

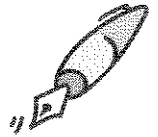


# NEWSLETTER

Montana Academy of Family Physicians  
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Winter 2005



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## From The President...

This past 6 months have really passed quickly, and I would like to summarize for you my activities.

Starting in mid-September, the WWAMI presidents met with the University of Washington Dean, Dr Paul Ramsey, to discuss the Pipeline report and the direction of the School of Medicine. He has 3 family doctors leading changes at the medical school, with Tom Norris as the newly elected Vice Dean of Academic Affairs; John Coombs who is the Assoc. VP for Medical Affairs, Vice Dean for Regional Affairs, Rural Health, & Graduate Medical Education; and Al Berg, who is the Chair of the Department of Family Medicine. Together, these three FP's have been given the charge of investigating career selection for graduating medical students, looking at options to enhance more students selecting primary care careers, working with the "house of medicine" at the U. to enhance professionalism within the different departments, and focusing efforts to fulfill the goals of the School of Medicine. The Dean is very willing to uphold the commitment that the School of Medicine be involved with both cutting edge research and providing the primary caregivers needed by the surround states, which includes Montana.

The end of September brought about the Congress of Delegates meeting in Orlando, FL. Many topics were reviewed and discussed by our individual committees and the house at large. Our national leadership exemplifies enthusiasm for the future and has the determination and foresight to lead the AAFP forward. This meeting always creates much energy in all who participate, and I was no exception.

In early February, the annual Winter educational and ski conference in Whitefish was held, and was a great success. Dr. Jon Miller did a wonderful job at organizing this Medical/Skiing week. The board members worked on several issues, including selecting members to attend the Annual Leadership Forum in Kansas City, discussing legislative points to watch during this Montana session, and encouraging members to talk with local legislatures about health care reform and access to care issues.

Please be reminded that the MMA has worked diligently with legal counsel to successfully dialogue with the Trial Attorney's Association and craft language that is agreeable to both parties. At the present time, 5 bills have been successfully introduced and supported by all parties and have an excellent chance of becoming law in June, 2005. If anyone has contact with MMA officers, please thank them on all of our behalf's; a short note of thanks would be worth sending.

I have been meeting once or twice monthly with Steve Yeakel, of the MCMCH, and Steve has been providing frequent legislative updates about bills affecting children, the CHIP program, seatbelt legislation, smoking bills, and methamphetamine/ pseudoefedrine issues. In addition, the MHA provides twice weekly e-mailings of health related bills.

Finally, Rebecca Canner, Erica Petersen, and myself met with the first year medical students on February 8th. We had informal discussions about career selection, legislation regarding student payback issues, and why family medicine can be very fulfilling as a career choice for a student. We were able to enjoy the enthusiasm of this bright group of future doctors, and share in their concerns that face medicine. I hope to meet again with the class before they finish school in mid-May.

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# NEWS FROM THE MONTANA FAMILY MEDICINE RESIDENCY

The Montana Family Medicine Residency/ Sports Medicine fellowship has a new Sports Medicine Fellow for the 2005-2006 year. We are happy to announce that we filled in the Sports Medicine match with an outstanding candidate, Billy Haug MD. Dr. Haug is originally from rural northeastern North Dakota, went to medical school at the University of Minnesota and did his residency in Family Medicine in Duluth Minnesota, graduating in 2002. He is Board Certified in Family Medicine. Since graduation Billy has worked a number of locums positions in Minnesota and Alaska while pursuing his activities as the traveling team physician for the US Junior Cross Country Ski Team and worked with the World Junior Championships in Men's Ice Hockey, and as team physician at the University of Wisconsin Superior for women's and men's ice hockey and other collegiate athletics. He has also covered group events in kayaking and in-line marathons and high school competitions. He has a research interest in nutrition and hydration in sports and has developed some studies on this in high school and collegiate athletes. He enjoys canoeing and kayaking, cross country skiing, snow shoeing, triathlon and a developing interest in dog sledding. He will bring a lot to our fellowship and community and we look forward to working with him.

The Montana Family Medicine Residency is sponsoring the Wilderness Advanced Life Support course from May 6-10 in Red Lodge. This is a four-and-a-half day training and certification course for medical professionals with previous ACLS experience in:

- How to handle emergencies when a hospital is far away
- Patient assessment and management in the backcountry
- Management of trauma and medical emergencies
- Patient packaging and evacuation
- Wilderness search and rescue

This course is sponsored by the residency and instructed by the Wilderness Medical Associates and is accredited for 36 hours of CME. More information can be had by calling Becky Millman at 406-247-3306 or on the residency web site at [www.mfmr.org](http://www.mfmr.org). This conference is a part of the Wilderness Medicine Track offered by our program to prepare graduates to be educators and practitioners of wilderness and environmental medicine. This track was developed with the assistance of Dr. Will Snider, a residency and track graduate who currently practices in Helena.

Dr. Roxanne Fahrenwald, Director



## 2005-Winter Medical Meeting recap...

The MAFP once again held the 47<sup>th</sup> annual Big Mountain Medical Conference in early February in Whitefish. Nearly sixty attendees skied the sunny slopes (we still had good snow) and took in the lectures. A wide variety of topics and excellent speakers helped those attending keep abreast of current trends and updates in family medicine. This year we had speakers such as David Kibbe, Director of the Center for Health Information Technology for the AAFP, give a seminar on electronic health records, and Larry Riley and Peter Stokstad, defense lawyers for UMIA, give an update of medical malpractice. There were talks on cardiovascular risk and congestive heart failure, various topics in dermatology, pediatrics, obstetrics, orthopedics, adolescent medicine, cancer care, infertility, and hospice care.

Once again, a great chance to catch up on CME, and take something back to our practice of medicine, to enhance our care of patients. Of course, it was as well, a chance to catch up with friends, enjoy the skiing and sunshine and even bring home trophies from the ski races (49 men, women and kids of all ages raced down the NASTAR course). And John Dunnigan, a local entertainer/guitar player spiced up the banquet night and had us all singing and reminiscing.

So if you are looking for 13 credits of CME and a little fun in the snow, plan on attending next year's conference on the Big Mountain, tentatively scheduled for Winter Carnival Week, January 31<sup>st</sup>-February 3<sup>rd</sup>, 2006.

Jon Miller, MD, 2nd Vice President

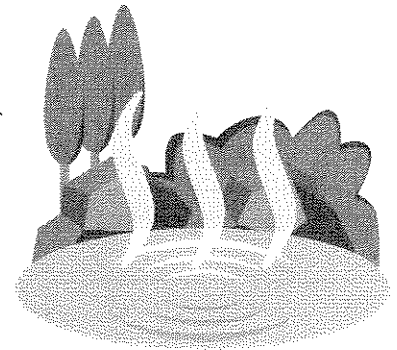
# MAFP ANNUAL MEETING 2005 INFO...

If you are looking for CME close to home this summer, consider attending the Montana Academy of Family Physicians summer meeting in Fairmont. The dates for this year's event are June 16th-18th. The meeting offers about 15 credits of CME on topics important to Family Physicians. For those of you needing to pick up extra credits or just needing to recertify, a PALs course will be offered Wednesday afternoon and Thursday morning (June 15-16). Plans are also being made for a separate workshop focusing on bioterrorism.

This meeting offers you the opportunity to network with Family Physicians from around the state. The annual MAFP meeting is held during lunch on Friday and all are invited to attend. Elections of the next state board members occur during the meeting. If you have an interest in leadership this is a great place to start. There is always room for new faces and new ideas.

Most importantly, your spouse and kids will enjoy coming to Fairmont with you. The pools and waterslide offer hours of entertainment. The nearby golf courses offer organized tournaments or individual play. There are areas for hiking, biking or fishing as well. A special kids program has been developed over the past several years and has been a big success. In short, it's worth the trip.

Registration information should be arriving in your mailbox shortly or log-on at [www.mafp.org](http://www.mafp.org) for meeting details.



By Sue Gallo, MD, President Elect

## Fellowship Followings.....

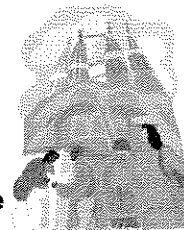
Dr. Peterson is a family physician fellowship trained in sports medicine and the first graduate of the Billings sports medicine program. As the leader of the University of Washington School of Medicine Family Medicine Interest Group for the MSU WWAMI site, she coordinates quarterly meetings and workshops to enhance a greater understanding of Family Medicine and to spark interests in pursuing the specialty as a career. Dr. Peterson, along with Dr. Canner, a member of the MAFP Board of Directors, are both very committed to the education of future Family Physicians and plan to invite students and residents to participate in preceptorships at their new practice site, Bozeman Creek Family Health. They join partners Sarah Brosky and Andrea Cady in a practice is designed around principles found in the Future of Family Medicine Project. Electronic health records, open access scheduling, and comprehensive family-centered medicine provide quality collaborative care matched with high technology. Electronic systems are better for doctors and patients.



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## **Delegates Corner.....**

**ANNUAL AAFP MEETING-Orlando, Oct. 2004**



**This year's AAFP annual meeting and Congress of Delegates was a great success. The meeting afforded attendees an opportunity to meet family doctors from around the world since the World Organization of Family Doctors (WONCA) met at the same time.**

**I personally enjoyed meeting a Barcelona trained FP, Josep, and attended his presentation on the oral use of Vit. B-12. We had lunches and dinners together and explored the similarities and the differences of our Medical Cultures. One notable feeling was the international doctors presented research they had done, and were very scientific in their work. They shared a mutual enthusiasm for science, which was evident in their individual presentations. Made me think back upon the days of college and medical school, when I was focused on the intriguing opportunities in medicine, and less about malpractice insurance costs, and filling out forms for compliance needs.**

**This AAFP annual Congress of Delegates dealt with issues on the Future of Family Medicine project, and await the sixth arm of the FFM, which is the funding of changes recommended by the completed studies. Additional discussions focused on EMR's and the ABFM (new name is the American Board of Family Medicine) added more information about the Maintenance of Certification program, which is here to stay.**

**Mike Streckall, M.D.**

**Delegate**

## **News From The Western States Conference....**

**by MAFP Executive Linda Edquest**

**The Western States Executive Conference was held at the Coeur d'Alene Resort on September 25, 2004. There was a long discussion on Maintenance of Certification and some of the states are planning to do S.A.M.s workshops during their annual meetings. Nancy Davis with the AAFP was recommended as an excellent speaker regarding this subject.**

**California has a "strategic plan" for physician offices regarding different office procedures including EHR, FFM, Disease Management, and Childhood Obesity which they would be willing to share with the other chapters. And the DO-QIT (Doctor's Office Quality Information Technology) project was discussed.**

**The FFM (Future of Family Medicine) Project was discussed at length. Colorado plans to do a video conference regarding this project. California took the key points of the FMM Project and divided them among their committees for further examination there is also a new report on reimbursement with regard to the FMM from the Graham Center. California has developed a grid using one disease area to show their members how they can be successful using disease management. Pharmaceutical companies have expressed an interest in this project. It was felt that members need to think about providing care in a different way (basket of services, which is not defined anywhere but is up to each practice or individual physician).**

**California mentioned two resolutions they will be presenting at the next Congress regarding Crystal Meth. Regulations and banning sodas in schools.**

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# WWAMI UPDATE...

BY JAY ERICKSON-

ASSISTANT DEAN WWAMI CLINICAL PHASE/MONTANA

I would like to take this opportunity to acquaint you with the new position of WWAMI clinical coordinator for the State of Montana. WWAMI stands for Washington, Wyoming, Alaska, Montana and Idaho and is the acronym for the regional medical education program involving those states and the University Of Washington School Of Medicine in Seattle. In 2004 WWAMI celebrated its 30<sup>th</sup> year of making public medical education available to Montana residents. Each year 20 Montana students complete their first year of medical education at MSU and their second year of basic science education in Seattle at the UWSOM. Their 3<sup>rd</sup> and 4<sup>th</sup> years are spent completing their clinical education around the WWAMI region.

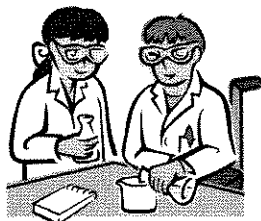
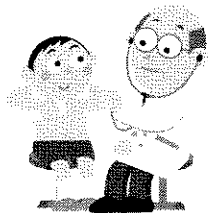
The goals of the WWAMI program when it started in 1971 were fairly simple: (1) admit more students to medical school from all four states, (2) train more primary care physicians, (3) bring the resources of the University of Washington School of Medicine to the citizens and communities of each state, (4) redress the maldistribution of physicians by placing more physicians in the rural areas of each state, (5) avoid capital costs of building a new medical school. In 1970 there were 3 Montana student admitted to the UWSOM and in 1975 there were 20 admitted. Over the past 10 years the UWSOM has been ranked as the top primary care medical school in the nation. The UWSOM continues to play an important role in all aspects of medicine within the state of Montana and with the creation of my job this presence should increase. The residents of the state of Montana have continued to receive good value in educating its medical students in this fashion. There has been little infrastructure change needed in order to educate its students in this fashion. Certainly the goal of placing more physicians in rural areas of the state is harder to measure. I think that there has been some success in that area but it is also the one area that requires the most attention in the upcoming years. I think the decline in the match of Family Medicine Residencies is a concern and is an issue the UWSOM and Montana WWAMI is currently trying to address.

On a more personal note I was named in August as the clinical coordinator for the WWAMI program within Montana. I graduated from the University Of Minnesota School Of Medicine and completed a residency in Family Medicine at Family Medicine Spokane. I have practiced for the past 14 years in Whitefish and have also held all the major leadership positions within the Montana Academy of Family Physicians during this time. I currently sit on the board of Mountain Pacific Quality Healthcare Foundation as well as on its executive council. My position with UWSOM is half time and I continue to practice clinically in Whitefish.

In more practical terms I directly oversee all the clinical education activities involving the UWSOM and the state of Montana. I serve as a direct link between the Dean's office at the UWSOM and these programs. Major programs within the state include required 3<sup>rd</sup> year clerkships in Medicine at Missoula and Billings, OB/GYN at Missoula and Billings, Pediatrics at Great Falls, and Family Medicine at Havre and Whitefish. I directly coordinate and oversee the WRITE (WWAMI Rural Integrated Training Experience) in Libby and Lewistown. This is a 4 ½ month comprehensive experience in rural medicine at these sites. I also am involved with the RUOP (Rural Underserved Opportunities Program) a summer program for 1<sup>st</sup> year medical students where they spend 4 months in a rural practice. This past summer there were 22 RUOP sites situated throughout Montana. An affiliate relationship exists between the UWSOM and the Montana Family Practice Residency in Billings. There are numerous other programs and connections which I hope to highlight in future newsletters.

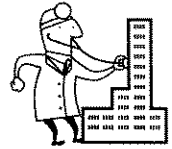
Dr. Tom Norris a Family Physician who practiced for 10 years in Helena in the 80's, and is a former president of the MAFP, was named this summer as Vice-Dean for Academic Affairs for the University Of Washington School Of Medicine. This is an important leadership role within UWSOM and we are fortunate to have someone with Dr. Norris abilities and knowledge as well as having those Montana ties. Dr. Norris is also president of the American Board of Family Medicine this year.

I look forward to strengthening the ties between the UWSOM and the Family Physicians within Montana. Feel free to e-mail with questions or suggestions: [jerick@u.washington.edu](mailto:jerick@u.washington.edu)



# Community Health Centers.....

By Will Snyder, Sec. Treasurer



The reach of Community Health Centers (CHC's) is spreading rapidly across Montana. Their presence in such diverse cities as Billings, Bozeman, Ashland, Chinook, and Libby allowed nearly 65,000 people to receive affordable medical and dental services in 2003. These Federally Qualified Health Centers (FQHC) are mission driven serving the medically underserved and uninsured. They are 501 c3, not-for-profit corporations, providing high quality, cost-effective, comprehensive primary and preventative care.

Patients in CHC's are billed on a sliding fee scale based on documented income. A board of directors composed of at least 51 percent CHC consumers helps set fees and guides policy. This local control ensures accountability to communities and taxpayers. Such boards eliminate a "one-size-fit-all" mentality because they ensure that health center services are tailored to the unique needs of the community.

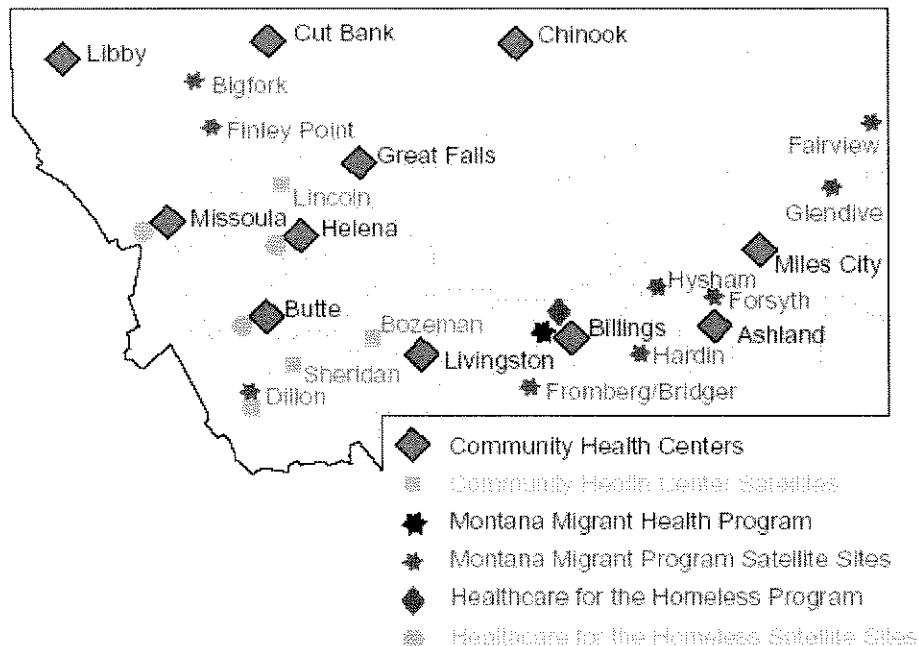
The services offered by CHC's differ from site to site. Some CHC's offer obstetrics, dental services or specialized mental health care, while others may provide Health Care for the Homeless or have an in-house pharmacy. Like all good family doctors, health centers provide continuity of care and health management for families and individuals throughout their lives. Health center services generally include primary care visits; health education; disease screening and control; case management; laboratory services; dental care; pharmacy services; substance abuse counseling; and social services.

Funding for CHC's is many faceted. All have a federal grant as their base funding which is administered by the Bureau of Primary Health Care in the Department of Health and Human Services. Additionally, CHC's are supported through Medicaid and Medicare, state and local government grants/contracts, private insurance payments, patient fees, foundation grants and private donations. Care at CHC's is not "free", however, and all patients are charged at least a minimum fee set by each clinic's board.

CHC's themselves are as diverse as the communities they serve. The largest CHC is in Billings and is called the Deering Clinic. Deering has the Montana Family Medicine Residency onsite, a Health Care for the Homeless program, and serves the local prisons. Compare Deering to the CHC in Ashland, MT where one provider serves a population that stretches from Forsyth to Colstrip. Many CHC's are also incorporating dental services in the fast growing world of public health dentistry.

Montana's CHCs are an indispensable part of the state's health care system. As the number of uninsured and underinsured continues to rise across the country access to the high quality medical and dental service of these clinics will become more important. Each unique CHC works hard to bring a variety of resources and expertise together to address local community health care issues.

## 2005 Montana's Health Centers



## MPQHF Announces Doctor's Office Quality - Information Technology Project

The future of health care information technology (HIT) in the physician office setting is here today!

Where will your medical practice be in ten years? On April 27, 2004, President Bush called for widespread adoption of interoperable electronic health records (EHRs) within 10 years. David J. Brailer, MD, PhD supports this, in his position as National Coordinator for Health Information Technology. Brailer's executive summary from *The Decade of Health Information Technology* states, "There is a great need for information tools to be used in the delivery of health care. Preventable medical errors and treatment variations have recently gained attention.

The health care industry and consumer demands will eventually require physicians to get on board with health information technology or end up left behind! The question here is not **if** the national focus on HIT will impact the physician office setting, but rather **when**. The widespread adoption of EHRs is a national agenda item. For physician practices that have not yet started the HIT journey, the time to begin is now.

In 2003, the Centers for Medicare & Medicaid services (CMS) provided funds for a special study in partnership with the American Academy of Family Physicians (AAFP) Center for Health Information Technology. *The Doctors' Office Quality-Information Technology (DOQ-IT)* study was designed to promote the adoption of EHRs and information technology in primary care physician offices as outlined in the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

The DOQ-IT study focuses on a variety of practice types and settings, with an emphasis on small and medium-sized, primary care practices representing different degrees of technological sophistication. This study will provide valuable HIT information nationwide to quality improvement organizations (QIOs) such as Mountain-Pacific Quality Health Foundation (MPQHF). MPQHF will share outcomes from this study with Montana physician offices.

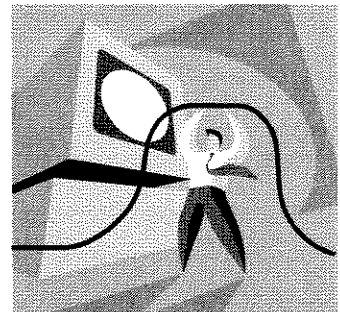
As part of MPQHF's three-year contract with CMS (also know as the 8th Scope of Work) that begins in August 2005, MPQHF will assist in the widespread adoption of EHRs in primary care offices. MPQHF is planning to recruit family practice, internal medicine and general practice offices to participate in a Montana DOQ-IT project. For physician offices selected to participate, this project will provide assistance in assessing IT readiness, selection of an EHR vendor, implementation of an EHR, as well as optimizing office efficiencies.

If your office is ready to take the information technology step and would like to learn details about the Montana DOQ-IT project, please contact Janice Mackenson at the Mountain-Pacific Quality Health Foundation, 406 457-5843 or via e-mail at

[jmackensen@mtqio.sdps.org](mailto:jmackensen@mtqio.sdps.org).

We look forward to working with your offices to offer methodologies, tools, and services to help in your office EHR "solution."

Dwight R. Hiesterman, MD  
Clinical Consultant, MPQHF



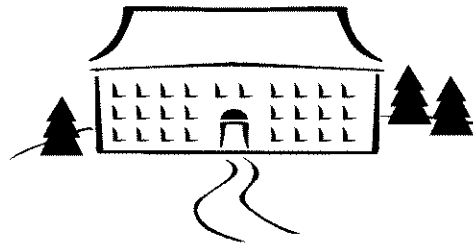
**55th Annual Meeting of the Montana  
Academy of Family Physicians  
Fairmont Hot Springs Resort  
June 16-18, 2005**

**Pediatric Advanced Life Support  
Program  
Fairmont Hot Springs  
June 15-16, 2005**

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 Medicine, 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.*

Plan now to attend the MAFP's Annual Summer Conference at Fairmont Hot Springs Resort June 16-18. This year will feature talks on restless leg syndrome, osteoporosis, office electronic medical records, how to get back pain patients back to work and many other topics. In addition, there will be a PALS course starting Wednesday, June 15 and finishing around noon on Thursday, a free workshop for office preceptors of medical students on Saturday afternoon, and probably a workshop on DEXA scanning interpretation and use in the office setting.

Every year the best-ball golf tournament makes for some exercise after the time spent sitting in lectures and the family barbecue held Friday evening gives everyone a chance to settle in for some good Montana socializing and relaxation.

Fairmont is a wonderful destination for the whole family, with swimming, water slide, hot pools, exercise room, golf, tennis, mountain bike rentals, hiking, massage and nearby fishing. The Children's Program is in its third year and has been immensely popular. This program allows children to have an activity directed at them, time socializing with other children and allows the parents some more relaxing time.

Plan to spend June 16-18 with us ... at Fairmont Hot Springs Resort!

By Dennis Salisbury, MD Program Chair