to the AAFP Congress of Delegates, a First and a Second Vice-President, and a Secretary-Treasurer, as well as by members in charge of putting on the Annual Meeting and the CME reviewer. Linda Edquest is our Executive Vice-President and is the glue which makes things actually happen and keeps them together. We meet twice a year and each person travels once or twice a year to accomplish the work of the Chapter. (I had made one of my goals during my tenure to make that travel be re-directed from Kansas City to Honolulu; however, that portion of my platform never was approved by your curmudgeonly Board of Directors.)

Your Board has identified a number of issues which need addressing, including the decline of Montana's medical students choosing family medicine and the shortage of family docs in Montana, particularly in rural areas. Therefore, each member tried to begin meeting with local pre-med students at Montana's various colleges. We also met with the WWAMI students in Bozeman; we even gathered the Montana WWAMI's in Seattle for dinner a few times. I was able to meet with the University of Washington Medical School's Dean Paul Ramsey to discuss our concerns; that meeting

was fruitful and Tom James turned this into a tradition by meeting with him again this year. One item which came out during that meeting is that we really need to have family docs who like what they do have students do summer rotations with them. If you like being a family physician, please volunteer for this. Students are never going to come out of medical school choosing family medicine if they don't have some great role models. We also are working on getting one of our Board members on the admissions committee for UW, so that we can focus on selecting people who want to practice in Montana.

We also have formed links with chapters in other WWAMI states, so that we can collectively pressure the School to do a better job of encouraging family medicine as a career and encourage WWAMI state students to return to those states.

This is a difficult time for many chapters, as CME has always been a great fund-raiser to sustain the annual budgets and CME has become easier for people to obtain without relying on their state meeting. Our chapter is no exception; we spent considerable time looking at ways to make the Annual Meeting more enticing, as well as alternative ways for us to serve our membership. Being good stewards, we looked carefully at our already frugal budget and cut where we could.

In this time of constraints on all sides for our practices, I find the legislative and service functions of our Chapter all the more vital. It was a pleasure to serve last year in that capacity and, of course, a great pleasure to hand the position to the sturdy and capable hands of Tom James.

MMA MEETING SUMMARY

BY LAURA BENNETT, M.D., DIRECTOR

This is a summary of the MMA meeting.

Several things were discussed at the MMA meeting on October 3rd in Helena that I thought the family physicians around Montana may be interested in. First, the issue of BCBS mandating prior authorization for obtaining CT scans and MRI of the head or back was discussed with Dr Arnold. A lively discussion developed and the end result was a request to develop a special committee with Kirk Kubicka, M.D. and other interested physicians to meet with BCBS in attempt to consider other measures than a state wide mandate.

Second, Dr Harr of the MPA Montana Psychiatric Association has obtained a grant from WITCHI to hold education fo-

rum with primary care physicians. This is an attempt provide assistance and education for the care of complicated psychiatric patients. This could be done through telemedicine. If family physicians are interested contact either Dr. Harr or myself, and I will attempt to set up and announce these forums.

A letter was sent to BCBS of MT to disclose physician fee schedules and methodology of calculating payments. There has been several inconsistencies in BCBSMT methodology especially regarding the modifier-25.

The SJR-32 Legislative Interim Subcommittee on Medical Liability Insurance is conducting on malpractice insurance to

determine if we have a medical malpractice crisis in this state. The committee requested that a survey be sent to the specialties that are in most crisis, specifically orthopedic surgery, OB-GYN and neurological surgery. Physicians doing family practice and obstetrics were not included due to the inability to differentiate which FPs that do OB and ones that don't and the need to obtain this information in a short period of time.

Family practice with and without OB were not included due to the difficulty in finding that information in such a short time period.

54th Annual Meeting of the Montana Academy of Family Physicians
Fairmont Hot Springs Resort
June 24-26, 2004

Advanced Life Support in Obstetrics Program
Fairmont Hot Springs
June 23-24, 2004

This program has been reviewed and is acceptable for 12 Prescribed hours by the AAFP. AAFP Prescribed credit is accepted by the AMA as equivalent to AMA/PRA Category 1 for the Physicians Recognition Award. (When applying for the AMA/PRA, Prescribed hours earned must be reported as Prescribed hours, not as Category 1).

This program has been reviewed and is acceptable for 16 Prescribed hours by the AAFP. AAFP Prescribed credit is accepted by the AMA as equivalent to AMA/PRA Category 1 for the Physicians Recognition Award. (When applying for the AMA/PRA, Prescribed hours earned must be reported as Prescribed hours, not as Category 1).

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MISSION STATEMENT

As the representative of Family Practice and Family Physicians in Montana, the Montana Academy of Family Physicians: promotes Family Practice, provides education for Family Physicians, represents the personal and professional interests of Family Physicians, and is the guiding force for quality primary care in Montana.

NEW MEDICARE BILL SIGNED INTO LAW-WHAT THE CHANGES MEANS TO MD'S AND PATIENTS.....

New Medicare Law ...

Information from Pat Bousliman, aide to Senator Max Baucus

In 1972, the Senate Finance Committee, of which I am now the Ranking Member, passed a Medicare prescription drug benefit. Upon passage, the Committee said, "...an outpatient prescription drug benefit is the most important and logical benefit addition to the Medicare program."

How right they were. Prescription drugs were important in 1972. And unfortunately, the bill that passed the Senate that year died in negotiations with the House. But while prescription drugs were important to seniors and disabled in 1972, they're even more important now. That's why I'm proud to have co-authored the Medicare drug benefit that was recently enacted.

With this bill, Congress makes drug benefits available to all 140,000 Montana seniors and disabled individuals. This is not a perfect benefit, but it is a solid start. After a \$250 deductible, the bill covers 75% of each prescription, up to \$2250 in spending. And once a beneficiary has accrued \$3600 in out-of-pocket drug costs, Medicare will cover 95% of drug costs. For low-income beneficiaries - those making less than about \$13,500 per year - drug coverage will be stronger still. These individuals will pay co-payments as little as \$1, with no or low premiums, and no gap in coverage. The low-income provisions of the bill strongly resemble those of the Senate-passed bill, and I am proud of that.

In addition to solid drug benefits, this legislation also greatly improves traditional Medicare, through the most comprehensive package of rural health care improvements ever passed by Congress. Montana hospitals will get about \$70 million in extra payments. And Montana doctors will receive an additional \$45 million - through a 1.5% payment increase in each of 2004 and 2005, as well as through new payments for physicians in rural areas. The 1.5% increase replaces a 4.5% cut - a 6% net impact - that was set to take place starting January 1, 2004, and prevents a cut that was forecast for 2005 as well. And starting January 1, 2004, the work Geographic Practice Cost Index (GPCI), which is often low in rural areas, will be increased to a level of 1.0. Finally, starting in 2005, physicians in very rural areas will get a 5% bonus payment through Medicare. In Montana, where there are no Medicare HMOs, we must ensure access to quality care in traditional Medicare.

It was once said that, "We cannot do everything at once. But we can do something at once." We have done something in this bill. For the first time, we have provided solid drug coverage under Medicare. And we have strengthened Medicare's ability to continue offering quality, affordable health care to rural America. While not perfect, the bill is a solid start. I am proud of that achievement, and I look forward to building on it in the coming years.

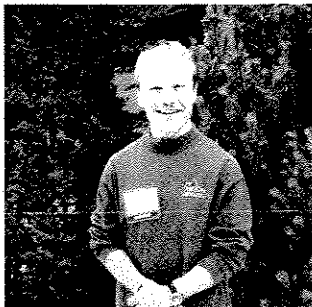
MAFP ANNUAL MEETING 2003 INFO...

The Montana AFP Annual Scientific Assembly was held at Fairmont Hot Springs Resort June 26-28, 2003, with a record number of your colleagues in attendance. Medical topics ranged from updates on BPH to Testosterone Replacement Therapy. There was also a PALS pre-course for the day before the Assembly. However, one of the big hits was the Children's Program, which featured a local artist working with the kids to do painting

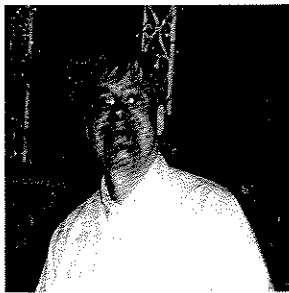


Larry and Judy Fields -
at the awards picnic.

and print-making. This portion was very popular and was a little more rambunctious than the medical lectures. However, the docs made up for any sedate demeanor during a great golf tournament. Tom James MD, a member of the residency faculty in Billings, was installed as President of the Montana Chapter by Larry Fields MD, a member of the AAFP's Board of Directors. Larry and his wife were wonderful participants, particularly enjoying the Officer Installation Ceremony (which was really just a great outdoor picnic and barbecue).



Will Snyder - New Sec. Treasurer



Larry Hemmer -
Delegate

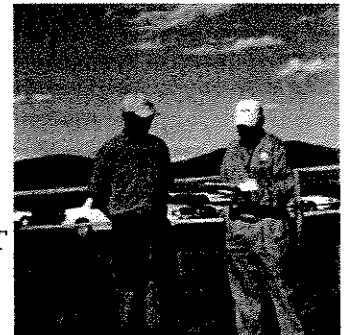
Rebecca Canner -
New Director



Sue Gallo - 1st Vice President



★NEWLY
★ELECTED:
★
★TOM JAMES-
★
★PRESIDENT
★
★MIKE STREKALL-
★PRESIDENT ELECT
★
★KIRT CREWS-
★2ND VICE PRESIDENT
★
★SUE GALLO-
★1ST VICE PRESIDENT
★



Heidi Duncan -
Alternate Delegate

Plan now to attend this summer's conference, to be held June 24-26, 2004. It will again be at Fairmont Hot Springs, as this is such a great family place and plans include an ALSO pre-course, a program for children, and another golf tournament. Topics will likely include office anesthesia, conscious sedation, an update in cardiology, advances in prenatal diagnosis, and a number of



Linda Edquest -
Chapter Executive