Montana Academy of Family Physicians

NEWSLETTER

Montana Academy of Family Physicians
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Fall 2009

From The President...

I am deeply honored to have been selected to serve as your president for the coming year. We are at a critical point in the history of US health care. As I write this, the US Congress is busy discussing, debating, and writing legislation to undertake a desperately needed overhaul of what is undeniably a badly broken system. The bottom line is that every American needs and deserves access to the type of high quality, affordable health care that we know that family physicians can provide. However, with increasing demands on our time, rising administrative costs, dwindling numbers of primary care physicians, and inequitable payment for our services, many of us are finding it more and more difficult to continue to do what we love most: to provide a medical home for patients and families and to care for them from cradle to grave. In order to fix this broken system, family physicians need to be front and center in the reform process. An important part of the mission of the MAFP is to represent the interests of family physicians and to be the guiding force for primary care in Montana. In order to accomplish this part of our mission, we need to not only continue our work on the state level but, especially this year, we need to be involved on the national level to enact health care reform that will ensure that we can continue to do the work we were called to do and that our patients can continue to access the high quality care that we provide without fear of financial ruin.

Each of us needs to be part of the process. There are several ways to get involved. First, contact your MAFP officers, board members and delegates to let us know your concerns and ideas. In October, we sent our delegates, Drs. Heidi Duncan and Jay Erickson, to the AAFP Congress of Delegates where they had the opportunity to direct the leadership of the academy in its advocacy efforts on our behalf. Second, donate to the FamMedPAC. Our political system, for better or worse, runs on money. The money raised by the PAC is our means of accessing the key legislators who can help to make sure our concerns are addressed. Third, join "AAFP Connect for Reform" at http://blogs.aafp.org/cfr/connect4reform/ to keep up to date on important events and issues in the reform process and for specific ways to make your voice heard. And finally, make use of the AAFP "Speak Out" program, which provides important information for contacting legislators, templates for letters or emails and specific "talking points" for phone calls. Go to http://capitol.aafp.org/aafp/home/ for more information.

What comes out of this debate will affect all of us, our patients, and our families. We can't afford NOT to act because "if we're not at the table, we're on the menu!"

Rebecca Canner, MD, President

Montana Academy Summer Meeting 2009…

The 59th Annual Meeting of the Montana Academy of Family Physicians was held this past June in Red Lodge at Rock Creek Resort. As usual at our two MAFP meetings, the CME was superb as was the camaraderie between our members and families.
A highlight of this years meeting was to award the 2009 Montana Family Physician of the Year award to Frank Michels, MD from Billings. Congratulations Frank!
Next years summer meeting will be back by popular demand at Chico Hot Springs in beautiful Paradise Valley Montana from June 17 to 19, 2010. We will be teaming with the Montana Family Medicine Residency to piggy back a Wilderness Medicine Conference on June 19 and 20.
Mark your calendars and we hope to see you for more fun filled CME in 2010. If any of you are interested in presenting a talk, or know of a particularly good speaker, I urge you to contact me at tjames@ebms.com.

Tom James, MD

SAMS Course, June, 2009

Choose only one. Magnesium Sulfate is useful in:

a) managing pediatric constipation;
b) managing acute asthma exacerbations in the emergency department;
c) managing inpatients with severe asthma exacerbations;
d) nothing beyond obstetric issues;
e) achieving the flush of healthy skin.

From 10:30 am to 4:00 pm (with an hour off for a great lunch!) last June 10, 2009, your MAFP ran a SAM course on the ABFM Asthma Module. The course was held as a pre-course to the MAFP Summer Education meeting in Red Lodge. Not only did all the attendees pass the Knowledge Assessment portion of the asthma module, each attendee said the process was educational, interesting and ***WAY*** more fun than doing a SAM alone. They also said it took less time than doing SAMs individually.

Many MAFP members have complained about the Maintenance of Certification process. While the MAFP (and even the AAFP) have input, but not control over how the ABFM institutes the MOC process, we do have the ability to make the completion of a SAM a valuable, interesting and fun process. The MAFP Board is going to decide by the end of January whether offering another SAM event is a value it can bring to your membership in the MAFP. If you would be interested in taking a SAM course, please e-mail Linda Edquest at linda@mmaoffice.org or speak to one of the MAFP Board members and indicate your interest. In addition, we'd love to know which of the SAMs you'd be interested in taking.

(The answer, by the way, is 'b'.)

Frank C. Michels, M.D. – 2009 Montana Family Physicians of the Year

Doctor Michels has practiced medicine within the St. Vincent Healthcare organization since 1989. He is a dedicated physician who is valued both professionally and personally by his patients and his colleagues.

Dr. Michels has been a leader both within St. Vincent Healthcare and the greater community throughout his career. His work related to the development of the Montana Family Practice Residency Program in the early 1990's has influenced the delivery of primary care throughout the state of Montana and helped to stabilize the number of family practice physicians who now serve our area.

Doctor Michels was instrumental in the development of West Grand Family Medicine, a well respected family practice clinic in the St. Vincent Healthcare system. He continues to practice at West Grand and advocate for high quality, high touch family practice and obstetric care for all patients.

Legislative Update

As everyone knows activity on Healthcare legislation nationally is ongoing. The proposals put forth by the US Senate and the House of Representatives seem to change daily. Healthcare legislation is truly a moving target. The Board of Directors of the MAFP felt it imperative to develop a set of position papers which clearly lay out the positions of the MAFP on the myriad of issues under consideration in the Healthcare policy debates. Many of these positions are identical to those of the AAFP, others are unique to Montana and our academy.

We hope you will contact the Board of Directors with your comments and concerns on this important topic. The board tries very hard to represent the views of the Academy's members, understanding that there will always be some who disagree with its positions.

The Positions approved by the MAFP board are listed below for your review. Also listed are the policies adopted by the MMA's Board of Trustees.

Roman Hendrickson, M.D., 1st Vice President

Montana Academy of Family Physicians POSITION on Medicare - Medicaid Payment Reform

The Montana Academy of Family Physicians believes that for any healthcare system to succeed, it must be firmly based on a sustainable system of Primary Care Physicians and Institutions. The current Medicare - Medicaid payment system significantly underfunds Primary Care. This current and historical underfunding has led to a current shortfall and an impending collapse in the availability of Primary Care for Medicare and Medicaid beneficiaries as well as the rest of our citizens. We believe that these deficits will be seen sooner and more acutely in Montana than the rest of the country. Montana has a disproportionately high percentage of Medicare and Medicaid beneficiaries. In addition, the average age of the Montana Primary Care Physician workforce is one of the highest in the country, with many of these physicians expected to reach retirement age in the next 5 - 10 years.

The MAFP believes that immediate changes in Medicare and Medicaid Payment Policy are needed to retain the existing Primary Care workforce and to encourage future generations of physicians to consider Primary Care as a career choice in our state.

Any payment policy changes that seek to increase financial support for Primary Care must be substantial, immediate, sustainable as well as progressive and ongoing. Primary Care Physicians include Family Physicians, General Internists, General Pediatricians, and Geriatricians. Primary Care Physicians, especially those in the Rural and Frontier areas which encompass the majority of Montana, do not practice in isolation but in concert with the health care systems of their local communities. Any payment reform must therefore seek to enhance and sustain payment, not just for Primary Care Physicians themselves, but also the Rural and Frontier Critical Access Hospitals, The Rural Health Clinics and Community Health Centers, and the Nursing Homes in which Primary Care Physicians supply the majority of care. A failure to support these institutions sufficiently will likely assure that any other attempts to support Primary Care will also fail.

The Montana Academy of Family Physicians supports the following precepts of Medicare and Medicaid Payment Reform:

1. An immediate raise of 5% in the Evaluation and Management codes, and preventive services codes, most commonly used by Primary care Physicians.
2. A Primary care incentive Bonus of 10% for any physician designated as Primary Care.
3. An additional 10% payment bonus for Primary Care Physicians practicing in designated Healthcare Workforce Shortage Areas.
4. An increase to 110% of costs for Critical Access Hospitals, Rural Health Centers, and Community Health Centers.
5. A 10% Increase in payments to Rural and Frontier Nursing Homes.
6. Adoption and promotion of the Patient Centered Medical Home Program with ongoing financial incentives for participating practices.
7. Expanded financial support for Training in Primary Care Specialties through Medicare Graduate Medical Education funding.
8. Elimination of the current Sustainable Growth Rate formula and intended payment cuts, with a provision for a higher spending baseline target for Evaluation and Management and Preventive Health services most commonly associated with Primary Care. Financial Updates for these codes should also be higher than other codes.
9. Enhanced payments for implementation of Electronic Health Records and electronic prescribing.
10. Payment for Primary Care Services should be equalized between Medicare and Medicaid.

Montana Academy of Family Physicians
August 2009

Montana Academy of Family Physicians

POSITION: Healthcare Reform 2009

The Montana Academy of Family Physicians supports and agrees with the need for fundamental National Healthcare Reform. All individuals in our country should have access to affordable third party coverage for their healthcare needs. Any such plan must of necessity be based on insurance reform, payment reform, and healthcare delivery reform, to assure availability of care and the long-term financial viability of the plan. Any National Healthcare reform should assure responsible financing to prevent adding to the federal deficit.

The MAFP supports Insurance reform that: supports multiple insurance options, guaranteed insurability, portability of policies, policies that cannot be cancelled for pre-existing or newly developed medical conditions, parity for mental health conditions, and the inclusion of genetic nondiscrimination.

We support sliding scale tax credits,
and coverage of evidence based preventive services with no cost sharing.

The MAFP would support a Public Plan Option if it is consistent with the following principles:

1. The plan must promote Primary Care and the Patient Centered Medical Home
2. The plan must be accountable to an entity other than the one identified to govern the marketplace
3. The public Plan cannot be Medicare or Medicaid
4. The public Plan cannot leverage other public plans such as Medicare to force participation of providers
5. The public plan should not be permanently required to use Medicare like payment methods
6. The Insurance market rules governing the Public Plan should be identical to those governing the private plans
7. The public Plan cannot be granted unfair advantage in insuring the uninsured through subsidies etc.
8. Public and Private Plans should adhere to the same rules regarding reserve funds
9. The public Plan should contribute to value based initiatives that benefit all payers.

The MAFP supports payment reform that is substantial, immediate, sustainable as well as progressive and ongoing in its support of Primary Care. It must also support and enhance healthcare delivery in Rural and Frontier areas of those institutions where Primary Care Providers practice such as: Critical Access Hospitals, Rural Health Clinics, Community Health Centers and Rural and Frontier Nursing Homes.

The MAFP supports Healthcare Delivery Reform that addresses the following principles:

1. The development of a national healthcare workforce commission, that sets goals and establishes policies that seek to achieve and maintain an optimal and sufficient number and distribution of physicians.
2. The reform supports policies to increase the number of Primary Care Physicians including: Family Medicine, General Internal Medicine, General Pediatrics, and Geriatrics, and their expanded training support.
3. Expanded training site development should occur including the development of Teaching Health Centers, and training at community based ambulatory care centers
4. Promotion of the Patient Centered Medical Home model of care, to provide incentives for care management and coordination.
5. Promotion of Comparative Effectiveness, and Health Care Delivery Research.

Montana Academy of Family Physicians August 2009

TO: THE CITIZENS OF MONTANA

The members of the Montana Medical Association want to assure our patients that we share their concerns about many aspects of health system reform. For many people the system is now broken and is not sustainable. There should be health care for all citizens. The health care system should be quality-based and patient-centered.

Montana Medical Association physicians believe that insurance should be affordable, accessible, and portable. The doctor-patient relationship should stay strong. We believe that insurance should provide a basic benefit package based on best medical evidence. Patients should not be denied coverage based on pre-existing conditions.

Physicians of the Montana Medical Association are committed to excellent patient care. We agree with the need to reduce waste as well as to provide incentives for quality improvement, prevention, and wellness. Legislative reform must emphasize the recruitment, training, and support of primary care physicians. We recognize a critical need for tort reform to help reduce unnecessary costs and continue excellent patient care.

We strongly encourage our patients to empower themselves. Significant incentives should be provided toward healthy behavior. Patients benefit from education and better health choices. More personal responsibility will increase the health of our country's citizens. Ultimately, patients have responsibility for deciding on and paying for their care.

We urge our legislators to keep the following goals in mind:

Physicians and patients should be the ones to make individual health care decisions;
Americans deserve to choose their physicians;
Emphasize recruitment, training, and support of primary care physicians;
Enact insurance market reforms that expand choice and eliminate exclusions for pre-existing conditions;
Streamline insurance claim forms and procedures;
Enact tort reform to reduce the cost of defensive medicine;
Provide market-based incentives for quality improvement in the provision of care;
Invest in Health Information Technology to improve quality and safety for patients; and,
Provide universal coverage to all Americans.

It is important that reforms provide affordable, high-quality care while reducing unnecessary costs. We recognize that the problems in our system are entrenched. It is going to require the combined efforts of physicians and patients to get meaningful change. Remember, we all have the power of the vote.

Sincerely,
Board of Trustees, Montana Medical Association

MAFP Request for Nominations 2010

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, 2010 during the summer MAFP annual meeting. The physician chosen as the 2010 MAFP Family Physician of the Year may be selected as Montana's nominee for the 2011 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, 2010. Find a copy of the nomination form and more information about submission requirement at the Montana AFP web site:

http://www.montanaafp.org/

PREVIOUS HONOREES

2006 + + + John Patterson, MD, Bozeman
2007 + + + Mark Zilkowski, MD, Wolf Point
2008 + + + Ron Miller, MD, Whitefish
2009 + + + Frank Michels, MD, Billings

Congratulations

Frank C. Michels, M.D.
For being chosen as the
MONTANA FAMILY MEDICINE PHYSICIAN OF THE YEAR
By the Montana Academy of Family Physicians

St. Vincent Healthcare
Sisters of Charity of Leavenworth Health System

West Grand Family Medicine
2750 Grand Ave., Billings

(406) 237-4040

"The UW's Trust Program—Montana Leads In The Effort To Produce Doctors For Rural And Underserved Practices"

JAMES E. DAVIS MD, MS, PROFESSOR AND CHAIR, DEPARTMENT OF FAMILY MEDICINE
JAY S. ERICKSON MD, ASSISTANT DEAN-WWAMI CLINICAL PHASE/MONTANA, CO-CHAIR WRITE
DAVID LOSH, MD, PROFESSOR, HEAD UW COLUMBIA RIVER COLLEGE, DEPARTMENT OF FAMILY MEDICINE

Several US medical schools have developed successful programs to encourage students to seek careers in needed specialties in an effort to address the persistent shortage of physicians in rural and underserved areas. In a systematic review published by Dr. Howard Rabinowitz and colleagues, the attributes of these programs demonstrated a number of striking similarities. It is clear that focused programs such as RPAP at the University of Minnesota and Jefferson Medical School's Physician Shortage Area Program have had great long-term success. In 2006, a UW School of Medicine committee, reviewed these programs and used the UW School of Medicine and WWAMI's experience to recommend starting a pathway for rural and underserved medicine. The initial proposal, known by the acronym of RUGD (Rural Underserved and Global Health) proved impractical to fund, but it provided many good ideas that led to the UW's current Targeted Rural and Underserved Training program or "TRUST."

In the summer of 2007, the Montana WWAMI Advisory Committee, under the leadership of Dr. Jay Erickson, met and endorsed the idea of proceeding with the planning and implementation of a rural and underserved training program, making it Montana-specific. As the planning of this was taking place, similar interest was taking form at the UW School of Medicine within the Department of Family Medicine. In the fall of 2007, work was begun on a federal Title VII grant application designed to fund many of the components of the RUGD concept. Under the direction of Dr. David Losh, the acting chair of the Department, and authors Sharon Dobie M.D., Frederick Chen M.D. and Carl Morris M.D., a well-written application was submitted and ultimately funded by HRSA beginning in September 2008. Although neither group was initially aware of the other's efforts, the goals were remarkably similar and each uncannily came up with the same acronym, "TRUST."

Although TRUST is a medical school supported program, applicable to all specialties with known shortages in rural and underserved areas, the program is administered through the Department of Family Medicine. The cornerstones of TRUST are working with communities to identify their needs and their resources, targeting medical school admissions so students are selected with characteristics likely to predict their return to rural or underserved practices, support of students throughout their training with mentors coordinated educational experiences throughout all four years of medical school, and finally, help with entering residencies that have a rural or underserved emphasis or help with placement issues as new physicians return to communities in need.

A TRUST committee, currently composed of both UWSOM Seattle-based faculty and regional faculty,

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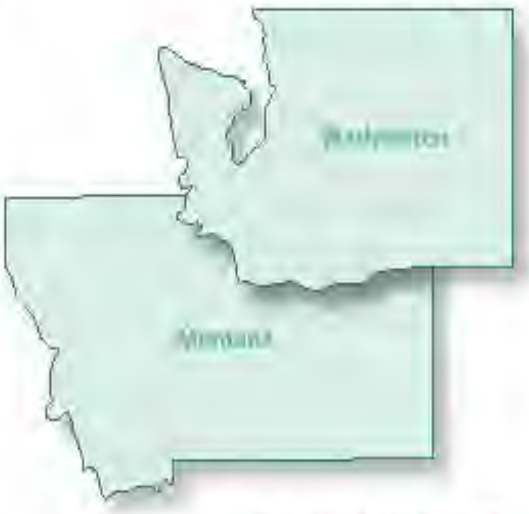

helps guide the efforts of the Family Medicine TRUST program.

To the credit of the Montana WWAMI Advisory Committee and the excellent leadership of Dr. Jay Erickson, Montana TRUST was launched before knowledge that the federal grant was approved or funded. The Montana TRUST implementation started in the summer of 2008 and was initiated due to a real and perceived need for primary care specialists within the state. Montana, since 1973 part of the University of Washington School of Medicine WWAMI (Washington Wyoming Alaska Montana Idaho) program, admits 20 medical students per year. Students spend their first year at Montana State in Bozeman and then join their fellow WWAMI students in Seattle for their second year of medical school. The clinical clerkship years, three and four, are spent in the WWAMI region, which in Montana includes the opportunity to complete a third year Track in either Billings or Missoula. Here students are able to spend all of their third year in either of these communities and most of their fourth year. Currently there are 19 third-year clerkship offerings available in Montana for WWAMI students.

Despite these in-state clerkship offerings, and other programs to encourage students to enter practice in rural, underserved communities, a declining number of Montana WWAMI students were choosing to return to rural and underserved practices in Montana. Over the years, the School of Medicine and the WWAMI program had developed a number of rural and underserved teaching opportunities that remain available for students. Examples of these include the RUOP program, the WRITE program, and the Underserved Pathway. R/UOP (Rural/Underserved Opportunities Program) is a popular one-month opportunity between the first and second year of medical school for students to spend a month with a rural or underserved preceptor and experience first hand the life of a rural physician and what it is like to live and practice in a rural or underserved setting. The WRITE (WWAMI Rural Integrated Training Program) is an example of a curriculum option that allows third year WWAMI students to spend five months in a select rural community experience in the WWAMI region. The Underserved Pathway Program, which is run by faculty in the Department of Family Medicine allows students with an interest in underserved medicine to gain experience and learn more about underserved practices as they proceed through their four years of medical education. The Pathway includes placement with a mentor experienced in working with the underserved, select underserved experiences, online learning modules, and volunteer experiences.

Building on these programs, Montana initiated its TRUST program by offering it to students admitted to the entering class of 2008. Three students agreed to participate in the initial TRUST class that started with a two-week placement with a TRUST preceptor before regular classes began. Although 15 Montana WWAMI faculty preceptors agreed to accept students, placements were made at two rural TRUST sites, Dillon and Lewistown, and one urban underserved site at a Community Health Center in Butte. The preceptors at these sites agreed to act as host/mentor of their assigned students during the students' four years of medical school.

Acceptance into the current Montana TRUST program parallels the process of general admission into the MT WWAMI program and includes a separate targeted admissions process, which takes into account factors known to enhance the likelihood of a student choosing a career of service in a rural or underserved setting. Five students are selected for the program. They are assigned to a physician-mentor who serves in a rural or underserved community. The urban underserved aspect of this program has been defined as participating at a Community Health Center in selected communities in Montana. In addition to the two-week pre-matriculation experience with their mentor, students spend two long weekends during their first year of medical school at their assigned site, and will do a R/UOP (Rural/Underserved Opportunity Program), also preferably with their mentor, which includes a community research project. Elective courses in the first year focus on community, rural, and underserved health. A moderated online journal club and monthly TRUST seminars are also part of the program.

In the second year the students are linked with a rural or underserved mentor at the UWSOM and activities that highlight rural or underserved practice are encouraged. In the third year, students participate

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in the WRITE (WWAMI Rural Integrated Training Experience) program back in Montana or complete a Track in either Billings or Missoula. Those in the Track are required to do one of their six clerkships in a rural or underserved practice and are expected to do a fourth year sub-internship in a rural or underserved practice as well, preferably with their TRUST mentor.

Currently five students are doing their pre-matriculation experiences in Libby, Hardin, Wolf Point, Lewistown, and Helena. These students, entering '09 class, were the first to be chosen using the targeted admissions process, which is really a key aspect of the future success of this program. Montana, with its Rural Physicians Incentive Loan Repayment Program, pays $100,000 of loan repayment for return to practice in a rural or underserved community. Students in the Montana TRUST program will have priority access to these funds upon return to Montana. Funding and administrative support for Montana TRUST has been received from the Montana AHEC office and the Montana WWAMI clinical and first year offices.

Current TRUST grant efforts are focused in several areas. The next implementation will be expanding the TRUST program into eastern Washington. Under the leadership of Dr. John McCarthy and the WWAMI regional Deans, the Spokane campus of the University of Washington School of Medicine has its TRUST program underway with a volunteer cohort this first year and then a targeted admissions process for the class of 2010. Another important task is recruiting the Director for the TRUST grant, and a regional and national search is currently underway for a physician champion to lead this educational grant and expand TRUST to other WWAMI regional sites.

Rabinowitz, HK. 2008. Medical school programs to increase the rural physician supply: a systematic review and projected impact of widespread replication. *Academic Medicine* 83(3): 235-243.

Montana Academy of Family Physicians 2010 Big Mountain Medical Conference

The MAFP 2010 Big Mountain Medical Conference will convene January 26 – January 29 at the Lodge at Whitefish Lake which is a full service resort/spa conference center along the shores of Whitefish Lake and just 15 minutes to skiing on Big Mountain. A complete brochure is available on our website and you can register on line to attend. Go to http://www.montanaafp.org and register today.

60th Annual Summer Meeting
Chico Hot Springs
June 17-19, 2010

Dr Rebecca Canner, MD of Livingston is sworn in by AAFP board member, Dr. Glen R. Stream, M.D., Spokane

Dr Canner offers thanks to Immediate Past President, Dr. Larry Hemmer, and she presents the president's pin and plaque.

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