

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA

Summer 2019 – MONTANAAFP.ORG

FAMILY PHYSICIAN



In This Issue:

MAFP Advocating for You

Updates from the 2019 Montana Legislative Session

CME Offerings and Updates

Work hard. Play hard.

Physician Opportunities at Benefis Health System

- Addiction Medicine
- Dermatology / MOHS Surgery
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology
- Geriatric Medicine
- Hematology / Oncology
- Internal Medicine
- Interventional Cardiology
- Neurology / Epileptology
- OB/GYN
- Pediatrics
- Psychiatrist – Adult/Geriatric or Child/Adolescent
- Rheumatology

Genuine Work-Life Balance – Modern Medicine

While relishing Big Sky Country, known for breathtaking landscapes and an adventurous outdoor lifestyle, you'll take pride in working for Benefis Health System, one of Montana's most progressive and modern healthcare facilities with 500+ beds and over 270 employed medical staff members representing more than 40 specialties. Our state-of-the-art facilities offer cutting-edge technologies, including the da Vinci Xi robot, da Vinci Si robot, O-arm Surgical Imaging System, and the Varian EDGE radiosurgery system.

Flexible Practice Models – Great Benefits

Enjoy flexible scheduling, engaged staff, and dedicated management to help you create a practice you desire centered around great patient care. All positions are employed with the hospital, offering nationally competitive compensation and generous bonus structures. Our comprehensive benefits include sign-on bonus, relocation assistance, retirement plan match, malpractice with tail, generous CME and PTO benefits, and more.

Becker's 150 Top Places to Work in Healthcare

(4 5 years in a row)



CONTENTS

EDITION 2

- 4 MAFP President's Welcome
- 6 MAFP Board Member Profiles
- 7 2019 Montana Family Physician of the Year
- 8 2019 Montana Legislative Session Update
- 10 Public Health Corner: Highlights from the Office of the State Medical Officer
- 12 Advocacy in Action: AAFP Family Medicine Advocacy Summit
- 14 A Primary Care Call to Arms: Policy Meets Motivational Interviewing
- 16 AAFP FamMedPAC
- 18 Excellence and Collaboration in Newborn and Pediatric Care
- 20 Highlights from the 2019 MAFP Primary Care Conference
- 21 2020 Big Mountain Medical Conference
- 22 Reflections from the 2019 National Conference of Family Medicine Residents and Students

The *Montana Family Physician* is printed, addressed, and mailed to every family physician, resident, and medical student in Montana as well as all 50 other state chapters.



pcipublishing.com

Created by Publishing Concepts, Inc.
David Brown, President
dbrown@pcipublishing.com

For advertising info contact
Eva Bakalekos
ebakalekos@pcipublishing.com
1-800-561-4686, ext. 115

Edition 2

Hello Montana family physicians, residents, and medical students!

Amy Matheny, MD, MPH, FAAFP



Hello Montana family physicians, residents, and medical students!

Welcome to the summer edition of our Montana Academy of Family Physicians magazine, *Montana Family Physician*, which you will see has an advocacy theme. Your board of directors and other active MAFP members have been busy over the past few months advocating for you, our patients, and our communities from Helena to Washington, DC. You may have read Op-Eds in some of your local newspapers from fellow MAFP members supporting Teaching Health Centers. Notably, the Montana Academy of Family Physicians has been well represented at a number of advocacy and leadership development meetings of the American Academy of Family Physicians:

- Annual Chapter Leader Forum, April 2019
- National Conference of Constituency Leaders, April 2019
- Family Medicine Advocacy Summit, May 2019
- National Congress of Family Medicine Residents, July 2019
- National Congress of Student Members, July 2019

In this issue we seek to share the hard work of your board of directors and fellow MAFP members as advocates for Family Medicine. For example, Dr. Christopher Baumert from Billings provides a fantastic summary of the 2019 Montana legislative session, and Dr. Charles Jose, PGY3, from Missoula shares perspectives on his policy work during a rotation at the Robert Graham Center in Washington, DC.

My hope is that you too may be inspired to take action too as an advocate for our specialty:

- Consider writing an Op-Ed in your local paper. It's easier than you might think!
- Write an email to your representatives using AAFP Speak Out. (<https://www.aafp.org/advocacy/involved/toolkit/advocacy-resources/speak-out.mem.html>)
- Sign up for the AAFP Family Medicine Action Network to efficiently and effectively participate in grassroots advocacy work. (<https://www.aafp.org/advocacy/involved/fman.html>)
- Stay up to date on happenings in our state legislature and let your MAFP board of directors know what issues matter most to you.



MAFP Board Members at the 2019 Primary Care Conference. From left to right: Linda Edquest, MAFP Chapter Executive; Janice Gomersall, MD, Missoula; Jeffrey Zavala, MD, Billings; Amy Matheny, MD, Missoula; Michael Streckall, MD, Helena; Neil Sun Rhodes, MD, Browning; John Miller, MD, Missoula; Dennis Salisbury, MD, Butte; Heidi Duncan, MD, Billings; Robert Stenger, MD, Missoula; Tochi Iroku-Malize, MD, AAFP Board of Directors

Your MAFP leadership is working to further enhance our advocacy outreach to meaningfully engage our members. As busy as our lives are, fitting in advocacy work can often fill us up more than we might realize, connecting us back to the principles that brought us to this amazing specialty.

Thank you for being the health care heroes of Montana! I truly believe we have one of the most amazing networks of dedicated family physicians in the country who serve every corner of this state with compassion and integrity. We at the Montana Academy of Family Physicians will continue to fight for you, and let's continue to fight for each other, our patients, and our state!



LifePointHealth.net

Have a career. Have a life.

LIFEPOINT
HEALTH®

LifePoint Health offers unique opportunities for physicians to prosper and grow professionally and personally in 68 communities nationwide. Quality care is our top priority, and we give you access to the tools, resources and support you need to help you care for your patients and grow your business. In addition, we offer competitive compensation packages, which could include a sign-on bonus, student loan reimbursement and residency stipends.

Email CV to LPNT_Provider.Recruitment@lpnt.net
For more information, visit LifePointHealth.net

MAFP BOARD MEMBER PROFILES



Jeremy Mitchell, DO

Dr. Jeremy Mitchell is a board member of the Montana Academy of Family Physicians. He is a board certified family physician and currently a member of the Big Sky Medical Center medical staff in Big Sky, Montana. He is currently the president-elect for MAFP.

Dr. Mitchell is a native Montanan and was awarded his undergraduate degree at Montana State University in Bozeman in Chemical Engineering prior to earning his medical degree at Kirksville College of Osteopathic Medicine in Missouri. He returned to the northwest for residency at the Family Medicine Residency of Idaho in Boise.

His first job after residency was in Polson at St. Joseph Medical Center. Dr Mitchell spent five years in northwest Montana, where he provided inpatient medicine, outpatient primary care, including gastroenterology endoscopy, nursing home care, consults with jail inmates, and a large volume of pediatrics. This was an opportunity to work with the National Health Services Corps in coordination with the Indian Health Service doing full scope primary care for a wide spectrum of patients. Although he enjoyed working on the waters of Flathead lake, the mountains of southwest Montana were calling.

He has worked at Big Sky Medical Center since its inception in the fall of 2015. He helped to open the first new hospital in Montana in decades. His clinical responsibilities currently

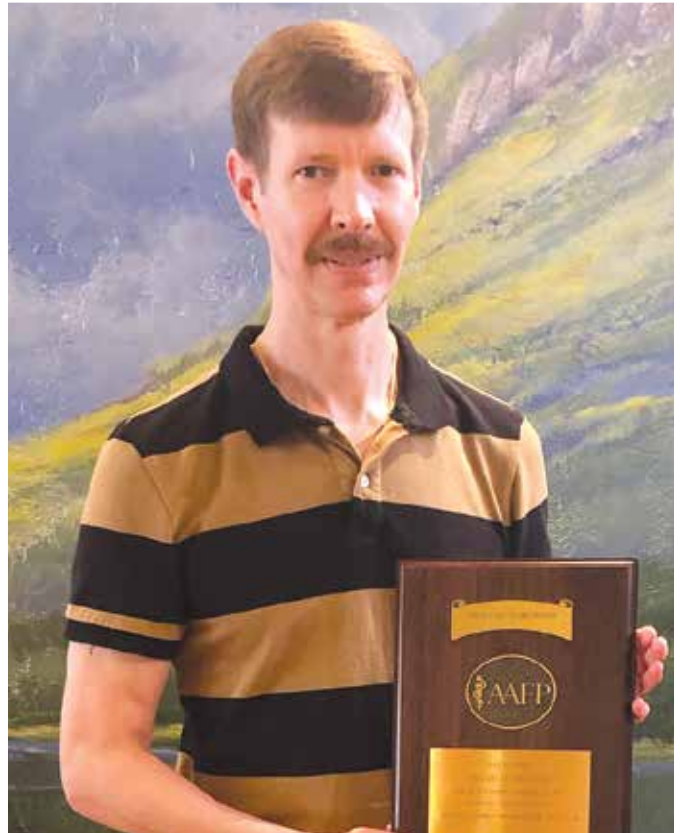
include a majority of care in emergency medicine, along with inpatient services, primary care and outreach to West Yellowstone. He taught and worked with students including high school, college pre-meds, WWAMI medical students, PA and NP students, and even a few Family Medicine residents.

Dr. Mitchell is married and has 3 young kids. He enjoys downhill skiing, mountain biking, hiking, camping, and otherwise enjoying many of the activities Montana has to offer. He has also managed time to get his CDL license to be a substitute bus driver for the local school district. You may see him driving the bus routes after school, taking the baseball team to a game, or even driving kindergartners to the pumpkin patch at Halloween. Working in a ski town has allowed him to be involved in teaching and working closely with ski patrol.

Dr. Mitchell's interest in family medicine started with a mentorship with his local family doctor when he was in high school and college. He saw the broad scope of practice involved in being a family physician and the value it can add to a rural community. While in medical school, he was able to see all the different specialties in medicine, but ultimately returned to rural family medicine so he could return to Montana and be involved in a community. He has served on a school board and church board, and now is preparing to be President of the MAFP board next year.

2019 FAMILY PHYSICIAN OF THE YEAR

Edward Stein, MD Eureka, MT



Dr. Stein is board certified in family medicine by the American Board of Family Medicine and attended Carroll College in Helena and the University of Washington School of Medicine in Seattle, Washington. Shortly thereafter he started working full time at the former Eureka Prompt Care in 2000, commuting part-time from Kalispell from 1997 to 2000 before moving to Eureka. Dr. Stein has been a member of the Eureka community for 20 years and has been able to treat patients for their entire life, not just on a single visit. Dr. Stein has continued to be the main primary care physician for his rural community. Since 2002, he has been a Clinical Instructor in Family Medicine with the University of Washington, and in 2017 he earned the title of Clinical Assistant Professor. He has been actively involved with the Rural Underserved Opportunities Program (RUOP) for almost 20 years, inspiring many students to pursue rural Family Medicine themselves. One of his former students summed it up well in his nomination:

“Dr. Stein leads by example. He demonstrates a rare mix of curiosity, intellect, clinical acumen, and ‘can do.’ He is a patient advocate, student proponent, and community supporter. He fosters relationships and ensures others are valued and appreciated. He is highly respected by all members of the health care team and the community at large in Eureka. He has been a personal role model and mentor to me for many years. He greatly impacted the trajectory of my vocation to be a rural family physician.”

Dr. Stein’s passion for people in his community, both inside and outside the clinic, and his dedication to Family Medicine education has been phenomenal and earned him recognition as the 2019 MAFP Family Physician of the Year.



Dr. Christopher Baumert

2019 Montana Legislative Session Update

The 66th Session of the MT Legislature was a whirlwind, as it is every other year. The body is scheduled to meet every odd calendar year for 90 working days and this year concluded early on day 87. There were a record 3,324 legislative bills requested, of which 1,309 were introduced. It is hard for anyone, let alone a busy family physician, to keep up with the flurry of legislative activity during this time.

All the same, I strongly believe family physicians are some of the best advocates for the health of their communities. Anyone familiar with public health teaching and Thomas Frieden's Health Impact Pyramid recognizes that policy interventions in Helena can potentially have a far greater impact on Montanans for a lower per capita cost than any one on one patient visit. Policy changes can protect Montanans from injury and illness and change the context of our communities to make the healthy choice the easy choice.

I teach these concepts daily at the residency in Billings, and over the last several years I have worked with MAFP leadership to make advocacy an important focus of your state academy. I am proud to bring you the *Montana Family Physician* magazine's inaugural state legislative update. In this section we hope to both keep you informed and also motivate you to advocate for your Montana community.

Medicaid Expansion

The Medicaid Expansion program was by far the most contentious issue of the session. It was set to sunset in summer 2019 and without reauthorization, many of Montana's critical access hospitals and small community health centers may have had to close. The state's portion of program funding (which is far less than traditional Medicaid) will be funded by a 1% fee on hospital outpatient revenue. In **HB 658**, Republicans who controlled the House and Senate made some changes to the program to make it politically palatable enough for them to reauthorize including:

- A new sunset date of 2025;
- A change from mandatory to legislative appropriation, foreshadowing a fight every upcoming session to maintain level funding for the program; and

- New work/community engagement requirements with several exceptions including disabilities, pregnancy, being a primary caregiver or foster parent, student status, an acute medical issue, and chronic homelessness.

The current program will be extended through the end of 2019 to allow time for the Montana Department of Health & Human Services to submit a waiver to the Center for Medicare and Medicaid Services, await waiver approval, and build the infrastructure for requirement tracking.

The state comment period on these new changes runs through August 21, 2019; comments can be submitted at <https://dphhs.mt.gov/medicaidexpt>. The MAFP intends to submit comment via a letter from the Board.

Opioid Use and Prescribing

Governor Bullock signed into law **HB 86**, which limits initial outpatient opioid prescriptions to 7 or fewer days for opioid-naïve patients. There are exceptions for chronic pain, cancer pain, and pain while in palliative care. It also mandates use of the state prescription drug registry (PDR) except for hospice patients, and now mandates PDR registration for all prescribers including dentists. **SB 61** reauthorized the state PDR permanently.

Multiple bills that would have required Medicaid coverage of Medication Assisted Treatment for opioid use disorder died in the legislative process.

Scope of Care - Pharmacists, Psychologists, and PAs

HB 231 was introduced with the support of national pharmacy chains and expanded the ability to provide immunization services by **pharmacists**. It allows pharmacists to give and prescribe a broadened scope of immunizations including influenza to teens and adults as well as pneumococcal, Tdap, and zoster vaccines to adults. Within a collaborative practice agreement with a primary care provider, they may also administer pediatric vaccinations between the ages of 7-17. They must report these pediatric vaccinations to the PCP but are not mandated to input this information into the state immunization registry.

SB 16 would have authorized **psychologists** to prescribe or dispense drugs or medicine, but was defeated with input from the Montana Medical Association.

LC2977 included bill language to allow for independent **physician assistant** practice in the state was drafted by the Montana Academy of Physician Assistants, but a bill was ultimately not introduced. The MMA and MAFP have asked MTAPA to engage in discourse prior to 2021.

Burden of Work

The MMA helped draft and support ultimate passage of **HB555** to streamline the prior authorization process. It reduces the maximum allowable response time from 15 to 7 days for outpatient (and 72 to 48 hours for urgent care) prescriptions. It also bans prior authorization for oral prescription drugs for MAT, except by Medicaid.

Physician-Aided Dying

HB284, which would have opened doctors up to possible homicide charges, was passed in the House and rejected narrowly in the Senate. Currently there is no state law regarding physician-aided dying, but a 2009 State Supreme Court case provides for patient consent as a defense and guarantees patients a right to seek a lethal prescription.

Restoration of 2017 special session budget cuts to DPHHS

The majority of funds for targeted case management for mental health and substance use disorder treatment were restored and 3% Medicaid provider rate cuts were reversed, although many providers of these services have had to close or lay off a significant portion of workers. Funding for targeted case management for kids with special needs was not restored.

How busy Montana family docs can advocate:

- Get to know the www.leg.mt.gov website. From it you can
 - Find out who represents you in Helena with the “Find A Legislator” tab
 - Use the “Find A Bill” tab to read bills of interest and find out how your local legislators voted
 - Sign up for e-notices from interim committees to know when you can submit testimony on topics of interest
- Thank your local “yes” votes on reauthorization of the Medicaid Expansion program
- Send letters to the editor to your local newspaper

- Appear on local radio talk shows to inform your community about important health policy issues
- Help the MAFP engage in providing comment on policy topics

In Summary

I personally am saddened that my patients will have less access to special needs and substance use treatment services, but relieved that many of the most vulnerable Montanans will retain the ability to access care via Medicaid Expansion at times of need.

The MAFP is truly committed to representing member interests in Helena before, during, and after every whirlwind legislative session. The Board is currently drafting a legislative priority agenda for the interim session and the lead-up to 2021. If you want the MAFP to speak out on a particular issue, please contact MAFP chapter executive Linda Edquest at linda@montanaafp.org or (406) 431-9384.

We can't heal their trauma, but we can help heal their future.



SHODAIR CONNECT

A FREE telephone consultation service funded through Shodair Children's Hospital now available to Montana's primary care pediatric and psychiatric providers that strengthens and supports the individuals who care for children and families who experience mental health concerns.

For more information on enrollment, requirements, hours of operations, appointments, and information on frequently asked questions, please visit:

shodair.org
Shodair Outpatient Services
406-444-7521



To heal, help and inspire hope

Opioid Training Series and CME Opportunity for Montana Providers

We all are aware of the opioid crisis that has gripped our county. An abundance of material has been written on the topic in policy statements, medical journals, and the lay press. And, while Montana in recent years has seen decreasing numbers in opioid overdose deaths, there is still much work to be done. From 2015-2017, 345 Montanans died from a drug overdose, and 25% of those were due to opioids.¹ A concerning 43,000 Montanans aged 12 years and older were estimated to misuse opioid medication in 2015-2016.² Montana hospitals charged five million dollars in opioid-related hospitalizations and emergency department visits in 2017.³ It is also very concerning to see the increase in heroin and illicit fentanyl overdoses happening across the country. Will we soon see the same spike in overdoses due to these illicit opioids in our communities?

We, as primary care providers, are on the front line addressing this public health crisis. Not only by proper prescribing of opioid medication to decrease the risk for addiction and diversion but also through prevention and screening for opioid use disorder within our practices.

The CDC guidelines for Prescribing Opioids for Chronic Pain is an excellent document that all providers who prescribe opioids or see patients who may be taking opioids should review. The CDC guideline, including a two-page reference document titled "Guideline for Prescribing Opioids for Chronic Pain: Recommendations."⁴ is available at <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>, along with a wealth of other materials.

It is not only important for prescribers to understand what the guidelines address but also what they do not address. "Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations."⁵ This is a quote from the authors of the CDC guidelines recently published in the New England Journal of Medicine.

We would also like to let providers know of a new resource that will be available soon for Montana providers. The Montana Medical Association has teamed up with the Montana

Department of Health and Human Services to create a multi-part video training series for medical care providers across the state. Topics include Medication Assisted Treatment and how to obtain a waiver, how to manage patients with opioid use disorder, special populations (including pregnant women and those involved in the justice system), treatment of legacy (individuals who have been on opioids for a long time) patients, and more. The series provides free CME's and will be available early this fall at www.knowyourdosemt.org, which also includes additional information and a toolkit for providers. Realizing physicians are very busy; we have made each video around 15 minutes, so it would be easier for the provider to watch when they have time.

We look forward to hearing your feedback around these CME videos.

For additional information on the opioid epidemic in Montana, visit www.helpsave.livesmt.org, or reach out to the Montana Injury Prevention Program Manager, Maureen Ward, at maureen.ward@mt.gov.

Greg Holzman, MD, MPH, Montana State Medical Officer, Dept. of Public Health and Human Services

"Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations."⁵

This is a quote from the authors of the CDC guidelines recently published in the New England Journal of Medicine.

Endnotes

1. Montana Department of Public Health and Human Services, Montana Vital Statistics Analysis Unit, Montana Death Certificates, 2009-2017.
2. Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2015-2016.
3. Montana Hospital Discharge Data System, 2017; Data courtesy of participating Montana Hospital Association members.
4. Centers for Disease Control and Prevention, Guideline for Prescribing Opioids for Chronic Pain, Accessed at: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf
5. Dowell d, Haegerich T, Chou R. No Shortcuts to Safer Opioid Prescribing. *N Engl J Med.* 2019 Jun 13;380(24):2285-2287.



Montana Pain Conference

Restoring the Person Within

WWW.MTPAIN.ORG

September 11-13, 2019

Montana State University
Bozeman, Montana



Utilizing an interdisciplinary approach, the conference focuses on sharing innovations in chronic pain care. With an emphasis on effective pain assessment, special attention is paid to research, education, and advocacy. Effective pain management aims to empower providers and patients as they navigate complex treatment needs.

EDUCATIONAL OBJECTIVES

- Create an optimal critical learning environment to achieve safe and high-quality care
- Review current best practices for pain management
- Discuss outcomes for pain management patients
- Build a base and plan for the future in unique small programs
- Discover local applications; which pieces are in place and what are the gaps

CONTINUING EDUCATION

Up to 12.25 credits or contact hours available:

- Physician Continuing Medical Education
- Continuing Pharmacy Education
- Continuing Nursing Education
- Psychologist Continuing Education

SCHEDULE

Wednesday: 8 am - 5 pm
Pre-Session MAT Waiver Training

Thursday: 7 am - 5:15 pm

Friday: 7 am - 3:15 pm

Check website for full agenda details

LODGING INFORMATION

A block of rooms has been reserved at four local hotels. Please see website for details. All blocks expire August 11. Please reference Montana Pain Conference when calling. Space is limited; please make your reservations early.

REGISTRATION

Student: \$199
Non-Student No CE Credit: \$299
Non-Student With CE Credit: \$349

For questions, please call
Ginger Claussen at (406) 243-4623.

To register, visit:

WWW.MTPAIN.ORG

Advocacy in Action:

MAFP at the Family Medicine Advocacy Summit

Amy Matheny, MD, MPH, FAFP



Montana sent a large delegation to the 2019 AAFP Family Medicine Advocacy Summit in Washington, DC. This annual meeting brings state chapter representatives together from around the country for a full day of advocacy training on issues pertinent to that year's Congressional session. On the second day of the conference, members of each state delegation are scheduled to visit with the health care staff and/or their senators and representatives to advocate for bills important to Family Medicine. The Montana delegation included MAFP officers and board members, as well as a resident from the Family Medicine Residency of Western Montana.

A major set of advocacy priorities from the Senate particularly relevant to Montana included funding for teaching health centers and rural graduate medical education. Fortunately both Senator John Tester and Senator Steve Daines are co-sponsors of S.1191 which seeks to continue and expand teaching health center funding. Senator Tester is also a co-sponsor of S.289, a bill that further promotes family medicine resident training in rural areas. This bill directly impacts the residency programs in Montana to continue to promote training in small communities across the state. Fortunately our meeting with the staff of both senators' offices ended in opportunities to share our message with the senators themselves as well. Since the one-on-one meetings, members of the MAFP board have been able to serve as key contacts for follow-up concerns from both senate offices.

Advocacy priorities in the House of Representatives included HR 2774 to provide better coverage for primary care visits for patients with high deductible health plans without cost sharing. While meeting with Representative Greg Gianforte's staff, the MAFP delegation encouraged that he join the

Primary Care Caucus in the House to further understand and advocate for issues important to Family Medicine.

The MAFP is dedicated to strong annual involvement in the Family Medicine Advocacy Summit to ensure continued relationship-building and communication with our Congress members to advocate on behalf of the family physicians of Montana.



MISSOULA



Outpatient Total Joint Replacement Surgery at Missoula Bone & Joint. It's nice to have Options!

Joint replacement surgery is truly a life-changing experience for most patients. After a relatively short period of time, the patient is able to re-engage in the active lifestyle that's so important to them. But most important is for the patient to finally feel relief from the chronic pain they have been experiencing. Our patients can take comfort in the fact that "joint replacement surgery is one of the greatest success stories in the history of medicine" Med J Armed Forces India. 2015 Jan; 71(1): 5-10.

Missoula Bone & Joint's new 2-story, 31,000 square foot outpatient surgery center on Mullan Road, in Missoula, will open in November 2019. It will be equipped with four state of the art operating suites and private patient recovery rooms. We have combined the latest in technology with our team of experienced surgeons, to provide the opportunity for our patients to receive total joint replacement surgeries in an outpatient setting.

Our goal is to have patients comfortable after surgery and then discharged later the same day to continue recovering in the comfort of their own home. However, it is nice to know that overnight patient care is available if needed. Everything is patient-focused and designed for people who are motivated to recover quickly. Safety, comfort and quality successful outcomes continue to be our top priority.

Not all patients will be suitable for outpatient surgery, therefore the MBJ physician group will continue to provide surgery in the hospital setting as well.

Glenn Jarrett, MD

MBJ President, Foot & Ankle Orthopedic Surgeon



New Outpatient Surgery Center Opening November 2019 Mullan Road, Missoula, Montana
Image provided by MMW Architects: www.mmwarchitects.com

MISSOULA



Missoula Bone & Joint Welcomes New Physicians

Accepting New Patients

Outpatient Joint Replacement of the Hip and Knee



J. Joseph Gholson, MD

Fellowship trained orthopedic surgeon specializing in minimally invasive partial knee replacement, total knee replacement, and anterior approach hip replacement.

Pain Management



Justin Krueger, MD

Fellowship trained and board-certified in pain medicine with 12 years of experience helping patients with pain management. Dr. Krueger is an interventionalist focusing on spine and nerve procedures.

Spine Specialist Including Back and Neck



Zackery Witte, MD

Fellowship trained spine surgeon, specializing in the treatment of all conditions of the neck and back.

- To Schedule a Patient:**
- 1.) CALL (406) 721-4436 option #2**
 - 2.) FAX a referral to (406) 721-6053**
 - 3.) WEBSITE www.missoulaboneandjoint.com**

REFER A PATIENT



Charles G. Jose, MD, MPH

A primary care call to arms: Policy meets motivational interviewing

A primary care call to arms: Policy meets motivational interviewing.

Many practicing family physicians can attest to the versatile skill sets and unique training that we gain throughout our careers. I was fortunate to have the support of the Family Residency of Western Montana to explore my personal interests in research and health policy during my PGY-2 year. I was accepted as a Robert Graham Center Visiting Scholar, where I was immersed in national health care policy in the heart of Washington, D.C. I learned that clinical medicine and health policy have many intersecting themes.

A moment of realization

My frail, elderly patient welcomed a new grandchild into the family, a baby boy. Unfortunately, my patient had also landed in the hospital for problems related to his hypertension, partially due to medication non-adherence. He had the “sure, kid” expression on his face as I reviewed the statistics and facts about the long-term (and life-threatening) dangers of chronic hypertension. I lost his attention. His eyes glowed when the conversation shifted to birthday parties and school plays once his grandchild grew up. The “sure, kid” face turned into an expression of realization—that taking one or two antihypertensives wasn’t so bad if he wanted to be around to see his grand baby grow up. In this process, my patient registered what was important to him and was motivated to change his behavior.

Motivational interviewing changed the game for patient counseling. Motivational interviewing acknowledges that patients may not be ready to change; so we, instead, employ skills to enhance patients’ motivation to change their own behaviors, based on their values. Studies have affirmed that the intervention itself may matter less than the *delivery* of the intervention. An empathetic doctor can tell a patient the same information as a less empathetic doctor and achieve better outcomes. So if it’s not about the data, how can we help states identify their values to positively influence policy?

This question was at the forefront of my mind while observing the Delaware discussions about primary care investment (also referred to as primary care spend). I wondered how I could apply my clinical skills in motivational interviewing to policy development on a larger scale. I realized that both the

legislative process as well as advocacy call for application of motivational interviewing tenets—much more so than I had anticipated. This places primary care physicians in a favorable position to influence health care outcomes throughout the care continuum, including at state and national levels. We can do more than just vent about archaic coding practices and clunky electronic medical records in the physicians’ lounge.

In 2018, Delaware became the third state to enact policies calling for increasing primary care spend. Until last year, only Rhode Island and Oregon had policies to increase investments to primary care. We know that increased primary care spend results in lower costs, higher patient satisfaction, fewer hospitalizations and emergency room visits, as well as lower mortality. This sounds pretty good, right? Why have only three states acted on this?



Dr. Charles Jose, PGY3, representing MAFP as a resident delegate at the AAFP National Congress of Family Medicine Residents in July 2019.

Realizing health values

These three states—Rhode Island, Oregon, and Delaware—shared several unifying themes. The catalyst for change, first, required identifying their state health values (by choice or not). These states overwhelmingly acknowledged the need to invest in primary care for various reasons. Delaware leaders pointed out that total health care spending in the state was the fourth highest in the country, yet the state continued to be at

the bottom of the list for state health statistics (31st in overall health, 44th in childhood immunization rates). The physician supply continued to dwindle, leaving Delaware with a primary care shortage that was anticipated to worsen in the coming years. Physicians were leaving practices due to poor compensation and administrative burden. That Delaware had limited training opportunities in the state only made these problems worse.

Source: America's Health Ranking composite measure. America's Health Rankings. United Health Foundation. 2018, <https://www.americashealthrankings.org/explore/annual/measure/Overall/state/DE>.

Changing state behaviors

Testimonies gathered by Delaware leaders illustrated the challenges, above. A discrepancy in their spending pattern in relation to their health outcomes became a problem. Delaware knew it had to change. In response, the Legislature passed S.B. 227, which created a Primary Care Reform Collaborative. This body (termed the Collaborative) was tasked with the tall order of building consensus to determine how to increase primary care spend in a way that makes sense for the state. Policy makers and governing bodies underscored that an increase in primary care spend should not merely be used to increase the fee-for-service rate. Rather, funds should shift reimbursement models towards value. *There is only so much money in the pot; be efficient with it.*

Reflection, collaboration, and other motivational interviewing principles to build consensus

Delaware leaders *expressed empathy through reflection* as they held open meetings both with stakeholders and the public. To further develop an *alliance between stakeholders*, they held a series of meetings in February 2019 to build consensus on how to move forward. At a table with more than a dozen stakeholders, you can only imagine how much the group had to *roll with resistance* while *supporting optimism*.

Next steps for primary care

As a primary care physician, I know that data don't always work for patients. We, instead, help them identify their own values to improve their health. Essentially, we help *patients create their own stories* to change their behaviors. This is no

We can influence positive behaviors in our respective states beyond our patients.

What do we value?
How do we get there?

different in advocacy. We, in primary care, acknowledge the need to increase primary care spend to both contain health care costs and improve health outcomes for all Americans. The 47 other states that don't have active primary care spend policies may have yet to recognize these benefits. Our task is to help them identify how better health correlates with what their state values most. For some states, this can mean a healthier, more productive workforce. For others, it's about extending primary care services to all citizens. We need to help *states create their own stories* —of course with our hope that they increase primary care spend.

I'm a big fan of *Invisibilia*, a podcast that explores the "unseeable forces [that] control human behavior and shape our ideas, beliefs, and assumptions." It's bizzare to think that we do things for

reasons of which we aren't consciously aware. In the legislative process, data and reports play key roles in designing and implementing health care policies. Furthermore, we must acknowledge the invisible levers and forces that shape both the health care landscape and health care policies. We, as physicians, have the privilege of direct patient contact. We can be the bridging force between patients and legislators if we so choose.

As primary care physicians in Montana, most often in rural communities, we are well-prepared for advocacy given our training in motivational interviewing. We can help our state identify reasons to adopt primary care spend policies that are most compelling and *pertinent* to Big Sky Country. Physicians and advocates in Montana can help articulate these reasons. Now, how do we get more primary care champions involved in the legislative process? How do we get more primary care champions into elected office?

We can influence positive behaviors in our respective states — beyond our patients.

What do *we* value? How do *we* get there?

Get involved: American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American College of Obstetricians & Gynecologists, American Psychiatric Association, American Medical Association, American Academy of Physicians Assistants, American Association of Nurse Practitioners

Charles G. Jose, MD, MPH

Make Sure Congress Hears the Voice of Family Medicine!

At its 2004 meeting the AAFP Congress of Delegates authorized the formation of a political action committee in order to improve the ability of the AAFP to weigh in on and advance legislation which affects Family Medicine, the lives and practices of family physicians, and patients. The following year, in 2005, FamMedPAC was born. FamMedPAC donates to candidates for the US Congress who support the AAFP's legislative goals and objectives. Donating helps ensure that Family Medicine is strongly represented when Congress addresses long-term issues, such as physician payment, federal reform of medical liability laws, funding for Section 747 of the Public Health Service Act (which is where residency education funding resides), and expansion of the availability of access to healthcare for all Americans. FamMedPAC gives you a way to elect and re-elect candidates who are committed to and have demonstrated support for the issues important to all of us.

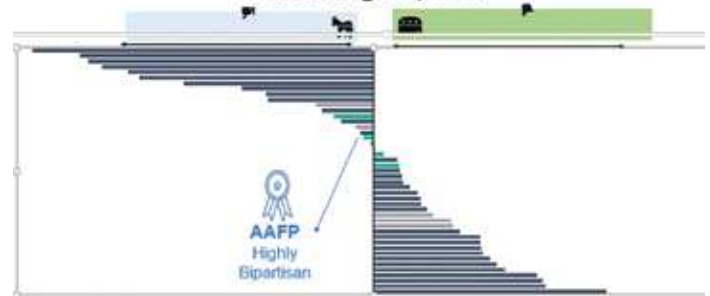
and the AAFP's Board of Directors. Candidates are required to fill out a form in which they declare their alignment with the AAFP's priorities; in addition, their voting record is reviewed. Only thereafter does the FamMedPAC Board give direction about which donations to make and how large they should be. I have had the privilege of serving on the FamMedPAC Board for the past few years and am impressed with the vetting of candidates for donations, the commitment of the Board, and the non-partisan nature of the discussions.



Since its inception, FamMedPAC has donated more than \$5 million to over 400 candidates. In the 2018 election cycle, \$821,500 was donated to 140 candidates and committees – 90% of candidates receiving our donations won their elections. It also supported 15 open seat or challenger candidates – 12 of these won.

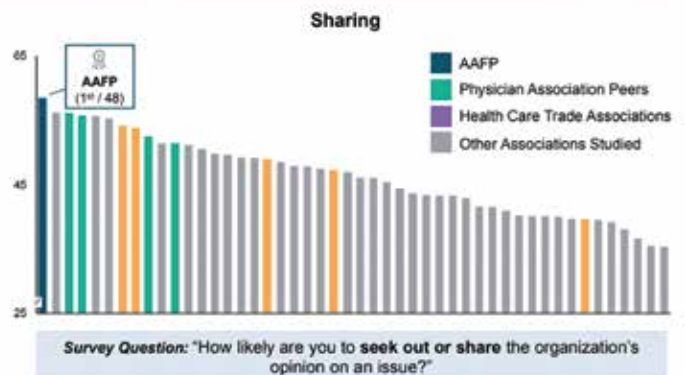
The FamMedPAC Board of Directors, made up of active AAFP members, chooses which candidates to support based on the AAFP's legislative priorities. These priorities are set by the AAFP Congress of Delegates, consisting of delegates from each chapter, the AAFP's Commission on Governmental Advocacy,

AAFP is One of the Most Bipartisan Associations in Washington, D.C.



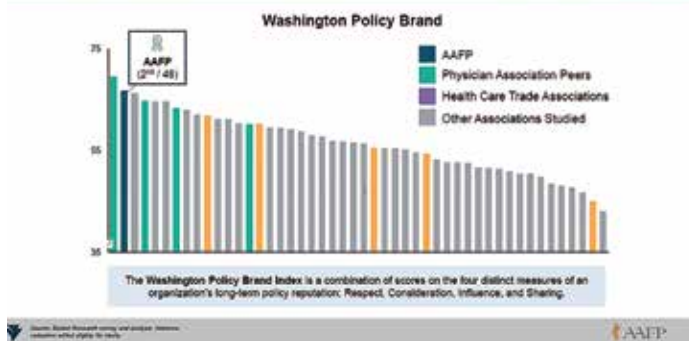
FamMedPAC has changed entirely how the AAFP is able to give meaningful and effective input for legislation. The AAFP officers and advocacy staff are viewed as influential and non-partisan in DC.

AAFP's Views are More Likely to Be Sought Out Than Any Other Association Studied



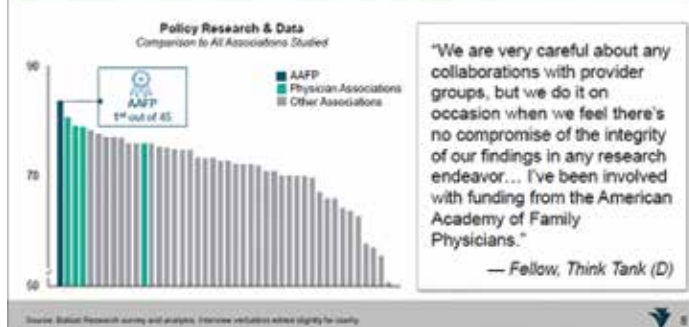
The AAFP’s legislative priorities involve reducing the administrative burden in your practice, payment reform, patient access, and residency funding reform. Having our advocacy staff and officers of the AAFP Board be taken seriously and listened to is important to how you’re paid, what kind of care your patients qualify for, and whether you have a colleague to join you in the future.

In the 2018 Study of Most Prominent Associations, AAFP Retained the #2 Overall Spot



Policy Research & Data
Comparison to All Associations Studied

AAFP (1st out of 45)



In 2018 Montana members donated \$10,956 to FamMedPAC; this came from 38 Montana family docs, or 9% of our Chapter membership. We were #2 in medium-sized chapters in total contributions and #2 amongst all chapters in percent donating at the Club George level. While FamMedPAC will take any amount you'd like to contribute, there are various levels of donation – and the easiest is **Club George**. This is \$1 / day (a “George” a day) - \$365 per year. (For students & residents, it is \$1 / week - \$52 per year!) You can donate in installments, all at once, or have an automatic payment

made. You can donate online (FamMedPAC Contribution Form). You can fill out the paper form and mail in a check. At the Montana Chapter meetings, you can donate in person and we'll mail in the check for you. You can do it as a dues 'check off' when you renew membership with the AAFP. You can even text to donate:

Step 1: Send a text to **41444**

Step 2: Text **FAMMEDPAC**

Step 3: Click the link in the reply message to make a donation.

Now, it's great that Montana is high up on the list of chapters donating, but who wants to chant, “We’re number two!” And, worse still, who wants to chant, “We’re number two behind *Oklahoma*”?! The Okies beat us by \$849 in 2018 – less than three Club George contributions – or 16 student and resident Club George contributions (2 classes of either Montana FM residency or just one student more than half of any of the WWAMI classes would get us over the top ... **just sayin'**!!!). Here's the kicker: I will personally pledge to find a MAFP active member match for any student or resident Club George donation before September 1.

Here are other, complementary ways to make what you do – and what your patients need – better, more effective, and more valued:

- Use the AAFP’s Speak Out website regularly – it is easy and effective to write the Montana congressional delegation about issues affecting Family Medicine – you can use the pre-written letter, you can modify that letter, or you can write your own (<https://www.aafp.org/content/aafp/advocacy/involved/toolkit/advocacy-resources/speak-out.mem.html>);
- Join the Family Medicine Action Network – send an e-mail to grassroots@aaafp.org and you'll become active in the FMAN.

One way or another, **just donate!!** Your practice, your colleagues, your patients – and **YOU** – need FamMedPAC to be strong.

Please contact FamMedPAC Director Mark Cribben at mcribbs@aaafp.org if you have any questions or need more information about FamMedPAC. Make sure your voice, the voice of your patients, and the voice of your community are heard on Capitol Hill – donate to FamMedPAC today. No one else advocates for you and your patients. No one.

Excellence and Collaboration in Newborn and Pediatric Care



Timely Topics

Friday, September 13, 2019
7:30 am — 4:45 pm
Hilton Garden Inn | Missoula, MT

PROGRAM DIRECTORS:

Majorie Huls, RNC
Community Children's
mhuls@communitymed.org

Lauren Wilson, MD
Community Children's
lswilson@communitymed.org

PROGRAM DESCRIPTION:

Timely Topics is a full day comprehensive symposium that offers top-quality education and the opportunity to talk directly with expert pediatric specialists.

WHO SHOULD ATTEND?

Medical professionals in the specialties of family medicine, neonatology & pediatrics.

Physicians
Physician Assistants
Nurse Practitioners
Registered Nurses
Other clinicians who work with newborns and children

For more information or to register:
communitychildrens.org/timelytopics



**Community
Children's**
AT COMMUNITY MEDICAL CENTER



Program Agenda

Friday, September 13, 2019

7:30 (30 min)	Registration, Light Breakfast / Coffee and Exhibits
8:00 (15 min)	Introduction and Opening Remarks
8:15 (60 min)	Substance Use Disorders: Patient & Provider Perspectives on Care Emily Hall, DO, Janie Quilici, CLSW, LAC & Patient Panel
9:15 (15 min)	Break and Exhibits
9:30 (45 min)	<i>Breakout Sessions:</i> Prevention and Treatment of Retinopathy of Prematurity Todd Murdock, MD Food Allergy Carol Cady, MD, PhD
10:15 (15 min)	Break and Exhibits
10:30 (60 min)	NICU Case Discussion Bardett Fausett, MD, Bonnie Stephens, MD & Lauren Willis, MD
11:30 (45 min)	LUNCH (provided)
12:15 (60 min)	Trans-Affirmative Care: Understanding and Overcoming Barriers to Care for Transgender Patients Oak Reed, MA
1:15 (15 min)	Break and Exhibits
1:30 (45 min)	<i>Breakout Sessions:</i> Diabetes in Kids: Understanding the Technology, Treatment Choices and Supporting Developmentally Appropriate Responsibilities Claire Steinberg, PNP Toeing, Bowing and Flatfeet in Children Patrick Parenzin, PA
2:15 (45 min)	<i>Breakout Sessions:</i> Sports Physicals and Cardiac Health for Athletes Josh Sticka, MD Implementing a Community Approach to Care for Foster Children Claire Francoeur, FNP
3:00 (15 min)	Break and Exhibits
3:15 (45 min)	What's New in Pediatric Dermatology? Jessica Sempler, MD
4:00 (45 min)	Shared Decision Making with Families Alex Kon, MD
4:45 (5 min)	Adjourn

For more information or to register: communitychildrens.org/timelytopics

Credit Designation: LPN/RN/APRN: 6.5 CNE credits available. PA/MD/DO: 6.75 AAFP prescribed credits – equivalent to AMA PRA Category 1 credits available - (application pending)

Accreditation Statement: Community Medical Center is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This facility and its affiliates comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-406-728-4100. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-406-728-4100.



Highlights from the 2019 MAFP Primary Care Conference

With excellent continuing medical education offerings, the 2019 MAFP Primary Care Conference at Chico Hot Springs was another success. This meeting combines a spectrum of primary care topics with the annual business meeting of the MAFP, as well as the annual awards ceremony and installment of chapter leaders. Dr. Tochi Iroku-Malize, from the AAFP Board of Directors, joined the meeting to provide educational lectures and serve as a representative from the national AAFP leadership. She brought updates on AAFP initiatives and advocacy particularly pertinent to Montana, including obstetrical care in rural areas. The CME offerings included Hospice and Palliative Care, Evidence-Based Pearls from the Choosing Wisely Campaign, Updates in COPD, and Managing the Child with Fever. Each morning also began with the annual tradition of pre-meeting yoga for those willing to wake up a little earlier and continue their wellness and relaxation beyond soaking in the hot springs. MAFP invites you to mark your calendars now for the next summer meeting which will be held again at Chico Hot Springs from June 11th to 12th, 2020.



Dr. Abe Elias receiving his AAFP Degree of Fellow from Dr. Iroku-Malize.



Dr. Neil Sun Rhodes holding the Past President Award as the outgoing MAFP president, joined by Dr. Tochi Iroku-Malize (left), from the AAFP Board of Directors, and Dr. Amy Matheny (right), incoming MAFP president.



Dr. Ned Vasquez receiving the MAFP Achievement Award as the founding and outgoing program director of the Family Medicine Residency of Western Montana, joined by his fellow faculty members Dr. Robert Stenger (left) and Dr. Amy Matheny (right).



Dr. Amy Matheny being sworn in as the incoming MAFP president by Dr. Iroku-Malize.



Presents The 61st Annual

Big Mountain Medical Conference

January 29 – 31, 2020

The Lodge at Whitefish Lake Whitefish, Montana

Register on line at:<http://www.montanaafp.org>

*Application for CME credit has been filed
with the AAFP. Determination of credit is pending*

Reflections from the 2019 AAFP National Conference of Family Medicine Residents and Students

*MaKenna Siebenaler, MS2
University of Washington School of Medicine*

This conference was not relaxing by any means! However, with the long days, came some of the most impactful learning of my medical school career. It isn't often that as a didactic student, I get the chance to interact with students from other medical schools, residents, and exhibitors. However, this is only a small part of the learning that occurred at the AAFP National Conference of Family Medicine Residents and Students in July 2019.

This conference is so impactful, because of both the hands on workshops, and sessions that were applicable and not over my head. Some of the highlights for me were the chest x-ray interpretation and common dermatology problems sessions that enabled me to review information I had already learned in class, and develop some strategies to better serve patients in these areas. Another interesting session I participated in was regarding e-cigarettes and the health issues surrounding their use. This was interesting to me because I do not have a lot of knowledge regarding E-cigarettes, and I know that this health concern is growing quickly both in my TRUST community of Butte, and across the nation. Informational sessions such as these are important because they're not found within our curriculum, yet they intimately affect patient outcomes and being able to relate to patients in the exam room.

The final take away from this conference was my participation in the AAFP National Congress of Student Members as a representative from Montana. This is valuable in both connecting with student leaders from other states and participating in resolution-writing that's pertinent to the AAFP. I think it is especially important to be involved in the advocacy and

The final take away from this conference was my participation in the AAFP National Congress of Student Members as a representative from Montana.

leadership, both of which are front and center within the Student Congress. By forming these skills early in my medical career, I will be better equipped to be the physician I aspire to become.

I appreciate the practical skills, leadership development, and information that I gained from attending this conference. It was an invaluable experience for me to form relationships and grow as a professional.



MaKenna Siebenaler, MS2, representing MAFP as a student delegate at the AAFP National Congress of Student Members in July 2019.



Medical students enjoying the exhibit hall at the AAFP National Conference of Family Medicine Residents and Students.



CLOSE TO HOME WHEN IT MATTERS MOST

When your child is sick, you'll do anything to stay by their side, even when that means expensive and lengthy trips out of state. But our families deserve better. The experienced specialists at Montana Children's have made it their mission to provide innovative and comprehensive pediatric care for a wide range of medical conditions right here in Montana, where our children belong.

[Child and Adolescent Psychiatry](#)

[Neonatology](#)

[Pediatric Anesthesiology](#)

[Pediatric Cardiology](#)

[Pediatric Critical Care](#)

[Pediatric Dentistry](#)

[Pediatric Endocrinology & Diabetes](#)

[Pediatric Gastroenterology](#)

[Pediatric Hospitalists](#)

[Pediatric Neurology](#)

[Pediatric Neurosurgery](#)

[Pediatric Hematology/Oncology](#)

[Pediatric Ophthalmology](#)

[Pediatric Radiology](#)

[Pediatric Sleep Medicine](#)

[Pediatric Surgery](#)

[Perinatology](#)



A loan tailored for you, from the credit union built for you

Montana Health Federal Credit Union was established over 50 years ago to serve healthcare professionals. We recognize the unique needs our members have and provide financial products tailored for our members.

Medical Doctor Program Highlights

- Maximum LTV of 95%.
- Deferred student loan payments of borrower (medical) may be excluded from the calculation of a borrower's monthly debt-to-income ratio.
- At least one borrower on loan must have one of the following designations: Medical Resident, MD, DDS, DMD, OD, DPM, DO.
- Future income can be used if effective within 60 days of closing.



Contact Jackie Helman
to get started on your
custom loan today.
406.259.2000

