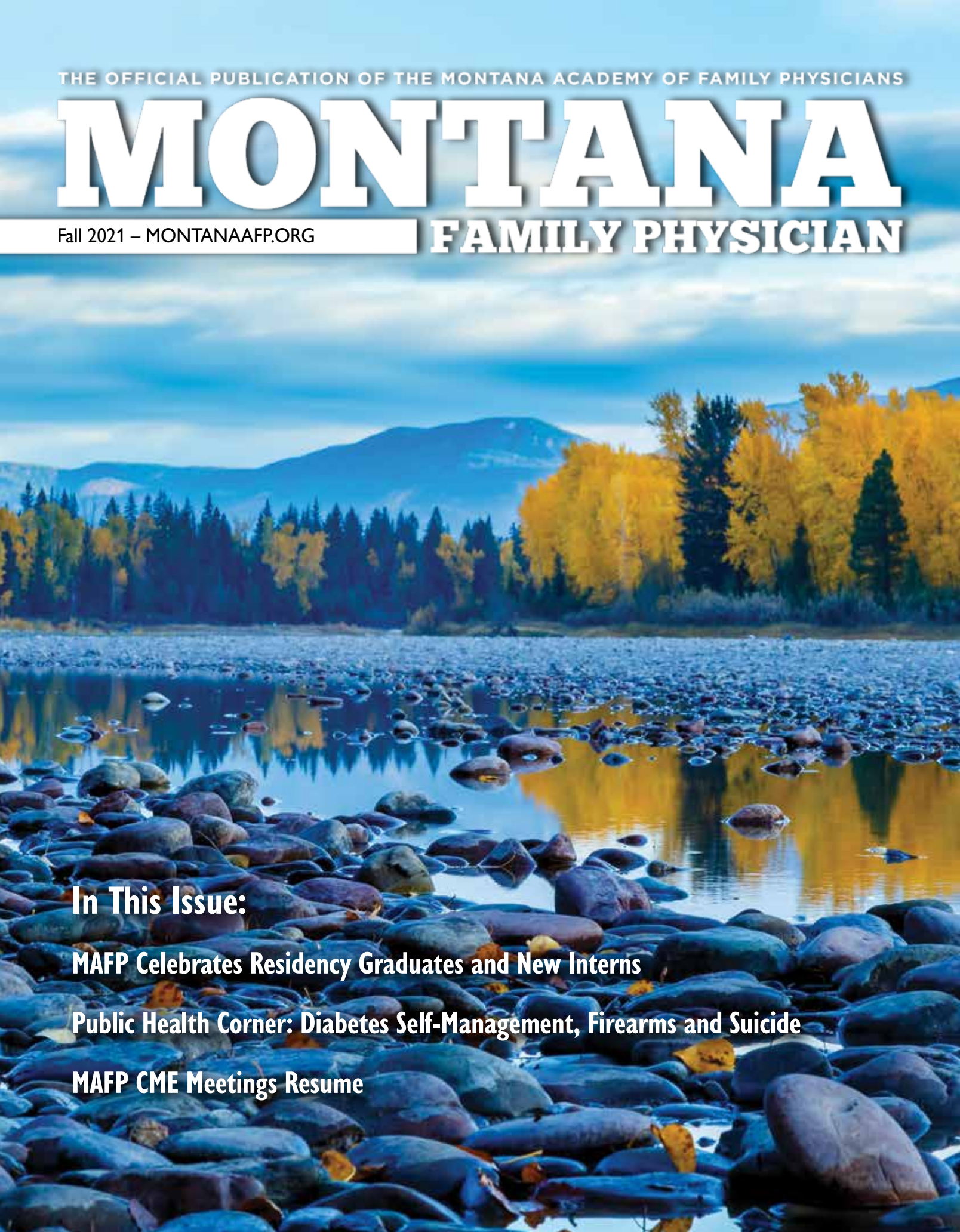
THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

Fall 2021 – MONTANAAFP.ORG



In This Issue:

Pacific Northwest University of Health Sciences

MISSION FULFILLMENT BENEFITS EVERYONE

SECOND IN THE NATION

FOR GRADUATES PRACTICING IN MEDICALLY UNDERSERVED AREAS

SECOND IN THE NATION

FOR GRADUATES PRACTICING IN PRIMARY CARE SPECIALTIES

17TH IN THE NATION

FOR GRADUATES PRACTICING PATIENT CARE IN RURAL AREAS

WE HAVE NOW TRAINED AND EDUCATED MORE THAN

1,000 DOCTORS

AND WE ARE JUST GETTING STARTED

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PNWU.EDU

MONTANA ACADEMY OF FAMILY PHYSICIANS

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

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EDITION 10

*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.*

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Edition 10

MAFP President's Welcome

Michael Temporal, MD

Greetings to my fellow Montana Family Physicians. As you read this issue of our magazine, I hope that we are having cooler weather and that you have not been greatly impacted by drought or fires these past few months. Also, the COVID pandemic has ebbed and flowed, and frustratingly, has not ended. I hope the surge you have seen this summer also is improved.

It is an honor to write as your president of the Montana Academy of Family Physicians. As one of the largest specialty societies in Montana, it is important that we work together to improve the health of the people we serve, maintain the practice of full scope family medicine, and lead the conversations in how healthcare is delivered in our communities. I hope that you will look to me and the Board of your Academy to bring voice to the issues that you think are important and need to be heard at the state and national level.

I have been a family physician pretty much my whole life. Growing up as the son of a family doc, I saw my dad's challenges as a private practice physician who also worked ER shifts. He was a great physician but not a great businessman. But he valued his membership in the Missouri Academy and our summer vacations were at the annual meeting in the resort town of Lake of the Ozarks. It was really nice to see so many families and docs at our summer meeting in Chico this past June. We had great continuing medical education, met with AAFP Board Chair Gary LeRoy, and got to thank Dennis Salisbury's legacy of leadership by renaming the Montana Family Physician of the Year Award in his honor. Make plans now for our Winter meeting in Whitefish, January 26-28, 2022. Family docs value the balance of work and play and our education committee is working on a lineup of speakers and activities that will be great knowledge and great fun.

While Governor Gianforte has ended the emergency declaration for our state, the spectre of ongoing coronovirus infection has continued, and we are now entering the influenza season. We need to continue to push for our patients to get vaccinations and to do the practices that can reduce the spread of these, and any infections. While the CDC and Montana Public Health have good information, I hope that you go to our AAFP.org website to find and use educational materials for you and your patients. Using the search tool for many topics has directed me to great articles, practice management advice, and resources I never even thought about that has helped me in my practice. Our national family medicine academy staff work hard to create resources and links to make our work as family doctors easier and smarter, and they welcome any suggestions for making the site even better.

Speaking of our AAFP, as you are reading this, we will have completed our annual Congress of Delegates, this year in Kansas City. Usually held in conjunction and leading into the FMX educational extravaganza, this year the meeting is live for the policy making part, and virtual for the continuing medical education and networking part. It would have been really nice to go to Anaheim this year, but hopefully you find that a virtual meeting gives you flexibility and easier navigation to the sessions/topics you find most important. At the Congress of Delegates, the family physician leaders from each state help set the direction for what the AAFP should be leading and advocating on our behalf. Whether that is improvements in payment for our services, expansion of telehealth access, protection of scope of practice and physician led teams, ensuring equity and inclusion in the care that we provide, and so many more ideas, you have great representation from Montana. Shoutout to our Delegates and Alternate Delegates who are well respected nationally.

But in closing, remember that your Montana Academy of Family Physician Board is here to serve you. We come from many different practice types, and geographically practice across the state. We respond to issues and offer opinions to our legislators and health departments. We work with other specialty societies to coordinate and build coalitions that benefit our patients. We continue to find the resources that you need to better practice family medicine. Your ideas and participation are vital to make our representation for you more effective. It's my goal this year as President to reach out to as many of you as I can. If you haven't already gotten an email from me, please expect one or reach out to me at mtemporal@billingsclinic.org.

Have a great fall and enjoy the beauty of our state this time of year. Thank you for giving great family centered care to the people you serve. Thank you for engaging and challenging me and your Board to improve the practice of family medicine.

Explore your future.

Discover your passion.

No matter where you are in your career, find your place at Logan Health. We are dedicated to investing in our staff and committed to providing you with the tools you need to care for our communities.

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NEW FROM CDC

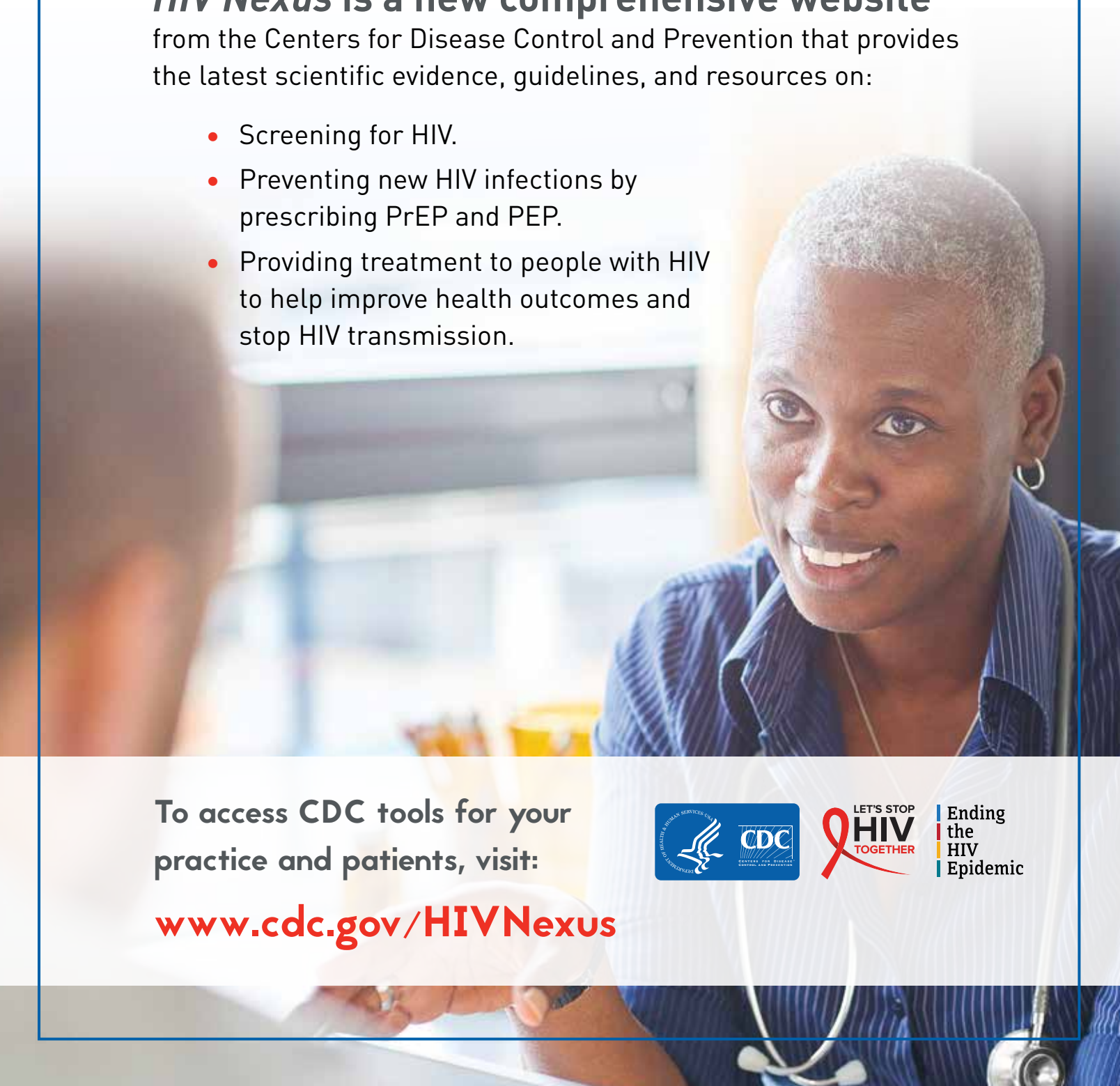
HIV NEXUS

CDC RESOURCES FOR CLINICIANS

HIV Nexus is a new comprehensive website

from the Centers for Disease Control and Prevention that provides the latest scientific evidence, guidelines, and resources on:

- Screening for HIV.
- Preventing new HIV infections by prescribing PrEP and PEP.
- Providing treatment to people with HIV to help improve health outcomes and stop HIV transmission.



To access CDC tools for your practice and patients, visit:

www.cdc.gov/HIVNexus

LET'S STOP HIV TOGETHER

Ending the HIV Epidemic

Diabetes Self-Management Education & Support Programs in Montana

When it comes to managing diabetes, patients are having to make hundreds of difficult decisions daily that impact their blood glucose levels. Although this can be very challenging, healthcare providers across Montana have an opportunity to help their patients THRIVE with diabetes through diabetes self-management education and support (DSMES) services.

What is DSMES?

Diabetes self-management education and support (DSMES) services are a covered benefit through most health plans that provides individuals an evidence-based foundation to gain the knowledge, skills, tools, and support to manage their diabetes throughout their lifetime. This foundation helps these individuals to navigate daily self-care with confidence. Additionally, DSMES is part of the American Diabetes Association Standards of Medical Care in Diabetes (2021).

How is DSMES Offered?

DSMES is offered by a Diabetes Care and Education Specialist (formerly called 'diabetes educator'), who is an experienced healthcare professional such as a registered nurse, registered dietitian, or pharmacist, who have expertise in cardiometabolic conditions including diabetes care and education. They collaboratively work to design a management plan that is tailored to the patient's lifestyle, culture, and beliefs, and can help with coping skills for the emotions and demands of living with a chronic condition. They are experts in diabetes technology and can help patients identify what devices and apps may be the best suited for their individualized needs and financial situation. An important part of the healthcare team, Diabetes Care and Education Specialists are considered provider extenders and are positioned to help:

- reduce readmissions and encourage long-term self-management,
- lower healthcare costs,
- improve quality measures, and health outcomes, and
- improve productivity and performance within the health system.

DSMES services are offered in an individual or group session, and can be delivered in person or via a telehealth option. To learn more about Diabetes Self-Management Education and Support services and its benefit to the patient and provider, visit https://www.cdc.gov/diabetes/dsmes-toolkit/background/benefits.html.

4 Key Times to Refer to DSMES

There are 4 key times to refer patients to DSMES, according to the consensus report (found at https://www.diabeteseducator.org/practice/practice-tools/app-resources/a-consensus-report) from multiple diabetes and health care professional organizations:

1. At diagnosis
2. Annually or when not meeting treatment goals
3. When diabetes or health changes impact diabetes self-management (i.e. medication changes, or when complicating factors arise)
4. During times of life transitions – changes in provider, insurance, living situation, etc.

Qualifications

For a patient to qualify for DSMES services, they must have the following:

- Documentation of diagnosis of type 1, type 2, or gestational diabetes **and**
  - A diagnosis must be made using either of the following criteria:
    - Fasting Blood Glucose of 126 mg/dL on two separate occasions,
    - 2-Hour Post Glucose Challenge of ≥200 mg/dL on two separate occasions, or a
    - Random glucose test of > 200 mg/dL with symptoms of unmanaged diabetes.
  - A written referral from the treating physician or qualified non-physician practitioner.
  - A qualified non-physician practitioner includes one of the following:
    - Nurse Practitioner or Advanced Nurse Practitioner
    - Physician Assistance
    - Clinical Nurse Specialist
  - A new referral is required for follow-up visits after one year.

Insurance Coverage/ Reimbursement

Diabetes self-management education and support services are a covered benefit through Medicare, MT Medicaid, and commercial payers across the state. Medicare covers up to 10 hours of initial DSMES, and then 2 hours annually thereafter. MT Medicaid covers 3 hours of DSMES/day. Private insurance coverage varies across the state depending upon the plan and insurance provider.

Diabetes changes over time. To meet new challenges brought on by advancing diabetes or other health issues, new skills must be learned. DSMES is not a 'one-time thing,' but is meant to be an ongoing service that helps to adjust the individual's diabetes self-management plan.

Talk to your patients about DSMES and refer WITH PASSION!

Providers who would like to learn more about DSMES programs in Montana can find more information, locations, and contact information on the Montana Diabetes Program website, or by calling Marci Butcher, RD, CDCES, at 406-350-2658.

Firearms and Suicide in Montana

As a state, Montana struggles to meet the mental health needs of its residents, having ranked in the top five for suicide rates in the nation for the past forty years. Since 2010, a staggering 63% of all suicide cases in Montana have involved firearms. Since 2010, 58% of youth suicides in Montana are by firearm (40% nationally). That translates to one Montanan dying every 54 hours as a result of a gun-related suicide. How can individual physicians and the collective medical community help to reduce firearm suicides and firearm deaths?

1. Increase depression and suicide risk screening efforts

Although firearm suicide is not exclusively driven by mental illness, a renewed focus on depression and suicide risk screening—especially among adolescents—may help clinicians uncover behavioral risk factors among the slight majority of people who complete suicide with unrecognized mental health conditions.

- The PHQ-9 is the most widely used screening tool for depression and suicidal ideation. Other validated/evidence-based screening tools include the Ask Suicide-Screening Questions (ASQ) Toolkit, Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment, Suicide Behavior Questionnaire-Revised (SBQ-R)

2. Counsel patients about firearm safety

- Gun safety handouts and resources are available from the National Rifle Association (NRA), National Shooting Sports Foundation (NSSF), Project ChildSafe, Montana Fish Wildlife and Parks, and Montana DPHHS Injury Prevention Program. One of the best trainings is CALM (Counseling about Access to Lethal Means) https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means-0

- The trust fostered in primary care therapeutic relationships promotes patient and parent adherence to safety guidelines.

- Despite some legal opposition to physicians discussing firearm safety with patients (physician "gag laws"), a 2017 opinion issued by the US Court of Appeals for the 11th Circuit ruled that physicians ***can*** inquire about firearm-related risk factors and attempt to protect their patients from firearm-related injury. The American Medical Association (AMA) is on record opposing physician gag laws and has made recommendations supporting physicians' ability to discuss firearm safety with patients and encouraging physicians to use firearm-related educational materials.

Since 2010, a staggering 63% of all suicide cases in Montana have involved firearms. Since 2010, 58% of youth suicides in Montana are by firearm (40% nationally). That translates to one Montanan dying every 54 hours as a result of a gun-related suicide.

3. Advocate for adoption of firearm safety and control policies at the state level

- The medical profession wields considerable advocacy power and a unique ability to influence the political discourse on firearms.

- The AAFP, AAP, AMA all formally denounce gun violence.

- Every study that has examined the issue to date has found that within the US, access to firearms is associated with increased suicide risk. Refer to the Means Matter Program through Harvard Public Health for some of the best research on the importance of reducing access to lethal means. https://www.hsph.harvard.edu/means-matter/

- Acting together, physicians can support the adoption of policies that are shown to be effective for preventing firearm suicide: stricter background checks with mandatory waiting periods, child-access prevention laws, extreme risk protection orders ("red flag laws"), open carry and concealed carry regulations, assault weapon restrictions, and more.

Firearms & Suicide

IN MONTANA

One Montanan dies…

every 54 hours

…as a result of a gun-related suicide

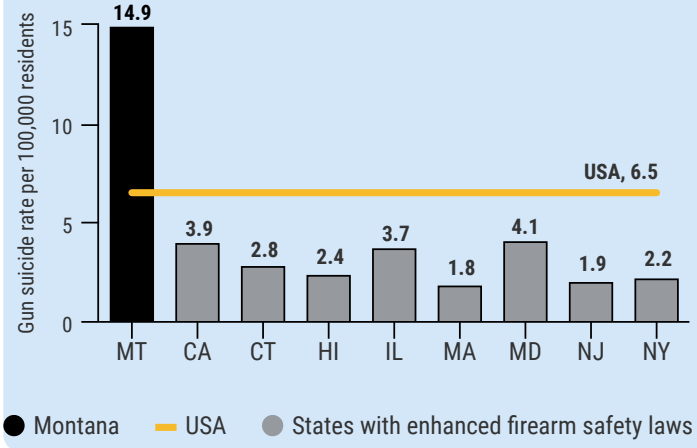
63%

of all suicides in Montana involve firearms

Montana's gun-related suicide rate is

4-8 times higher

than states with enhanced firearm safety laws*

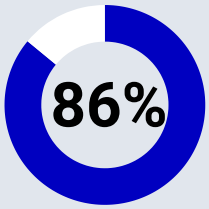


1,613 **suicides involving firearms** occurred in Montana from 2010-2019

85% were men

94% were white

40% resided in rural counties



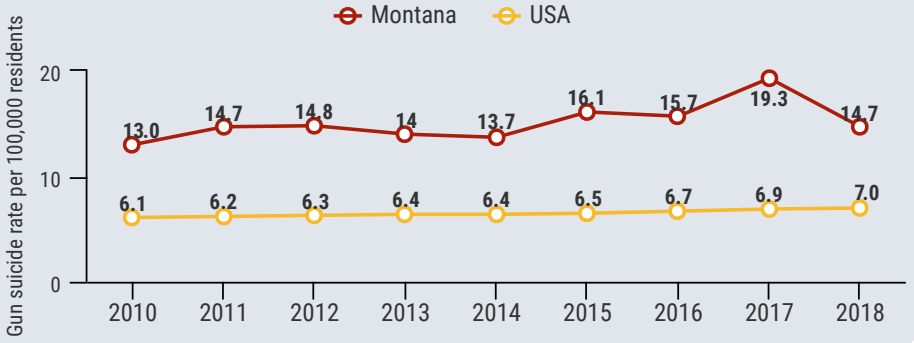
of firearm-related deaths in Montana are suicides

compared with 61% nationally

Montana has the

2nd highest

gun-related suicide rate in the nation



For more information, visit: *https://dphhs.mt.gov/suicideprevention*

* Enhanced firearm safety laws include universal background checks for firearm purchase, extreme risk protection orders, domestic violence gun laws, open carry regulations, assault weapon restrictions, "may issue" concealed carry laws. Ratings from Giffords Law Center 2019 Gun Law Scorecard.

Data source (Montana): DPHHS Vital Statistics Data (data years 2010-2019)

Data source (National): National Center for Health Statistics Vital Statistics Data (data years 2009-2018)

March 2021

Montana's Family Medicine Residency Programs Welcome New Interns

Family Medicine Residency of Western Montana

Missoula

Sienna Foxton
Pacific Northwest University College of Osteopathic Medicine
Hometown: Anchorage, AK
Undergrad: Wellesley College Interests: In my free time I enjoy hiking, backpacking, biking, skiing, running, cooking, playing guitar and ukulele, gardening, and doing crossword puzzles.

Kara Francis
University of Washington School of Medicine
Hometown: Livingston, MT Undergrad: University of Oregon Interests: Trail Running: An excuse to wander in the wilderness and, in moments of lapsed judgement, enter races. Fly Fishing: A newly acquired hobby that often involves untangling lines from willow branches but provides unparalleled opportunities for endless improvement amidst calm joy.

Alec Kerins
University of Colorado School of Medicine
Hometown: Helena, MT
Undergrad: Lewis & Clark College Interests: Alec's interest include Ultra-distance trail running, travel, downhill and cross-country skiing, hiking, backpacking, rock climbing, camping, and cooking.

Travis Kinane
Pacific Northwest University College of Osteopathic Medicine
Hometown: Beaverton, OR
Undergrad: Bellevue College
Interests: Travis's interest include playing basketball, exploring the outdoors, and has recently has become a skijoring enthusiast.

Jennifer Selland
University of Massachusetts School of Medicine
Hometown: Needham, MA
Undergrad: University of Rochester
Interests: Jennifer's Interest include skiing, hiking, camping, running, yoga, cooking new vegetarian meals, gardening, reading, spending time with family and friends.

Rebecca Sharar
University of Washington School of Medicine
Hometown: Bainbridge Island, WA
Undergrad: University of Washington
Interests: in Rebecca's interests include paragliding (which she is certified in), backcountry skiing, running, endurance cycling, coaching youth sports, and life long learning and use of the Spanish language.

Cecilia Weeks
John Hopkins University School of Medicine
Hometown: Austin, TX Undergrad: University of Texas, Austin Interests: Cecilia's interest include cycling (previous road racer), running, exploring the outdoors; playing music (guitar, singing, open mics), and acting in theater.

Family Medicine Residency of Western Montana

Kalispell

Emilie McIntyre
University of Washington School of Medicine
Hometown: Seattle, WA Undergrad: Arizona State University Interests: Emilie's interest include Solo wilderness backpacking /thru-hiking, life long learning and use of the Spanish language, and jewelry making.

Bryce Roberts
Des Moines University College of Osteopathic Medicine
Hometown: Lewistown, MT Undergrad: Iowa State University Interests: Bryce's interests include spending time with family, skateboarding, participating in his church, hiking, fishing, camping, and playing the banjo.

Sarah Davis
Pacific Northwest University College of Osteopathic Medicine
Hometown: Middletown, CA
Undergrad: Montana State University
Interests: Sarah enjoys spending time with loved ones and "zoo" consisting of two rescue dogs and cat, being outdoors whether that be hiking or backpacking, crafts such as scrapbooking or home projects, yoga, volleyball, baking, as well as continuing to develop her professional skills outside of work with her passion for preventative/lifestyle medicine,

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ABFM National Journal Club Pilot – Launching Soon!

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We are planning to launch a new ABFM National Journal Club at the beginning of August. This will be offered as a service to all Diplomates and Family Medicine residents to support their efforts to stay up to date through access to articles that are important to the discipline. The committee responsible for this activity has ranked the articles highly for their relevance to family medicine, impact on practice, and strength of methodology. Diplomates will be able to choose articles of interest and get access to the PDF of the article directly. Our goal is help family physicians stay current with the best medical literature, support shared decision making with patients and families, and advocate for their patients with subspecialists, health systems and payers. As an added value, physicians can earn certification points for each article activity completed and can fulfill the KSA requirement for their certification stage by completing 10 article activities. Enrollment in the pilot will be available for all Diplomates and Family Medicine residents for a short time period, after which it will close until the process and impact can be evaluated and a permanent version can be implemented. Be on the lookout for announcements, so you don't miss the opportunity to be in the pilot!

Montana's Family Medicine Residency Programs Welcome New Interns

Montana Family Medicine Residency

RiverStone Health welcomes the Montana Family Medicine Residency class of 2024 to its clinic medical staff. The Montana Family Medicine Residency is Montana's longest-running graduate medical education residency. Among all graduates over more than 20 years, 60% still practice in Montana. The class of 2024 includes:

Brooke Fettig, M.D. who graduated from the University of North Dakota School of Medicine and Health Sciences, Grand Forks. She grew up in New Town, N.D., a member of the Three Affiliated Tribes on the Fort Berthold Indian Reservation. She is interested in working in rural, underserved communities.

Marina Hansen, M.D., graduated from the University of Washington School of Medicine, Seattle. After growing up in a farming family in Glasgow, Hansen earned a degree in cell biology and neuroscience at Montana State University in Bozeman. She is part of the Montana WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) class.

Alex Hetrick, D.O., graduated from Rocky Vista University College of Osteopathic Medicine, Utah. After growing up on a horse farm Alabama, he earned his undergraduate degree at the University of Alabama. Hetrick has participated in global medicine outreach and wilderness medicine training.

Jalyn Huft, M.D., graduated from the University of Washington School of Medicine, Seattle, in the WWAMI program. She grew up in Plevna and earned her undergraduate degree at Rocky Mountain College in Billings.

Jameson Laub, D.O., graduated from A.T. Still University of Health Sciences School of Osteopathic Medicine, Arizona. A native of Meadville, Penn., He graduated from The College of Wooster in Ohio. His interests include addiction medicine, chronic pain management and practicing osteopathic manual therapies.

Travis Loy, M.D., graduated from Ross University School of Medicine, Barbados. Originally from South Florida, Loy has been visiting central Montana since he was a boy. His passions are service, mentorship and community outreach.

Daniel Pak, M.D., graduated from the University of Washington School of Medicine, Seattle. Born and raised in Washington state, Pak attended Swarthmore College in Pennsylvania. During college and medical school, he worked with the Asian Liver Center at Stanford University in public health research. He completed cancer research at the Fred Hutchinson Cancer Research Center.

Adam Putnam, D.O., graduated from A.T. Still University of Health Sciences Kirksville College of Osteopathic Medicine in Kirksville, Mo. A native of St. Louis, Mo., Adam earned his degree at Rhodes College in Memphis, Tenn. He has a deep connection to serving rural and underserved populations and looks forward to the MFMR wilderness medicine track.

Sports Medicine Fellow

Luke Sugden, D.O., graduated from Rocky Vista University College of Osteopathic Medicine in Parker, Colorado. Originally from Jerome, Idaho, Sugden attended Boise State University.

Montana Family Medicine Residencies Congratulate 2021 Graduates

Montana Family Medicine Residency, Billings

Stephen Asay, M.D., will be moving to Worland, Wyo., to work at Hot Springs Health-Outpatient, Inpatient and Emergency.

Shaleen Doctor, M.D., is moving to Woodburn, Ore., for a one-year fellowship in obstetrics. She plans to return to Montana after completing her fellowship.

David Goodwin, M.D., will be moving to Helena to work as a hospitalist at St. Peter's Health.

Erin Hixson, M.D., has joined the Montana Family Medicine Residency as junior faculty and will continue as a staff physician at RiverStone Health Clinics.

Andrew Lester, D.O., is moving to Townsend to work for St. Peter's Health in an outpatient clinic.

Brook Murphy, M.D., will practice medicine in Miles City at Billings Clinic-Inpatient & Outpatient Medicine. He will also work at Holy Rosary Healthcare in the emergency department.

Jason Sarisky, D.O., also is moving to Miles City. Starting in August, he will work at One Health, a community-based primary healthcare center.

Kirsten Thompson, D.O., will be moving to Eugene, Oregon, and working for PeaceHealth.

In addition to its three-year program, the Montana Family Medicine Residency, offers a one-year sports medicine fellowship. **Brayton Kiedrowski, D.O.,** completed the sports medicine fellowship in June. He will join Reid Health Orthopedics in Richmond, Indiana.

Family Medicine Residency of Western Montana, Missoula and Kalispell

Missoula:

Emily Anderson, D.O., will be practicing at Providence St. Joseph Medical Clinic in Ronan, MT.

Carey Downey, M.D., will be practicing at Southwest Montana Community Health Center in Butte, MT.

Ariel Fillmore, M.D., will be joining the Family Medicine faculty at the University of Utah in Salt Lake City, UT

Geoff Holman, M.D., will be practicing at CostCare in Missoula, MT.

Sarah Horne, M.D., will be practicing at Partnership Health Center in Missoula, MT.

James Jennings, D.O., will be practicing at Bassett Medical Center in Oneonta, New York.

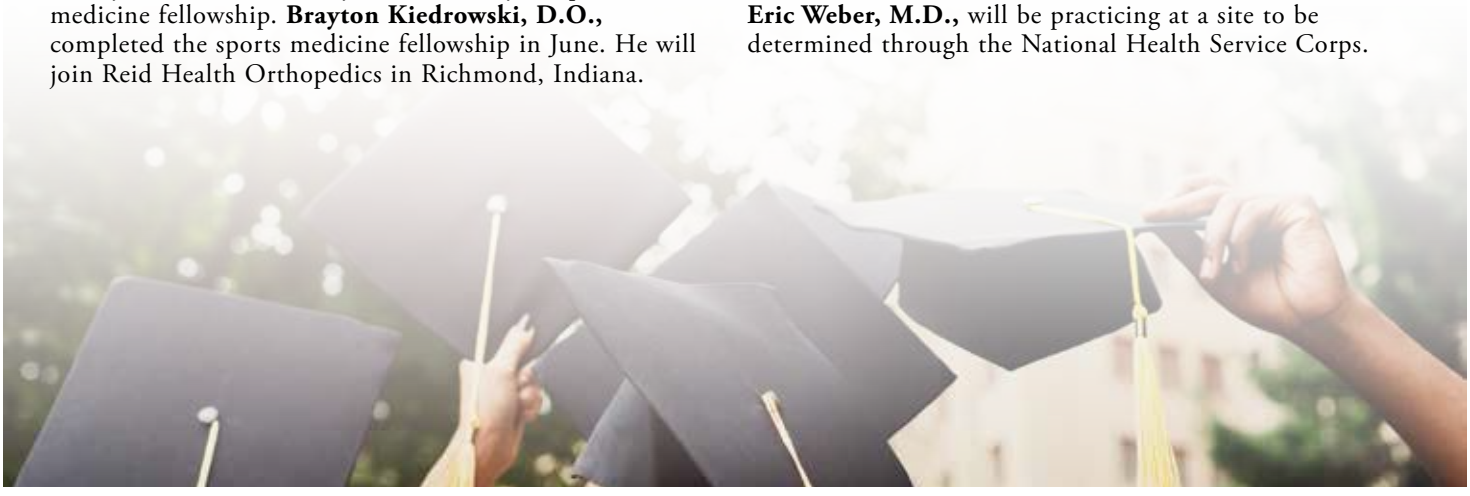
Kelsey Morgosh, M.D., will be practicing at North Country HealthCare in Flagstaff, Arizona'

Kalispell:

Margie Albers, M.D., will be practicing at the Billings Clinic in Miles City, MT.

Chelsie Russig, D.O., will be practicing at North Valley Professional Center, Columbia Falls, MT.

Eric Weber, M.D., will be practicing at a site to be determined through the National Health Service Corps.



WWAMI TRUST Students Gain Inspiration at Leadership Retreat

In mid-July, Montana WWAMI TRUST students gathered at their annual leadership retreat at Homestake Lodge in Whitehall. The Targeted Rural Underserved Track (TRUST) curriculum is a longitudinal medical school experience in rural and small city underserved communities in Montana. The program goal is to produce physicians committed to practice in the rural and underserved areas of the state. Being part of TRUST allows for an enhanced and engaged curriculum covering areas of leadership and rural health awareness. At this year's retreat, students gathered to listen to and present on topics such as public speaking to persuade, difficult conversations, and advocacy. Many Montana physicians contributed their expertise and shared about their journey from medical student to residency choice to setting up home in the far-flung communities that make up this great state. We would like to express our sincere thanks to our physician leads: Serena Brewer, DO, SWMTCHC in Butte; Christina Marchion, MD, Central Montana Medical Center in Lewistown; Laura Goodell, MD, Bozeman Health; and Anne Thomas, MD, Bozeman Health. These four were able to stay for the week to help shoulder the educational topics. Visiting physicians Megan Evans, MD, SWMTCHC, Dillon; Dr. Serena Brewer and Dr. Jay Erickson shared their expertise and a few pearls of wisdom as they shared on the difference between private practice and federally run or hospital run employment. Pam Hiebert, MD, Bozeman Health; Sarah Morgan, MD, Bozeman Health; David Mark, MD, OneHealth, Hardin; and Shawna Yates, MD, SWMTCHC, Butte discussed their pathways and roles into physician advocacy. Rich Rasmussen, CEO of the MHA and Bob Shepard, MD, both of Helena covered advocacy in Montana. Dr. Greg Hanson, family physician and CEO of Clark Fork Valley Hospital in Plains offered details on overseeing a Critical Access Hospital. Of supreme delight, UWSOM Professor Emeritus, Dr. Ron Loge of Dillon presented on the medicine chest and journey of the Lewis and Clark Expedition… and a mama moose and her calf splashed about in the pond downslope from the retreat center. The event was made possible by generous donations from the MPCA, MHA, MMA, and Montana TRUST. We are grateful.

MAFP Welcomes Members Back to CME

Michael Geurin, MD, Co-Chair, MAFP CME Program Committee

On June 10-11, the Montana Academy of Family Physicians convened its summer meeting and educational conference at Chico Hot Springs. This was the first MAFP gathering in over a year due to the COVID-19 pandemic, and was the first in-person meeting of a state chapter of the AAFP this year. Attendees appreciated being able to see each other face to face after such a long wait.

It was also a bittersweet gathering, as this was the first summer MAFP meeting since the passing of Dennis Salisbury on Oct. 1, 2019. The Academy honored Dennis posthumously with the Family Physician of the Year Award, which will now be known as the Dennis F. Salisbury Family Physician of the Year Award. Heidi Duncan and Jeff Zavala presented the award to Dennis's family and spoke movingly about Dennis's contributions to his patients, his medical community, the MAFP and the AAFP, and his tireless advocacy on behalf of family physicians and their patients.

The educational program was our first run at a modified schedule, having some shorter, 30-minute updates interspersed with longer 60-minute presentations. Our goal was to be able to cover more topics during the conference, and attendees indicated that this was successful and appreciated. Our AAFP representative and speaker was Dr. Gary LeRoy, AAFP Board Chair, who provided updates from the AAFP and also a fascinating presentation on primary care of the eye. The presentations by non-family medicine specialists were well received and included updates on COVID-19, stroke and seizures, but as I reflect on the conference, the real highlights were the sessions presented by our experienced Montana family physicians: Dr. Ashley Quanbeck of Hardin spoke on managing obstetric emergencies when you do not intentionally practice obstetrics in your community, Dr. Chris Miller of Billings spoke on the management of diabetic ketoacidosis and acute kidney injury, and Drs. Kelsey Hoffman and Brayton Kiedrowski of the MFMR Sports Medicine Fellowship in Billings provided updates on pediatric sports injuries and concussion. We also enjoyed learning about practice-changing research in endocrinology from Dr. Brook Murphy, resident representative to the MAFP Board, who completed his residency training at MFMR in July and will be moving to Miles City to practice family medicine this fall.

If you have suggestions for speakers, topics and/or activities for next year's conference, please feel free to email those to program chair Mike Geurin at mike.geu@riverstonehealth.org. And mark your calendars for upcoming summer meetings: our dates for 2022 will be June 8-10, and for 2023 they will be June 22-23. We hope to see you there!

Members of the 2021/2022 MAFP Board of Directors: (top, left to right) Jeff Zavala, MD (Billings), Michael Temporal, MD (Billings), Amy Matheny, MD (Missoula), Katrina Maher, MD (Helena), John Miller, MD (Missoula), Gary LeRoy, MD (AAFP Board Chair, Dayton, OH), Mike Strekall, MD (Helena); (bottom, left to right) Linda Edquest (MAFP Chapter Executive, Helena), Heidi Duncan, MD (Billings), Ashley Quanbeck, MD (Hardin)

MAFP honors Dr. Dennis Salisbury's family with the 2020 Family Physician of the Year Award, now named in his honor: (left to right) Jeff Zavala, MD (Billings), Hannah Salisbury and Dr. Jessie Salisbury of Butte, Gary LeRoy, MD (AAFP Board Chair, Dayton, OH) Heidi Duncan, MD (Billings).

Investigating Barriers to On-Time Early Childhood Vaccination in Montana

Sophia Newcomer, PhD, MPH; Alexandria Albers, MS
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Universal recommendation of early childhood vaccines using an established, routine schedule has been a top public health achievement in the U.S. Currently, the U.S. Advisory Committee on Immunization Practices (ACIP) recommends children receive 10 vaccine series, each with 1 to 4 individual doses, to protect against 14 diseases before turning 19 months of age. However, early childhood vaccination rates are below public health goals, particularly in rural areas of the country. According to the Centers for Disease Control and Prevention, Montana's completion rate for the combined 7-vaccine series (4 doses DTaP, 3 doses polio, 1 dose MMR, 3 doses Hepatitis B, 3-4 doses of Hib, 1 dose of varicella, and 4 doses of pneumococcal vaccines) by age 24 months was 62% in 2017-2019, below the national average of 71%, and well below the Healthy People goal of 80%.

In partnership with the Montana Department of Public Health and Human Services, my research team and I are conducting a series of studies to determine which factors are contributing to Montana's low vaccination rates, and what can be done to increase vaccine uptake. Funded by the National Institutes of Health, the first phase of our research involved analyzing data from the state's immunization information system, ImMTrax, to investigate patterns of undervaccination among young children. Undervaccination occurs when children either receive vaccine doses later than the ages recommended by the ACIP, or when they don't receive recommended vaccine doses at all. We analyzed immunization data from over 31,000 children born in Montana in 2015-2017, and found that fewer than 2 in 5 children (38.0%) received all doses in the combined 7-vaccine series by the ages recommended by the ACIP. We then classified children's patterns of undervaccination. About 18.7% of Montana children were undervaccinated with a pattern indicative of parental vaccine hesitancy. These children either had vaccines spread out across multiple visits in a manner inconsistent with the ACIP schedule (i.e., shot-limiting) or had started some, but not all, recommended vaccine series. However, a similar percentage of Montana children (19.7%) had received most vaccine doses per the ACIP schedule, but were not up-to-date by their 2nd birthday because they were missing doses needed to complete vaccine series that require multiple doses, such as the DTaP and pneumococcal vaccine series. As compared with parental vaccine hesitancy, this undervaccination pattern of missing doses needed to complete series indicates structural barriers to accessing immunization services. These barriers include challenges that families may have in bringing their children in for multiple immunization visits, or a lack of emphasis by primary care providers on the 18-month well-child visit. Our results, which were published in the American Journal of Preventive Medicine in June 2021, indicate the need for interventions that address parental hesitancy, as well as initiatives to facilitate timely completion of multi-dose vaccine series in Montana.

The next phase of our work involves conducting a survey of primary care providers in Montana. Our objectives are to identify providers' opinions, perceptions, and experiences providing immunization services and discussing vaccines with patients and families in Montana. We will also ask providers about their opinions on strategies for increasing vaccination rates. The survey tool was developed in consultation with Emma Wright, MD, a family medicine physician at Partnership Health Center, and will be tested with several providers before launching the survey statewide. The survey will be sent out in Fall 2021 to all primary care clinics in Montana. We hope that all primary care providers participate and let us know about their experiences, opinions, and preferences regarding current immunization practices in our state. Aggregated survey results will be used to inform community appropriate strategies for increasing vaccine coverage in Montana.

UNIVERSITY OF MONTANA
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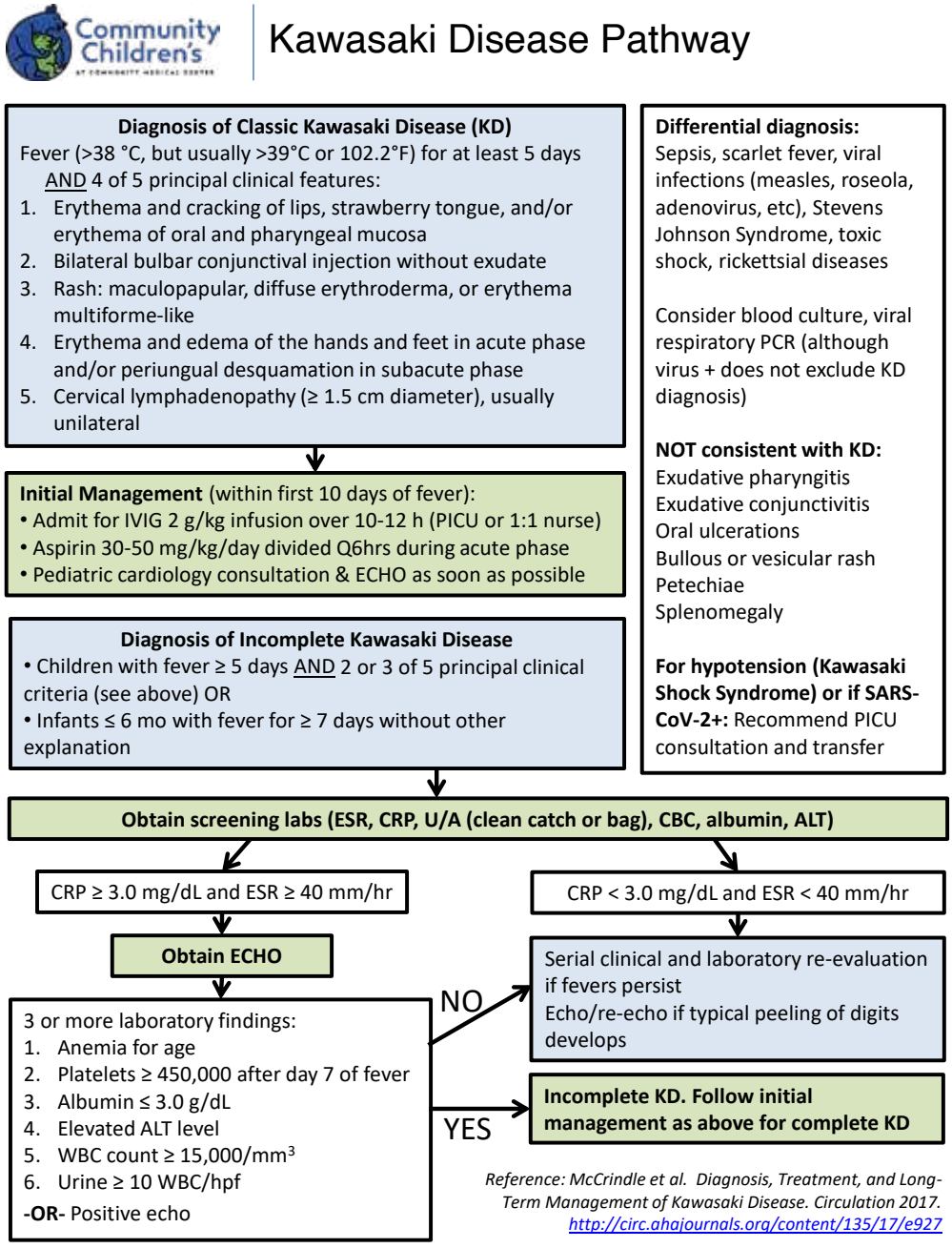
Community Children's Clinical Pathways

Community Children's at Community Medical Center in Missoula has developed simple, evidence-based clinical pathways to guide care for common pediatric conditions. Clinical pathways can be a base upon which to improve the use of evidence-based therapies and help standardize care throughout Montana. These are free for distribution and can be used by anyone, with attribution.

Pathways are intended only as a guide for providers and staff. No pathway can cover every clinical scenario, so they should be adapted to specific patients and situations based on clinicians' professional judgment.

The clinical pathways can be found at https://www.communitychildrens.org/. *Montana Family Physician* will highlight additional pathways in future editions, but please go to the website for the most current versions as these will be updated regularly.



Task Force Lowers Recommended Age to Start CRC Screening

The following articles are reprinted with permission from the American Academy of Family Physicians.

Colorectal cancer is the third-leading cause of cancer-related deaths in the United States, and the American Cancer Society estimates that nearly 150,000 new cases will be diagnosed this year alone.

The U.S. Preventive Services Task Force recently finalized a recommendation statement (as well as an evidence review and modeling report) that aims to encourage more screening and reduce people's risk of dying by lowering the age at which asymptomatic adults should begin being screened.

In a May 18 statement, task force Vice Chair Michael Barry, M.D., said, far too many Americans are not receiving "this lifesaving preventive service."

"We hope that this new recommendation to screen people ages 45 to 49, coupled with our long-standing recommendation to screen people 50 to 75, will prevent more people from dying from colorectal cancer," said Barry, who is the director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital and a professor of medicine at Harvard Medical School.

The new recommendation replaces the task force's 2016 recommendation statement, which gave an "A" recommendation designation to screening for CRC in adults ages 50 to 75 and called for individualized decision-making regarding screening adults ages 76 to 85.

The AAFP split with the task force and issued its own recommendation in 2016, giving a "B" recommendation designation for CRC screening in adults ages 50 to 75. The difference in recommendation grade was based on the lack of evidence for benefits and harms for several of the screening strategies. The Academy's recommendation, which highlighted key differences in screening modalities, aligned with the task force in regard to its "C" recommendation for screening adults ages 76 to 85.

The USPSTF's new recommendation retains the "A" recommendation for screening adults ages 50-75 and "C" recommendation regarding adults ages 76 to 85. However, it added a recommendation to screen adults ages 45 to 49 with a "B" designation. (The American Cancer Society released a guideline in 2018 recommending that screening begin at age 45 for patients at average risk.)

The task force noted that CRC incidence has been declining for two decades in adults 55 and older. However, incidence of CRC in adults aged 40 to 49 years increased by almost 15% from 2000 to 2016, and more than 10% of new cases occur in people younger than 50.

In updating its recommendation, the task force commissioned a systematic evidence review to evaluate the benefits and harms of screening for CRC in adults 40 and older, with a focus on the effectiveness and comparative effectiveness of screening strategies and the accuracy of and serious harms associated with different screening tests. The review included more than 200 studies, more than one-third of which had been published since the previous evidence review.

In addition, the task force commissioned a comparative modeling report to provide information on how estimated life-years gained, cases averted and deaths from CRC averted vary based on different starting and stopping ages for various screening strategies.

Ultimately, the task force recommended two types of tests to screen for CRC:

- stool-based tests, such as the high-sensitivity guaiac-based fecal occult blood test, fecal immunochemical test or stool DNA test; **and**
- direct visualization tests, such as colonoscopy, CT colonography and flexible sigmoidoscopy.

The task force noted that these tests have different evidence levels to support their use, different performance levels in cancer detection and different risks of harms.

"Based on the evidence, there are many tests available that can effectively screen for colorectal cancer, and the right test is the one that gets done," task force member Martha Kubik, Ph.D., R.N., a professor and director of the School of Nursing in the College of Health and Human Services at George Mason University, said in the USPSTF's statement. "To encourage screening and help patients select the best test for them, we urge primary care clinicians to talk about the pros and cons of the various recommended options with their patients."

What's Next

The AAFP's Commission on Health of the Public and Science is conducting a review of the updated USPSTF recommendation, which has both potential benefits and risks, said Chair Sarah Coles, M.D., of Phoenix.

"We will look closely at the available evidence, the benefits and harms of screening, as well as the potential impact on health equity," said Coles, who is an associate professor at the University of Arizona College of Medicine – Phoenix Family Medicine Residency.

Finally, the task force called attention to several evidence gaps that require additional research. For example, Black adults have the highest incidence of and mortality from colorectal cancer, but the USPSTF noted in its recommendation statement that the factors that contribute to that inequity must be clearly identified before interventions can be designed to address it.

"The USPSTF recommendation will increase health care coverage for colorectal screening in a younger population but may not address larger systemic issues of lack of access to needed specialists or equipment, barriers to health care attainment and systemic racism," said Coles, acknowledging that the Patient Protection and Affordable Care Act requires insurers to cover preventive services recommended by the task force. "The higher incidence and mortality from colorectal cancer among Black adults is a major area of concern. Health care disparities due to systemic racism are undoubtedly playing a significant role. Family physicians must be diligent in identifying signs and symptoms of colon cancer in their patients, have a structured and equitable approach to screening, collaborate with interprofessional teams to ensure access to high-quality screening programs, and continue to work on systemic improvements to reduce disparity."

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MONTANA PRIMARY CARE PROVIDER SURVEY

The University of Montana Center for Population Health Research is conducting a survey about primary care providers' experiences with providing immunization services, and discussing vaccines with patients and families.

The goal is to create well informed, community appropriate strategies to increase vaccination rates in Montana.

The survey will launch this fall and will be sent to you via email! We need your valuable input!

Coming Fall 2021

Questions? Comments?
Contact: alexandria.albers@umontana.edu or
sophia.newcomer@umontana.edu

Funded by a National Institutes of Health Centers of Biomedical Research Award (1P20GM130418)

New Tools Guide Lifestyle Medicine Integration for FPs

The following articles are reprinted with permission from the American Academy of Family Physicians.

From recommending changes in diet and exercise levels to promoting stress management and other aspects of self-care, lifestyle medicine is an integral practice component for many family physicians. For several years, in fact, the Academy's lifestyle medicine member interest group has provided members with an online community where they can network, share practice tips and work together to improve patient health.

Now, a new series of lifestyle medicine resources is available for AAFP members courtesy of a grant from the Ardmore Institute of Health. The first two items — a free online CME program titled "Incorporating Lifestyle Medicine Into Everyday Practice" and an accompanying lifestyle medicine implementation guide of the same name — were recently published on AAFP.org and provide members with clinically relevant information on the topic, along with the opportunity to earn CME credits in the process.

"Lifestyle medicine is foundational to improving the health and well-being of all patients," said Jonathan Bonnet, M.D., M.P.H., C.A.Q.S.M., who served as an author and advisor on the project. "When dosed appropriately, it's one of the most efficacious treatments we have to prevent, treat and reverse chronic disease. It's suitable for all ages and can be made accessible to everyone."

CME Details

The online CME session takes approximately 60 minutes to complete, and is co-hosted by Bonnet and Polina Sayess, M.D., a clinical assistant professor in the Department of Community and Family Medicine at the Dartmouth Geisel School of Medicine in Hanover, N.H. Upon completion, participants should be able to

- identify the domains of lifestyle medicine and how they relate to patient-centered care;
- identify three next steps in developing a plan for incorporating lifestyle medicine into practice;
- implement strategies for lifestyle-related interventions into clinical care, including team roles, workflows and documentation; and
- implement potential strategies for appropriate billing and coding practices.

Participants who watch the session can earn 1 AAFP Prescribed credit. Individuals will also have the opportunity to earn up to 2 additional Prescribed credits for completing Translation to Practice® exercises that will be shared within the activity.

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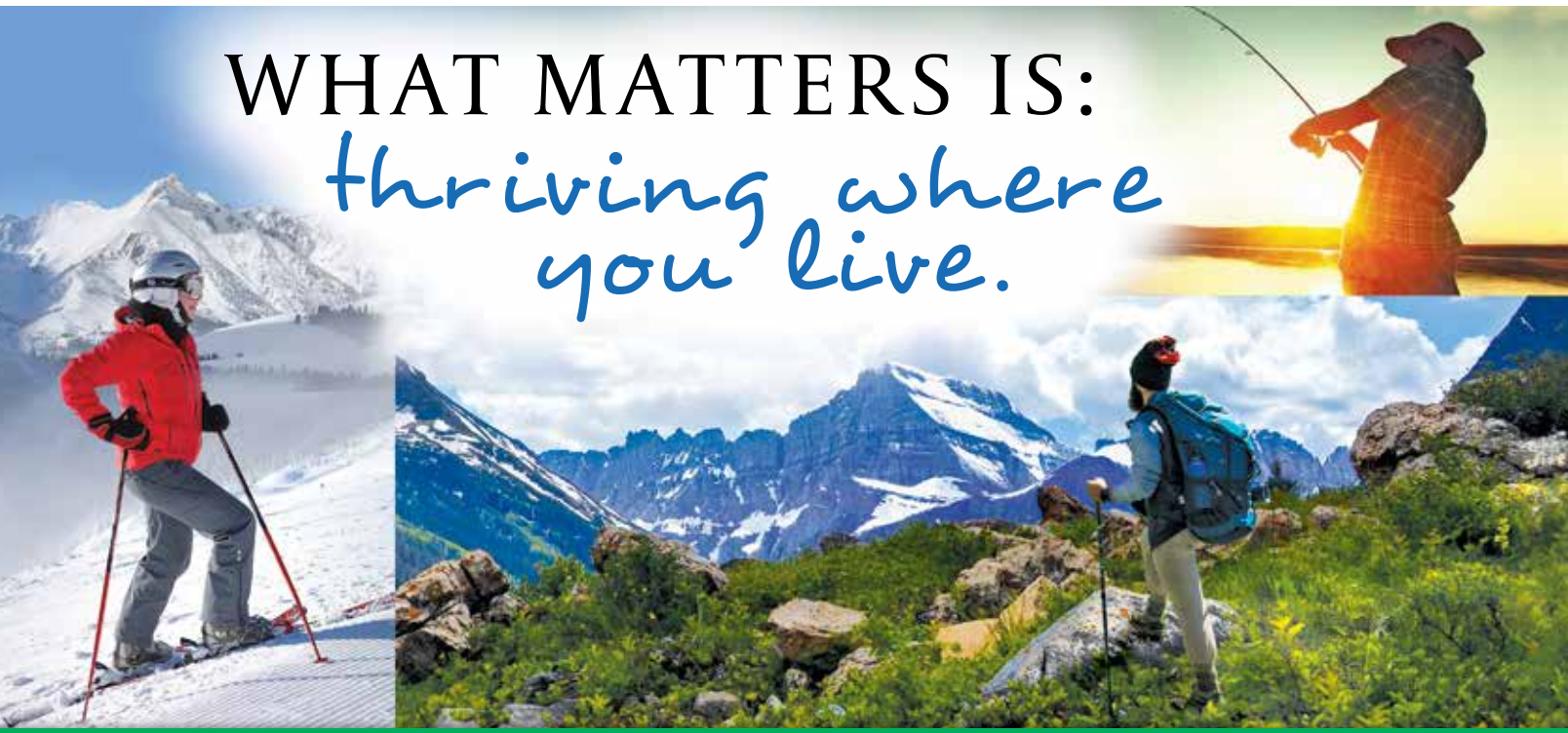

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