



NEWSLETTER

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Winter 2007

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From The President...

Greetings Montana Family Physicians.

Once again I had the pleasure of attending the Big Mountain Medical Conference in Whitefish, which was a great mix of some learning, skiing, and camaraderie of old friends who are now more far flung across this huge state of ours. It is at meetings like this one, and our annual summer conference that I get to run into people that I consider friends and colleagues, with the chance to see how they are doing both personally and professionally. I get to sit by the fire in the lodge and hear how their lives and practices are treating them.

After discussions like this I am reminded just how hard Family Docs all across this state are working for their patients. Day in and day out working through the many days and nights that make up Family Medicine. The number of hats that are worn in all of the communities of Montana from Billings to Browning, are many and varied. I can't help but feel proud to be a part of the 'front line' of medical care in Montana, and this pride spills over into things that the Montana Academy of Family Medicine Board has been talking about in the past year.

Last year we honored one of our own, with our first Family Physician of the Year award for John Patterson of Bozeman. His quiet dedication is an example of a lifetime commitment to the practice of Family Medicine. Honoring him also makes me realize that we haven't taken the time, and set up the organization to make it a part of our specialty to honor those that have worked hard, kept their skills honed, and committed to the care of people in their community. This work is often done after hours, during lunch, on call, or on the weekends and many times in the face of personal sacrifice of family and personal time.

I don't write about this to complain, but rather to revel. To revel in the fact that I am part of a group of professionals who are as normal as most other people, yet so often can be found doing remarkable and extraordinary things for people. Behind that door in your office, you as Family Physicians see a side of people's lives that is otherwise hidden. It is important to recognize in yourself that greatness that lies within. Go ahead and remember the time that you sent an extra letter of congratulations to support a young person, or when you counseled that marital couple who were really on the edge, or didn't let that rancher downplay that 'funny feeling' that was probably nothing which turned out to be a lifesaving bypass. What you do and have done for those people matters, and is vital to each of their lives.

It is very likely that thanks to you, some one like that rancher is still sitting with their spouse and grandkids. It is OK to revel every once in a while, you have a difficult and wonderful job.

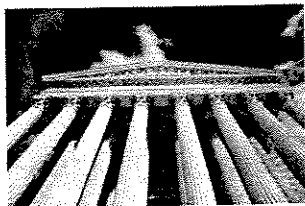
If you know of someone who is the type of physician who should be honored as a physician of the year or who would deserve being honored for a lifetime of work please contact me, or one of the other members of the board so that we can consider them for these awards.

Hope to see you at our summer conference in Fairmont in June. Keep up the good work, and enjoy the experience that is Family Medicine.

Kirk L. Crews MD

President

Montana Academy of Family Physicians



AAFP 2006 State Legislative Conference

I was fortunate enough to attend the State Legislative Conference in Austin Texas on behalf of the Montana Academy of Family Physicians. The meeting took place on November 10th and 11th so a review of the recent elections and what it meant for the 110th Congress was presented. Obviously there was plenty to talk about. One of the more interesting sessions was where states took 5 minutes to give a short update on what is happening legislatively in their states. Having an education bent I was interested to hear that two different states that have primary care scholarship programs requiring a payback for paying tuition and a stipend are going unfilled by students.

A review of the FamMed PAC was given by Mark Cribben who directs this PAC from DC. In 2006 \$374,000 was given to the PAC. Again the emphasis on the importance of PAC money to candidates and to our influence in D.C. was given by Mr. Cribben. Our contributions pale in comparison to the Trial Lawyers. With 8 members we ranked 9th in percent of members contributing at just over 2%. They are encouraging that we contribute a dollar a day to the PAC and achieve the George Club. With impending Medicare cuts it seems a small price to contribute to achieve some political gains.

At a networking breakfast I sat at the Education table. Real kudos to Roxanne and the quality residents she has recruited to her program since it appears as you get further east they pretty much are resigned to accepting Foreign Medical Graduates in their FM residency programs.

Amy Showalter presented on Persuasion Tactics that Change Legislators Minds. Key concepts included Face to Face meetings with legislators are key, work on campaigns, maximize PAC contributions, broaden coalitions and letters are more effective than phone calls or emails. This was based on research of the top 25 most influential PACs in Washington D.C.

A presentation by a State Senator from Massachusetts and the Lobbyist from the Massachusetts Academy on the Massachusetts Healthcare Coverage for All. Interesting to note that they have only a 7% uninsured population well below the national average of 15-20% which made this all feasible. Obviously an interesting experiment to solve a significant problem at a state level.

A talk was presented on building coalitions within your state. Texas has a strong coalition with the pediatricians and primary care internists to lobby their legislature initially on tort reform which they achieved and now are working on the issues of the uninsured, improved payment for Medicaid and CHIP, adoption of a standardized managed care contract, investing in health information technology, supporting the concept of a medical home and growing the primary care base. Sounds like a great place for us to start as well.

There were many other talks and chances to network. Of note I was probably the only small chapter representative at this meeting. It is obviously more difficult to achieve these agendas when you don't have paid lobbying staff and rely on the volunteer efforts of your members.

By Jay Erickson, MD

Assistant Dean WWAMI clinical phase/Montana



FAQs about NCSC and ALF

by Rebecca Canner, MD

It's time once again for the spring ALF/NCSC conferences held in Kansas City. Many people ask me questions about these conferences so instead of trying to recruit members to attend using the same dry, boring article, I decided instead to write this in the format of questions and answers.

Q: What ARE ALF and NCSC?

A: ALF (Annual Leadership Forum) and NCSC (National Conference of Special Constituencies) are concurrently held conferences held by the AAFP each spring to promote leadership in the AAFP at the national and chapter levels. In general, ALF is meant for chapter leaders and is mostly didactic sessions aimed at teaching various aspects of chapter leadership. NCSC is more like a "mini-congress" where representatives from each chapter get involved in the process of writing resolutions, attending reference committees and discussing and debating the content of the resolutions. However, it's more than just an exercise as all the resolutions passed by the NCSC either go on to the Congress of Delegates (COD) or directly to the AAFP Board of Directors for further discussion. In addition, there are seats for several delegates to the COD which are elected from the representatives at NCSC.

Q: What are "special constituencies"?

A: The AAFP uses the term "special constituencies" to refer to subgroups of members who have traditionally been underrepresented in academy leadership. Currently these groups consist of women, racial/ethnic minorities, new physicians (under 7 years in practice after residency/fellowship), international medical graduates (IMG), and gay, lesbian, bisexual or transgendered physicians (GLBT). A group who feels they are underrepresented can go through a pre-defined process to try to become a recognized "special constituency".

Q: Is NCSC only for "young physicians"?

A: NO! While "new physicians" are one of the special constituencies, anyone who qualifies in any of the other constituencies may represent their chapter at NCSC.

Q: Will the MAFP pay my way?

A: The MAFP has funding to send 1 representative from each of the special constituencies to NCSC. Usually, Montana has several categories that go unrepresented each year. Therefore, if you qualify for one of these constituencies and let us know early, you will likely get your way paid. This includes airfare, hotel, and a per diem to cover meals and other expenses. There is also funding for several of the chapter board members or officers to go to ALF.

Q: What if I've never been to any of the annual meetings or any kind of leadership meeting before. Will this conference be useful for me or will I just be lost?

A: The purpose of NCSC is to help give people a taste of how the process of decision making works in the AAFP. About half of the attendees have never been to any kind of leadership meeting either nationally or in their chapter. There are numerous opportunities for first-timers to become involved but it's also quite useful just to observe the process. It's a great, non-threatening way to learn!

Q: How do I get to go to this meeting?

A: If you are interested and qualify to attend NCSC or have an interest in attending ALF, please contact our Executive Director, Linda Edquest. She will bring your name to the attention of the entire board and we will notify you if you have been selected to represent Montana at either meeting.

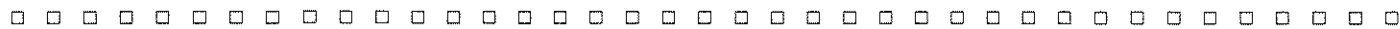
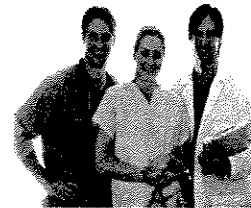
I hope this has answered some of your questions. If you have more, please email Dr. Canner at bcfh.doc@prodigy.net

I hope that we can fill all the spots available for representation from Montana to attend NCSC and ALF in 2007!





News from: Montana Family Medicine Residency



The Montana Family Medicine Residency celebrated its tenth anniversary this year. It is clear that the program has been successful in achieving its mission of training Family Practice doctors to practice in Montana. This is evidenced by the number of sitting board members who are MFMR alumni. Recently the residency merged with the Yellowstone City and County Health Department. This merger allows faculty and residents to provide services for the Deering Community Health Center patients in a more seamless fashion as well as providing a model structure for Family Medicine Residencies nationwide. The program continues to attract strong residents, six per class, to the three-year program. In addition, the Sports Medicine Fellowship has just recruited its fifth fellow for the one-year fellowship.

At present there are no plans to expand the number of core residents but the possibility of starting a Geriatric Fellowship is being considered.

One theme that arose at the winter board meeting was the desire to strengthen the relationship between the residency and the MAFP. To this end, the board agreed to continue to have resident representatives make case presentations at the twice yearly meetings. Residents manage a variety of fascinating pathology and colorful personalities on a daily basis. Presenting at the summer and winter meetings will provide the opportunity to share some of these interesting cases and experiences as well as the chance for residents to interact with academy members from around the state. The Board has generously offered to supplement the cost for residents to attend and present at future meetings. Further, the Board agreed to staff the MFMR Advisory Board with a rural family physician to help guide the board with ongoing curricular decisions. Paul Johnson of Sydney will join Douglas Carr (Internal Medicine) and Lionel Tapia (Pediatrics) as M.D. advisors to the board. These steps will no doubt solidify the relationship between the residency and the academy and will help the residency to continue its mission of graduating residents who go on to practice in rural Montana.

Diedra McNamer, MD
Resident MAFP Board member



ARE YOU GOING TO ATTEND???

DON'T MISS THE SUMMER MAFP ANNUAL SCIENTIFIC MEETING.

Sign up on line at <http://www.montanaafp.org/online/mt/home.html>

JUNE 14-16, 2007 AT FAIRMONT HOT SPRINGS



Delegates Notes from the AAFP meeting in DC

The Annual Congress of Delegates met Monday Sept. 26 thru Thursday the 28th. Many issues arose and were debated during the 3 day business meeting to include work reform measures, issues concerning Electronic Medical Records, and replacing the SGR for Medicare reimbursement. On Wednesday, Sept. 27, 2006, family physicians rallied on the lawn of the U.S. Capitol and delivered a clear message to Congress: **Take action on issues that threaten access to health care for all Americans, obtain Fair reimbursement, level access and enhancements in Medicare payments for FP's.** Several prominent AAFP leaders attended, including; Dr. Michael Flemming, head of the FAMED-Pac, our AAFP Executive Vice President Dr. Doug Henley, our Past President, Dr. Mary Frank and the current President of the AAFP, Dr. Larry Fields, and the president elect, Dr. Rick Kellerman. The topics covered included:

- developing a partnership with IBM to promote primary care;
- establishing an AAFP health plan complaint form for member use;
- repeatedly delivering AAFP's message to "fix the SGR" to lawmakers in Washington;
- pushing for an increase in Medicare payments to primary care physicians;
- working for, and getting, a Senate vote on medical liability reform; and lobbying for monetary help for physicians who want to purchase electronic health records.

The AAFP Congress of Delegates on Sept. 28 elected Jim King, M.D., of Selmer, Tenn., to be the AAFP's next president-elect. Others elected or chosen by acclamation for the following positions are:

- Speaker of the Congress – Thomas Weida, M.D., of Hershey, Pa.
- Vice Speaker – Leah Raye Mabry, M.D., of San Antonio, Texas
- Directors – David Avery, M.D., Vienna, W. Va.; James Dearing, D.O., Phoenix; and Roland Goertz, M.D., Waco, Texas
- New physician Board member – Marin Granholm, M.D., Bethel, Alaska
- Resident Board member – Daniel Lewis, M.D., Greenwood, S.C.
- Student Board member – Jennifer Hyer, Portland, Ore.

Several members of the MAFP board had an opportunity to meet with **Sen. Max Baucus** before the Rally on the Hill, and afterwards, we talked with senior staff member, Pat Bousliman, about the SGR and Medicare formula. We learned a lot about the complexities of reform and the budget process, and I for one was glad our national academy is so highly regarded on Capital hill. Many of our previous leaders have helped solidify the place that family physicians now occupy. Family Physicians are included in high level talks that will shape the future of US healthcare. You can thank your leaders for placing the interests of our patients first. **These FP's emphasized the need for every American to have a Family Doctor in their medical home.** That is the Future of Family Medicine! Please offer support for the national leaders who work for you. **Consider joining FamMedPAC and offer any donations that you can to ensure that your voice and the needs of your patients are heard in Washington, DC.**

by Mike Strekall, MD Delegate

Message Delivered!

AAFP Capitol Hill Rally Puts Health Care Reform on Lawmakers' Agenda

By Joel B. Finkelstein • AAFP Assembly, Washington, D.C. 9/28/2006

In a historic first, family physicians rallied on the lawn of the U.S. Capitol on Sept. 27 to deliver a clear message to Congress: Take action on issues that threaten access to health care for all Americans.

"We stand on Congress's doorstep to let them know that our job, taking care of the health care needs of the American people, has become increasingly difficult and, for some, impossible," AAFP Executive Vice President, Douglas Henley, M.D., told physicians attending the Scientific Assembly who came out for the Vote for America's Health Capitol Hill Rally to call on lawmakers to move health care reform to the top of the agenda.

According to a poll released by the Academy, 68 percent of voters said that the health care system is not meeting the needs of most Americans, and 57 percent said major reform is needed (37 percent said that some reform is needed).

"Today and for the next five weeks, the folks up there (on Capitol Hill) need something from us. They're looking for our votes," said Henley. "So, they will be extra nice to us when we ask them what they are doing for our patients.

One good answer would be to replace Medicare's sustainable growth rate, or SGR, formula with a predictable and positive system for updating physician pay, said Rick Kellerman, M.D., of Wichita, Kan., incoming AAFP president.

"Our message to Congress is simple: Get your act together and fix the SGR," he said, inciting a chant of "Fix it now!" from the crowd. "The government made a promise to provide America's seniors with health care. Congress must fulfill that promise."

Without a fix, doctors are slated for a 5 percent cut to Medicare payments starting Jan. 1.

"No one likes the SGR. It doesn't work," Rep. Vic Snyder, M.D., D-Ark, said at the rally. Snyder, a family physician, vowed to work toward passage of a positive update next year and a more permanent fix down the road.

And from the Senate side, Jon Kyl, R-Ariz., told rally attendees that their input would be crucial in passing a measure in the final days of the current session of Congress. He noted that earlier this year, 80 senators signed a letter encouraging their leaders to expedite such legislation.

However, many of the reforms physicians are seeking will have to wait until after the November elections.

"To improve the health care system in this country, we need to elect a Congress that has the moral courage to pass professional liability insurance reform to cover all physicians and protect patients' access to care," said outgoing Academy President Larry Fields, M.D., of Ashland, Ky.

Physicians support legislation that provides for the care of injured parties, but imposes a \$250,000 cap on payments for pain and suffering, based on what has worked in California, he said, adding, "When we are forced to limit our services, retire early, or move to other states where liability premiums are stable, our patients suffer."

Meanwhile, the need for family physicians is growing, said Mary Frank, M.D., of Mill Valley, Calif., outgoing AAFP board chair. She cited recent research suggesting that in order to meet demand, the number of family physicians should increase 39 percent, and in some states more than 70 percent, by 2020.

Ironically, funding for training of primary care physicians is slated to be cut for the second year in a row. Speakers raised other issues that a new Congress will need to address, including that the number of uninsured Americans continues to rise, premiums for health insurance are rising faster than inflation and support for medical research is lagging.

"I know that all of you subscribe to the philosophy that preventing a health problem is better than having to overcome one. That philosophy has served my family well, and it is a strong message for congress to remember when they are considering how to help doctors better serve the American people," said patient Kathy Merlo, after explaining why she, her husband and their five children are so grateful for the relationship they have with their family physician.

What You Can Do

Stay involved. Sign up for Speak Out, respond to Alerts whenever possible and contribute to FamMedPAC.

Stay connected. Sign up for your legislators' newsletters and regularly check the AAFP Federal Advocacy Web site.

Stay committed. Continue to let Congress know that our issues deserve their full attention and their action.

MAFP Request for Nominations

The Montana Academy of Family Physicians is requesting nominations for the MONTANA FAMILY PHYSICIAN OF THE YEAR. The purpose is to honor a physician who exemplifies a compassionate commitment to improving the health and well-being of people and communities throughout Montana.

The candidate must be a member in good standing of MAFP and spend at least fifty percent of his or her time in direct patient care. A nominee should exemplify the ideals of family medicine, including providing comprehensive, compassionate services on a continuing basis to the community and possessing personal qualities that make him or her role models to professional colleagues.

Any member of the MAFP may submit a nomination. Eligibility will be verified by the board of the MAFP. Qualified nominees may be nominated more than once; however, a member may receive the award only once. Current members of the MAFP Board are not eligible for nomination.

The award presentation will be made during the MAFP Awards Banquet held on June, 2008 during the summer MAFP annual meeting. The physician chosen as the 2008 MAFP Family Physician of the Year may be selected as Montana's nominee for the 2009 AAFP Family Physician of the Year award.

Please send the nomination form, a current CV and head/shoulders photo of your nominee, and up to eight pages of supporting letters/documentation from colleagues or patients to the MAFP office no later than January 31, 2008. Find a copy of the nomination form and more information about submission requirement at the Montana AFP web site:

<http://www.montanaafp.org/online/mt/home.html>

PREVIOUS HONOREES

2006 +++ John Patterson, MD, Bozeman

Pediatric Advance Life Support

June 13-14, 2007

Fairmont Hot Springs Resort MT

This program has been reviewed and is acceptable for 14 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).

57th Annual Meeting of the Montana

Academy of Family Physicians

Fairmont Hot Springs Resort MT

June 14-16, 2007

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).

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We're on the web!
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Mission Statement

As the representative of Family Medicine 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

