

NEWSLETTER



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Winter 2008

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From The President...

Montana Academy of Family Medicine: Press Release

Re: 2008 Family Physician of the Year

The Montana Academy of Family Physicians Board of Directors is pleased to announce the 2008 Family Physician of the Year recipient. This year the Board honors Dr. Ronald Miller of Whitefish, Montana, for his work and dedication to the community of Whitefish, and for his longstanding service to the field of family medicine regionally and nationally. Besides practicing faithfully in the same community for 36 years, he has served in numerous leadership roles. To name just a few:

Past Montana Academy of Family Physicians

President, and Delegate to the American Academy of Family Physicians, and service on the National Committee on Continuing Education for the AAFP.

Past American Board of Family Medicine President (the national certifying Board for 90,000+ family physicians).

Prior medical student clerkship coordinator and current preceptor for third year medical students from the University of Washington who are doing their required rotation in family medicine. Recently he was recognized by the University of Washington with the title of full Professor of Medicine.

Current Chairman of the Board of the Utah-Montana Insurance Association (UMIA), a physician owned and operated medical malpractice insurance company.

Prior Hospital Board Member, Little League Baseball umpire, and local church board member

This award is designed to identify and recognize those characteristics in physicians that we respect and hope to promote throughout our membership. We honor Dr. Ronald Miller for his success at providing care to a full spectrum of patients, juggling busy schedules, being involved in the teaching of medical professionals, for his state, regional, and national leadership roles, and for maintaining compassion along the way. Within this honor is the knowledge that this is a very difficult but worthwhile task. Please take the time to extend congratulations to Dr. Ronald Miller for his hard work and longstanding dedication to caring for families in Montana. If you don't know Ron personally, thank your own Family Physician for their hard work and the care that they have provided to you and your family.

Ron, the Montana Academy of Family Physicians thanks you for all that you do!
Congratulations!

Jon Miller, MD.

Montana Academy of Family Physicians President



The Montana Asthma Initiative



On February 15, 2008 the first meeting of the Montana Asthma Workgroup, was held in Helena. Twenty four content experts and stakeholders, including seven physicians, from around the state, were convened to assess the problem of asthma in Montana and discuss future directions to improve surveillance and control of asthma.

The staff from DPHHS (Department of Public Health and Human Services), organized and sponsored the meeting, under the guidance of the State Public Health Officer Steve Helgerson who has made Asthma one of his top priorities. DPHHS has set forth four ambitious goals for the first year:

1. Describe the burden of Asthma in Montana
2. Identify evidence-based Public Health Interventions
3. Convene an Asthma workgroup of key stakeholders
4. Collaborate with existing programs related to Asthma prevention and control.

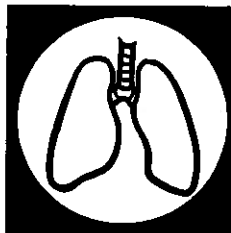
The group enjoyed sufficient time to exchange ideas and review pertinent current information on Asthma. Asthma nationwide is becoming an increasing public concern and estimated rates of the disease in Montana are at or above the national average. Data presented seem to indicate a definite geographic divide within the state with the rates in the northern half of the state substantially higher than the south with the highest incidence being in the northwestern part of the state. The CDC has made asthma a national priority and has established no fewer than 8 objectives within the Healthy People 2010 framework targeting Asthma. Of particular concern in Montana are data that reflect an apparent excessively high risk for Asthma among some of the Native American Tribes.

In an attempt to better define the frequency, severity and distribution of Asthma within the state it was felt that some form of voluntary surveillance system needed to be established within Montana. Future efforts will be directed at it's development, and implementation.

Public and health work force education concerning the diagnosis, management and mitigation of Asthma symptoms will demand increasing resources and be an additional focus for the group.

Integration of resources, sharing of information and expertise among the governmental, environmental, education and healthcare communities within Montana will improve as the workgroup refines it efforts over the coming months.

There are numerous opportunities for groups such as the MAFP to participate in this process as it moves forward. Our members will be able to avail themselves of increased educational opportunities pertaining to Asthma, offer input or obtain assistance in educating patients on Asthma, or participate in other ways in the State Asthma program as it evolves. Anyone seeking more information on the state asthma program can contact **MAFP Board member, Roman Hendrickson, MD, at: romanhend@hotmail.com.**



★ Political Action Committee Gives Family Physicians More Powerful Voice ★
★ You can learn more about FamMedPAC at ★
★ www.fammedpac.org, or call Mark Cribben at 1-800-494-3240 ★

Winter Whitefish Mountain Medical Conference 2008...

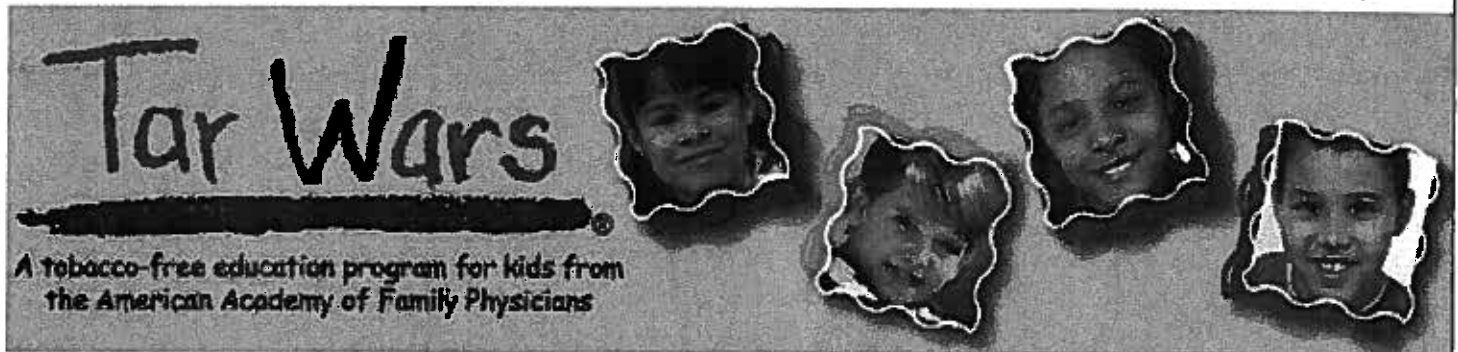


The 50th Annual Big Mountain Medical conference convened at the Lodge at Whitefish Lake January 29th-February 1st, 2008. This winter scientific meeting of the MAFP reached the milestone of a half-century of meeting the continuing education needs of family physicians as well as providing some fantastic recreational skiing for families. This year the snow was the best in over ten years with "knee-deep" powder nearly every day.

The educational talks, which gave 13 CME credits, were as varied as our practices, but provided excellent practical learning for the busy practicing physician. There were topics for everyone's interest such as OB, orthopedics, sports medicine, skin cancer, pediatrics, travel medicine, weight loss management, breast cancer diagnosis and treatment, nosebleeds, and resident grand rounds to name a few.

As program chairman, I would like to thank those that attended and encourage new and old members alike to attend next year for a good time in the snow and some CME that I am sure will be worth your while. Tentative dates are January 27th-30th, 2009.

Jon Miller, Program Chair



Want to get involved in your community in a simple, fun way? Want to help prevent children from starting to use tobacco, rather than just trying to help them quit later?

If the answers are yes: volunteer to be a Tar Wars presenter!!!

Tar Wars is a national anti-tobacco program sponsored by the AAFP. Volunteer presenters visit 5th grade classrooms and talk about positive reasons not to use tobacco. Each presentation takes about an hour, following a simple 6-step national curriculum. Only one doctor, mid-level, nurse or public health educator is necessary to deliver the presentation. The kids enjoy the presentations and they love talking to you about your clinical experiences with tobacco. After the presentation, they can use what they've learned to make posters for entry into a statewide contest. The top poster from Montana is sent to the national contest in D.C. every summer, and the winner and their family are invited to attend the Tar Wars National Conference in Washington, D.C.

Presentations can be done throughout the school year. Presentations for 2007-2008 can be done anytime up to a few weeks before the state poster contest deadline, which is April 25th, 2008. The hope is to allow the kids enough time to complete their posters and send them to the state contest prior to the deadline.

Want to learn more? Want to get involved? First, check out the program at www.tarwars.org. Next, send me your name and contact information. I will give you further details on Tar Wars and how to get started in your community. Looking forward to hearing from you. Thank you. Emily Colson, M.D., Libby, M(emilviov@gmail.com).

Tar Wars is supported in part by a grant from the American Academy of Family Physicians Foundation.

Congress of Delegates 2007...



The 2007 AAFP congress of Delegates met in Chicago Oct 1-3. Montana chapter attendees included Delegates Jay Erickson, M.D., Whitefish and me (Heidi Duncan), Alternate Delegates Jeff Zavala, M.D., Red Lodge, and Dennis Salisbury, M.D., Butte. Jon Miller, M.D. from Whitefish attended as chapter president and Rebecca Canner, M.D. from Bozeman was there as a member of the Commission on Membership and Member Services. And of course our trusty Chapter Executive, Linda Edquest was there.

Dr. Salisbury was in Chicago not only as an alternate delegate, but he also had the huge responsibility of chairing the Scientific Assembly, and did an outstanding job. Way to go, Dennis!

The big issues that dominated discussion in Congress included the topic of the primary care medical home as a way to address the growing gaps in health care. The Congress adopted the "Health Care for Everyone" plan that calls for a primary health care-based system in which all Americans have a medical home. The plan calls for collaboration with other primary care specialties such as Internal Medicine and Pediatrics to achieve this goal.

There was much discussion about physician shortage issues, and we addressed the spectrum of recruiting pre-med students into our specialty through how to best to support family physicians in practice.

This year Montana co-sponsored a resolution to re-instate the Committee on Rural Health. As background, when the Academy restructured its Commission and Committee system several years ago, the Committee on Rural Health was dissolved, primarily because the Board felt that the new commissions could represent the rural health issues within the different commissions. We were concerned, as were our co-sponsors from Alaska, Idaho and Washington, that the voice of rural physicians in the AAFP had been lost or at least diluted with the disappearance of the Committee on Rural Health. The body of the resolution we introduced referenced that 21% of AAFP members were located in rural areas. Additionally, with the growing concern of shortage of primary care physicians nationwide, the shortage of physicians in rural areas (always a challenge) is reaching crisis status in some areas now. Debate in reference committee and on the floor included concerns about the efficacy of the old committee. Many people acknowledged that the issues that face rural physicians do intersect the issues that are addressed by the current commissions, and input from rural physicians into each of the existing commissions is vital.

The ultimate result of this discussion was actually inspiring and captured all the elements that I think make the AAFP an exciting organization. Throughout the time in Congress, there were many discussions about the best way to have the voice of the rural physicians heard within our current organizational structure. This discussion included the state chapters, academy leaders and Board members. Ultimately, the chapters that sponsored the original resolution presented a substitute resolution that proposed the following:

That each Commission have at least one member from a rural area so that rural health issues could be addressed within the scope of each Commission, and

That these rural commission members form a Working Group on Rural Health that would meet during the cluster meetings. This working group could then discuss issues and ideas that come up within each of the commissions and consider impact on and input from rural doctors.

The working group would report to the Board.

This proposal seemed to address the concerns of the voice of rural physicians and yet did not add a large fiscal note by adding additional commissions or meetings.

When the substitute resolution was presented on the floor of Congress, it was initially defeated because of parliamentary procedure miscue. The resulting discussion, though, prompted even more widespread consensus building amongst other state chapters than were not initially involved with the resolution, and the resolution was reconsidered in the final session of Congress. It was passed with quite a bit of support, and the process was the source of excitement and inspiration—we can make an impact in our AAFP! Thanks especially to Jay Erickson for all his hard work throughout the process. As a side note, I saw in the AAFP Board minutes from December that they approved a fiscal note for the Working Group on Rural Health, and that they defined the structure of the group and process for selection of commission members that would also serve on the working group.

Finally, the Academy's new logo was introduced. Many of you have probably seen it by now. The new slogan associated with the logo is "American Academy of Family Physicians, strong medicine for America". The Academy feels that what family physicians want most currently is advocacy (in Washington, with insurers, employers, opinion leaders and the American public), and the new brand identity "telegraphs" the change.

Thanks to all of you for allowing us to represent our state at the Congress of Delegates. If any of you are attending the Scientific Assembly at any time, plan to come a bit early and sit in on a session or two of Congress. It really is an exciting place to interact with family physicians around the country and world, and to see AAFP policy making at work. Any AAFP member with an Assembly badge is welcome to attend the Congress. Hope to see you in San Diego in September!

Heidi Duncan, M.D. Delegate Billings

MONTANA ACADEMY OF FAMILY PHYSICIANS PLANNING SESSION EXECUTIVE SUMMARY

The Montana Academy of Family Physicians held a strategic planning session February 2, 2008 in Whitefish, Montana. Attending were Drs. Canner, Cody, Crews, Duncan, Hemmer, Hendrickson, Johnson, Miller, Muzquiz, Salisbury, Snider, Strekall, and resident representative Dr. Beller. Linda Edquest, MAFP EVP, also participated. **Jan Carter facilitated the session.**

The group reviewed its progress since its last planning session in 2002, and noted that it had made significant strides in leadership development. Its board of directors has grown, as has the number of MAFP members active at the national level. The number of Active members has increased by 60% since 1997. The chapter has increased its programs and services. Reserves are up, but the budget is break-even now instead of annually contributing to reserves as in the past. Meeting income and attendance are down. Student interest is still strong in the state, but FP retirements beginning in about five years could bring workforce problems. The chapter has grown closer to other organizations in the state, including the MMA and MHA. Members want several things from the MAFP, including connectivity, advocacy, and visibility.

A total of 26 possible objectives were suggested for the next five years. The group voted as its top four priorities:

- Have an active listserv or other communication to all members, including blogs, networks, and other mechanisms
- Increase the number of MAFP members attending the summer meeting from 70 to 100, and the winter meeting from 30 to 60
- Develop a long-term plan for finances based on philosophy, with financial solvency
- Coordinate closely with other organizations such as the Montana Primary Care Association, Montana Hospital Association, Montana Medical Association, and the state pediatrics group.

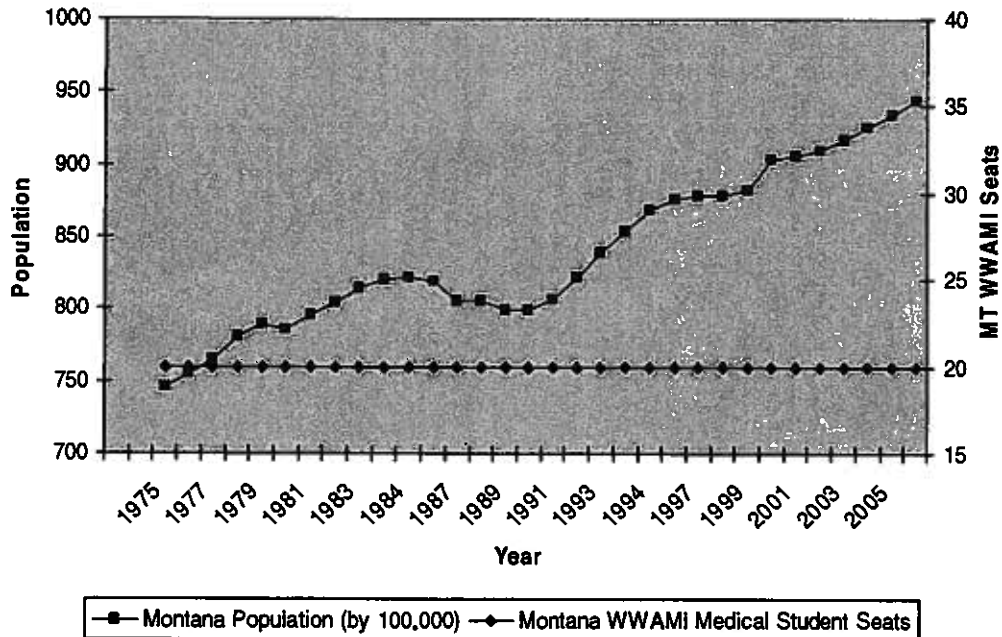
Strategies and action plans were developed for the top two priorities, and the board of directors will develop them for priorities 3 and 4 this summer. Follow-up mechanisms were established to make sure that the group keeps on top of the plan it made, its priorities, and implementation.

Proposal for Montana WWAMI class expansion

The Montana WWAMI program would expand by 10 seats to a total of 30 seats per year.

Since the initiation of the Montana WWAMI program in 1975 population growth in Montana has exceeded 30% without a concomitant expansion in the number of WWAMI seats.

Montana Population vs. Montana WWAMI Medical Student Seats



Access to publicly funded medical school seats for Montana residents continues to be an issue.

National Comparisons on Access to Medical Education

State	1st Year Medical School Seats per 100,000 Population		1st Year Medical School Seats per 10,000 Ages 18-24 Population		1st Year Medical School Seats in State per 100 Baccalaureate Graduates	
	Ratio	Rank	Ratio	Rank	Ratio	Rank
U.S.	5.65		5.75		1.17	
Washington	2.17	45	2.14	46	0.48	45
Wyoming	3.14	39	3.00	40	0.94	33
Alaska	1.51	49	1.27	49	0.70	40
Montana	2.14	46	2.20	45	0.39	47
Idaho	1.82	48	1.76	48	0.36	49
North Dakota	9.18	6	8.36	10	1.13	24
South Dakota	6.61	16	6.47	16	1.07	26

Source: Idaho Medical Education Study Final Report, submitted by MGT of America, Inc., November 1, 2007.

Primary care shortage—45/56 Montana counties are federally designated in part or total as primary care shortage areas. Currently we are short a total of 61 primary care providers in those counties. We have 11 counties in Montana with no physicians

Increased utilization of services- currently 14% of our state population is 65 or older. By 2025 it is estimated that 25% of our population will be 65 or older, ranking Montana as third in the nation in the proportion of its state as elderly. The elderly receive a disproportionate share of healthcare services.

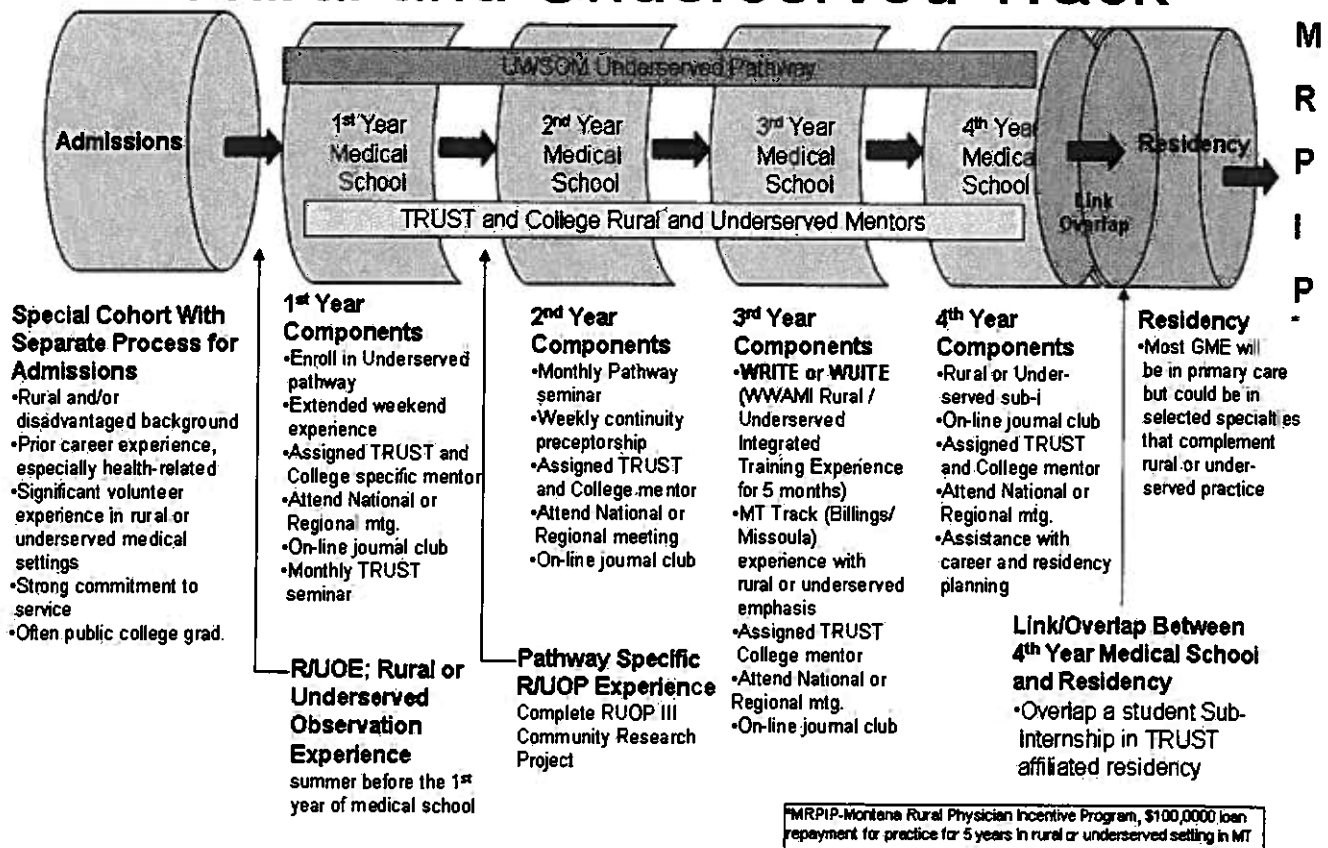
Aging physician population- 45% of Montana's physicians are 55 or older-oldest physician workforce in the nation.

The 10 new Montana WWAMI seats would be incorporated into the TRUST Montana (Targeted Rural Underserved Track) program.

-The goal of TRUST Montana is to increase the number of Montana WWAMI students choosing residencies in primary care or other needed specialties and returning to practice in the rural and underserved areas of Montana.

-Montana Trust will use existing programs, as well as, new programs to create a continuum that selects qualified applicants, educates with an enhanced rural and underserved curriculum, places into residencies and finally returns to Montana students that have an interest in rural or underserved medicine.

TRUST MONTANA -Targeted Rural and Underserved Track



✦ Included In this class expansion proposal is a request for one time funds (\$150,000) to support the infrastructure of an updated WWAMI classroom. This will include significant enhancement of teleconference capacity which will enable the MSU WWAMI students to connect to the University of Washington classroom in Seattle. Note, the other WWAMI first year sites (Pullman/Moscow, Spokane, Anchorage and Laramie) have all updated (or are in the process of updating) their facilities to support interconnectivity between the classrooms, while the MSU classroom does not have that capability.

**“American Academy of Family Physicians,
strong medicine for America”.**

MAFP Request for Nominations 2009

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 the 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, which include providing comprehensive, compassionate services on a continuing basis to the community and possessing personal qualities that make him or her a role model 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 of nomination.

The award presentation will be made during the MAFP Awards Banquet held June, 2009 during the summer MAFP annual meeting. The physician chosen as the 2009 MAFP Family Physician of the Year may be selected as Montana's nominee for the 2010 AAFP Family Physician of the Year award.

Please send the nomination form, a current CV, a head/shoulders photo of your nominee, and up to 8 pages of supporting letters/documentation from colleagues or patients to the MAFP office no later than January 15th, 2009.

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

2007 + + + Mark Zilkowski, MD, Wolf Point

Summer Meeting, June 19-21, 2008



Hello MAFP members and friends,

Just a short note intended to get you planning on attending the annual summer meeting of the Montana Academy of Family Physicians. This year the meeting will be June 19 - 21 at Chico Hot Springs Resort in Montana's beautiful Paradise Valley. We have a number of great speakers and talks planned which should provide for an excellent CME experience. There are several family fun activities available at Chico including soaking, horseback riding, hiking, rafting the Yellowstone River, and there is easy access to all that Yellowstone National Park has to offer.

In addition, we will be offering an ALSO course June 18th immediately preceding the conference.

You will be receiving an email when the registration materials are available on the MAFP website. So, mark these dates on your calendar and plan on joining us this summer at Chico!

Tom James, MD Program Chairman



MAFP 2008 Summer Meeting Chico Hot Springs: Pray Montana June 19 - 21, 2008

Thursday, June 19

11:00 a.m.	Registration	
12:45 p.m.	Welcome and Introduction	
1:00 p.m.	Natural Supplements: An Evidenced Based Review"	Chill Yee, MD
2:00 p.m.	More Napping on the Job: Integrating Sleep Disorders Medicine into a Family Medicine Practice	Adam Sorscher, MD
3:00 p.m.	Break/Visit Exhibits	
3:30 p.m.	Serving and Surviving the Drug Seeking Patient	Jaye Swoboda, MD
4:30 p.m.	Ten Years Younger, an Evidence Based Guide to Turning Back the Clock	Steven Masley, MD
5:30 p.m.	Poster Presentations	WWAMI Students

Friday, June 20

7:00 a.m.	Breakfast	
7:30 a.m.	Cutting Edge Nutrition: What Physicians Need to Know	Steven Masley, MD
8:30 a.m.	Colorectal Cancer	Tom Norris, MD
9:30 a.m.	Break/Visit Exhibits	
10:00 a.m.	Case from the MFMR Inpatient Service	Kris Cunningham, MD
11:00 a.m.	Prevention of Stroke and TIA	John Schaeffer, DO
12:00 p.m.	MAFP Business Meeting	

Saturday, June 21

7:00 a.m.	Breakfast	
7:30 a.m.	International Adoption for the Family Physician	Rebecca Canner, MD
8:30 a.m.	Acute Coronary Syndrome	Anderson Mehrle, MD
9:30 a.m.	Break/Visit Exhibits	
10:00 a.m.	What's New in Vaccines	OMEW
11:00 a.m.	Preventing Cancer by Vaccination: An In-Depth Discussion of HPV	OMEW
12:00 p.m.	Adjourn	

**58th Annual Meeting of the Montana
Academy of Family Physicians
Chico Hot Springs Pray, MT
June 19-21, 2008**

**Advanced Life Support in Obstetrics
Program
Chico Hot Springs Pray, MT
June 18, 2008**

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We're on the web!
<http://www.montanaafp.org/>

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**

