



# NEWSLETTER

Montana Academy of Family Physicians  
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Fall 2010

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## From The President...

Thank you for this opportunity to serve you as President of the Montana Academy of Family Physicians. This continues to be an exciting period in American Health Care. With recent passage of Health Care Reform, Family Physicians are in position to influence and benefit from the new law. Helpful provisions in the new law include:

- a 10 percent Medicare bonus payment for primary care services for five years, beginning in 2011;
- a two-year experiment beginning in 2013 that will guarantee Medicaid pays primary care physicians at least as much as Medicare does for primary care services, including immunization;
- promotion of medical practice models that could enhance payment for primary care (through funding preventive services and rewarding value);
- advancement of the [patient-centered medical home](#);
- increased funding for the National Health Service Corps and the nation's community health centers;
- investment in the primary care physician workforce through reauthorization of [Section 747 of Title VII of the Public Health Service Act](#), for graduate training in primary care.

Many improvements still need to be made, but an arguably broken system is moving in the right direction; toward increasing the value of primary care. Key provisions will involve moving our practices toward Patient Centered Medical Homes (PCMH) and increasing the role of Community Health Centers in serving the Nations underserved.

Becoming a Patient Centered Medical Home may seem daunting for the small practice, but its adoption will pay dividends for both the practice and patient. The AAFP has produced the [Road to Recognition](#) as a guide to help simplify the process of becoming certified as a PCMH. Using this tool, physicians may learn more about the PCMH, and learn how to choose the level of medical home recognition desired.

Ready made examples of PCMHs are Community Health Centers (CHCs). CHC's are Federally Qualified Health Centers able to provide care to uninsured and underinsured populations. CHC's work to eliminate disparities in health care while functioning as classic Family Medicine Clinics. They utilize registries to help manage populations, have EMR's allowing capture and searching of key clinical data, offer multiple services under one roof (including case management and behavioral health) to facilitate a team approach to care, practice continuing performance improvement and self-management support, and use evidence-based guidelines to coordinate patient care.

Nationally, CHC's serve over 20 million people, 90% of whom are <200% of the federal poverty level. In Montana there are 14 CHC's and 11 CHC satellites. These Centers employ 31 FTE Family Physicians statewide as well as midlevel and dental providers. In 2009 Montana CHC's had over 320,000 individual clinic visits. These services are expected to grow state and nationwide in anticipation of 32-40 million previously uninsured people seeking care with insurance reforms starting in 2014.

As noted, the health reform bill is a step in the right direction, but work needs to be done. A permanent fix to the Medicare sustainable growth rate with a positive differential for primary care is an Academy priority (see [Fact Sheet](#) then contact your [Representative](#)). Appropriate funding also needs to be in place for new initiatives such as the PCMH and preventative care visits. Graduate Medical Education also requires full funding with a goal of increasing the percentage of physicians practicing primary care.

Please consider a donation to the [AAFP's FamMedPAC](#); the AAFP's political action committee. Its purpose is to help elect candidates to the U.S. Congress who support AAFP's legislative goals and objectives. Also, please let us know your priorities and concerns as they relate to both state and federal issues. This is a Montana Legislative session year and promises to be full.



William C. Snider, D.O., President

### Chico Primary Care Conference

This past June the MAFP hosted our annual Primary Care Conference at Chico Hot Springs in Paradise Valley. There was a very good attendance of family docs and their families from throughout the state and beyond. The speakers were exceptional and we covered topics from the food we eat to sores on the buttocks and a lot in between. Besides the CME, participants were spotted frolicking in the pool, doing early morning yoga class, riding horses, cycling, hiking, jogging, fishing, rafting, road tripping to Yellowstone, and enjoying a host of refreshments and libations.

This year's conference was sandwiched between a SAM's course on the front end where we covered Childhood Illness and a Wilderness Medicine Conference put on by the Family Medicine Residency Program. Both of these proved to be very popular and successful. We are looking at including a SAM's option at future meetings, and we plan on teaming with the residency's wilderness conference every other year.

This year we were fortunate to have Dr. David Ellington from the AAFP Board of Directors. Dr. Ellington was able to provide us with important updates from Kansas City and Washington and did the official swearing in of our new MAFP officers.

We are grateful to all of our speakers and attendees and hope to see all of you at our upcoming conferences.

Tom James, MD., Member of Program Committee

## Family Medicine Congressional Conference in Washington, DC.

### Dennis Salisbury represented Montana. In the picture, Left to Right:

**Chris Dawe ( Senate Finance Staffer);**

**Dennis Salisbury, M.D. (Secretary-Treasurer MAFP);**

**Max Baucus (Chairman, Senate Committee on Finance);**

**Brett Toresdahl ( Montana WWAMI student);**

**Ted D. Epperly, M.D. ( Past President AAFP);**

**Douglas E. Henley, M.D. (Executive VP and Chief Executive of AAFP).**



# About The Montana Diabetes Project

## Program Description

The Montana Diabetes Project (MDP) received initial funding from the CDC in 1995. A Statewide diabetes control plan was developed in 1996 by a broad-based coalition of Montana providers, professionals, and persons with diabetes to direct the activities of the MDP.

The burden of diabetes can be measured in terms of death, disability, health care utilization and expenditure. The CDC has provided funding through March 30, 2014, to work on the following objectives:

- Define, monitor and disseminate information about the burden of diabetes in Montana.
- Develop, implement and evaluate new approaches to reduce the burden of diabetes and its complications in Montana, including health systems approaches, community-based approaches, and health communications efforts.
- Coordinate existing resources to reduce the burden of diabetes in Montana through collaborative programs and maintenance of Montana Diabetes Project Advisory Coalition.
- The MDP and University of North Dakota Energy & Environmental Research Center (EERC) have developed a Diabetes Quality Care Monitoring System (DQCMS) which is being implemented in primary care practices and Diabetes Education Centers in Montana to monitor diabetes quality care indicators and behavioral objectives.
- The MDP has implemented the Quality Diabetes Education Initiative; a statewide program to increase the number of persons and programs providing diabetes education in Montana.
- The MDP co-sponsors an annual statewide professional diabetes education conference.
- The MDP maintains an active diabetes advisory coalition that meets quarterly.
- The MDP works collaboratively with the American Diabetes Association (ADA) and Montana American Association of Diabetes Educators (MAADE) in Montana on statewide diabetes education and awareness activities.

- Please visit our web page which has many resources related to diabetes:



<http://www.diabetes.mt.gov>





On July 29, 2010, medical students and residents from across the country gathered in Kansas City, Missouri, for the annual American Association of Family Physicians National Conference for Students and Residents. The conference was bustling with opportunities to boost clinical skills in engaging workshops, gain insight from one of the nationally recognized speakers and learn about many of the family medicine residency programs across the country. In addition to the loads of educational opportunities available, student and resident congresses were held to elect new leaders and vote on resolutions.

The workshops offered at the conference represented topics as diverse as “How to Stay Current with Medical Literature,” “Mapping a Rural Career,” “The Patient Centered Medical Home,” and “Advocating for Health Care Reform.” The opportunity to gain tips from instructors and fellow students/residents was invaluable, whether the workshop involved 60 students all listening to the same heart sounds or interpreting chest x-rays. After speaking to medical students and attending multiple workshops myself, it seemed that the practical skills workshops were the most valuable.

Each day of the conference was opened with a lecture. These sessions provided the opportunity to gather and listen to opinions regarding current health care reform, as well as what it will take to improve health care in the future. Speakers brought forth concerns about health inequalities, the medically underserved, professionalism and the undeniable need for primary care physicians. Not only were the topics discussed at length, but a possible means to a solution were also assessed. The concerns regarding health care reform were obvious; however, the overall tone was hopeful.

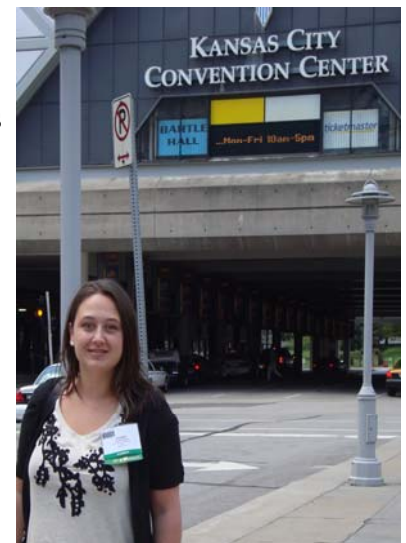
The Conference also included an exhibition hall containing representatives from over 100 Family Residency programs across the United States, including our very own Billings program. In between workshops and lectures, students had the opportunity to visit programs of their interest and also to discover additional programs that could offer them a diverse array of training options.

The most influential experience at the conference was the student congress. Leaders from nearly every state came together to elect our representatives and discuss resolutions. Debates were heated and demonstrated how concerned medical students and residents are about the future of family medicine. The most disputed resolutions included:

- Statement Against the AAFP Consumer Alliance Program Contract with the Coca-Cola Company
- Regulations on the use of Energy Drinks by Children and Adolescents
- The Establishment of a Task Force to Investigate Risks and Benefits of a Single Payer System
- Increasing Medical Degree Opportunities for Prospective Applicants from Underrepresented Communities

The congress sessions, and conference in general, allowed students and residents to voice opinions that mattered most to them. Hopefully, the AAFP will consider the ideas of the next generation of physicians in their decision making process.

My name is Crystal Pyrak and I am a third year medical student from Havre. I want to thank the MAFP for offering to send me to the AAFP National Conference for Students and Residents in Kansas City. I had the opportunity to act as the Montana delegate this year and I learned new ideas regarding regional opinions on policy and health care reform. I had a great time and continue to have enthusiasm for Family Medicine in Montana.





# Montana Family Physician of the Year, 2010

## Dr Richard Sargent, Helena

### **Richard Sargent, M.D. – 2010 Montana Family Physician of the Year**

**Richard P. Sargent, M.D., received his Bachelor's Degree in Psychology from the University of Idaho and went on to receive his M.D. degree from the University of Washington School of Medicine. Doctor Sargent completed his Family Practice Residency in Boise, Idaho where he was Chief Resident.**

**Doctor Sargent is Vice Chairman of the Montana Tobacco Advisory Board and was a leader in the effort to pass Helena's Clean Indoor Air Ordinance in 2002. He was a spokesman for the Montana tobacco control initiative in 2002 and tobacco tax initiative in 2004. He presented his findings on the reduction in heart attacks associated with Helena's clean indoor air ordinance to the American College of Cardiology Scientific Assembly in April 2003 and published the final article in the British Medical Journal in April 2004. He has also spoken on Health Effects of Second Hand Smoke, Economic Effects of Clean Indoor Air Ordinances, Cessation Methods, Tobacco use in Pregnancy, Fetal Effects of Tobacco Exposure and Tobacco Use and Mental Illness. In September 2006 the American Cancer Society awarded him their national advocacy award, named for Doctor Ted Marris, for his work on tobacco control.**

**Doctor Sargent has been in private practice in Helena, Montana, since 1991 and chairman of Quality Assurance for six of those years. He is married and has three children.**



**Richard and Debora Sargent**

# Congratulations



*Richard Sargent, M.D.*  
*For being chosen as the*  
**2010 MONTANA FAMILY  
MEDICINE PHYSICIAN OF  
THE YEAR**

*By the Montana Academy of Family  
Physicians*



**2550 Broadway POD 2G  
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# MAFP Request for Nominations 2011

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 fiftypercent 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 for nomination.

The award presentation will be made during the MAFP Awards Banquet held June, 2011 during the summer MAFP annual meeting. The physician chosen as the 2011 MAFP Family Physician of the Year may be selected as Montana's nominee for the 2012 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 30th, 2011. 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**

**2008 + + + Ron Miller, MD, Whitefish**

**2009 + + + Frank Michels, MD, Billings**

**2010 + + + Richard Sargent, MD, Helena**



# Patient-Centered Medical Home

One step at a time.

Get started at [www.aafp.org/PCMH](http://www.aafp.org/PCMH).

## Featuring:

Steps, Examples, Tools, What You'll Need, Where to Go for Help, and When to Call an Expert

### Practice Organization:

- Create a balance sheet.
- Write a job description.

### Health Information Technology:

- E-mail patients.
- Begin e-prescribing.

### Quality Measures:

- Install data collection system.
- Use the system to identify opportunities for improvement.

### Patient Experience:

- Offer same-day appointments.
- Offer after-hours care.



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

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# Maximize Your PQRI Incentive Payment!

The **PQRIwizard<sup>SM</sup>** is a simple step-by-step online solution for participating in the CMS Physician Quality Reporting Initiative (PQRI)

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- ✓ Earn a 2% Incentive Payment - on all Medicare Part B professional services for the entire year
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- ✓ Still Time for 2009 - Participation is available until February 1, 2010 (data must be for patient visits in 2009)

In 2008, 100% of eligible professionals that relied on the PQRIwizard, and submitted valid patient data, received their incentive payment from CMS.



Visit <https://aafp.pqriwizard.com> for more information.



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**Big Mountain Medical  
Ski Conference at  
Whitefish, MT  
Jan. 26-28, 2011**

**61st Annual Meeting of the Montana  
Academy of Family Physicians  
Big Sky Resort, MT  
June 23-25, 2011**

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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

