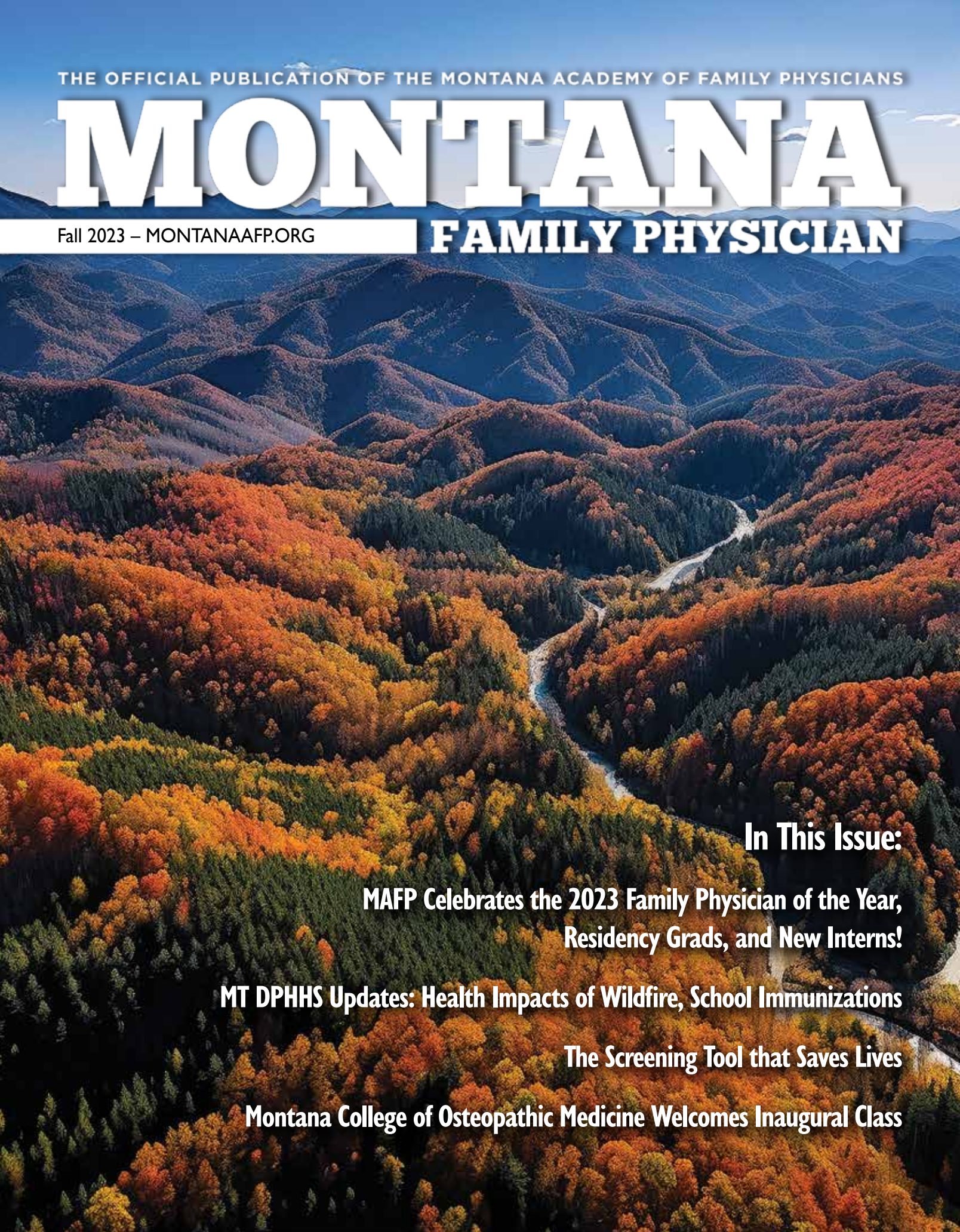
THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

Fall 2023 – MONTANAAFP.ORG



In This Issue:

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MONTANA ACADEMY OF FAMILY PHYSICIANS

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*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 18

MAFP President's Welcome

Michael Strekall, MD, 2023/2024 MAFP President

All in the Family

Greetings to all of the MAFP members! Being involved with the Montana Academy of Family Physicians reminds me that we all belong to a large multi-faceted family. We are members of this diverse family, and our choice to become family physicians bonds us together. Many of us have leadership opportunities in our communities, and participate in providing care for the less privileged and impoverished patients on a daily basis. The practice of medicine has changed over the 41 years that I have been a family doctor; some improvements have occurred, and yet added administrative burdens slow us down. I am worried about the progressive trend of having my colleagues feeling that they are burning out. To reduce this negative movement, I believe that it is important to remember why we became family physicians. This idea involves many concepts:

-we must take time to rest and have personal time away from our busy practices, which helps rejuvenate our minds and bodies.

-we have to stay connected to one another, via educational meetings, professional affiliations, as well as leisure time together,

-we continue to concentrate our efforts on providing excellent patient care, and continued learning from CME,

-we need to support our national leadership as they work tirelessly to keep family medicine in the forefront of national health care debates,

I encourage each of us to donate to the FamMedPAC, as these monies are used on Capitol Hill to secure us a place at the table while health care policies are debated (https://www.aafp.org/advocacy/support.html). Other ways to be involved include signing up on the AAFP web site to use the Speak Out tool, so that your voice can be heard as debates important to our future arise (https://www.aafp.org/advocacy/fight/speak-out/using-speak-out.html). This takes 5 minutes when we are alerted to policy changes and gives us a real opportunity to message our two senators and two representatives in Washington, DC. Also, consider joining the Montana AFP Board which will give you first hand involvement in the issues that affect all of Montana's 450 family physicians. You are members of this large FP family, and like typical families, we are not always in agreement with decisions that are made. But I will always be respectful to each member and work to find common ground so that we can shape a better future for each of you and your patients.

I am proud to serve as your MAFP president and will do my best to represent you at state and national meetings. Please continue to enjoy your patients and stay focused on why we became family doctors.

Time for a change in scenery?




Greater Valley Health Center is seeking a Family Practice or Internal Medicine Physician for its integrated Federally Qualified Health Center in the Flathead.

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- Family friendly work schedule (4-day week) in an outpatient setting.
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WE ARE HIRING!

FAMILY MEDICINE RESIDENCY OF WESTERN MONTANA

UNIVERSITY OF MONTANA

The Family Medicine residency of Western Montana (FMRWM) is seeking ABFM or AOBFP certified physicians to join our faculty. Positions are available in Missoula and Kalispell. OB practice is required. Applicants with osteopathic, musculoskeletal and/or POCUS skills are encouraged to apply.

This position has the opportunity to practice OB!

FMRWM's Missoula site is home to 24 residents. Kalispell is home to 6 residents completing our 1:2 training track.

The FMRWM is committed to developing family physicians who are compassionate, clinically competent, and motivated to serve patients and communities in rural and underserved areas of Montana. Faculty responsibilities at FMRWM include resident teaching in clinical and didactic settings, outpatient care in a FQHC, supervision of residents in outpatient clinic and inpatient OB, resident advising, curriculum development and participating in the growth of the FMRWM. Available positions are 1.0 FTE and include protected administrative and scholarly time.

The FMRWM is sponsored by the University of Montana (UM). UM is an Affirmative Action/Equal Opportunity employer.

Send a letter of interest and CV to: Jenny Hall, Residency Manager, jenny.hall@mso.umt.edu or call 406.258.4424
Learn more about us at health.umt.edu/fmrwm

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Are you interested in getting involved with the Montana Academy of Family Physicians Board of Directors or committees? Please reach out to our chapter executive, Linda Edquest, at linda@montanaafp.org, for more information.

Save the Date!

MONTANA ACADEMY OF FAMILY PHYSICIANS

Presents The 64th Annual

Big Mountain Medical Conference

Jan 24-26, 2024

The Lodge at Whitefish Lake Whitefish, Montana

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

Application for CME credit will be been filed with the AAFP. Determination of credit is pending.

MAFP Celebrates the 2023 Dennis Salisbury Montana Family Physician of the Year:

Neil Sun Rhodes, MD

Dr. Neil Sun Rhodes, former MAFP President, completed his medical and public health training at the Oregon Health Sciences University and the Montana Family Medicine Residency Program in Billings. He has assumed leadership roles on organizational, state and regional levels, as well as providing exemplary full scope care in the ER, primary care and inpatient settings. He provides compassionate, evidence-based, up to date care to his patients, including POCUS and other procedural skills. His mentorship of advanced practice providers and less experienced physicians has helped develop skilled clinicians, and he has been involved with medical education of medical students and residents. He works with WWAMI on medical student clinical rotations. As the point person for the Family Medicine Residency of Western Montana in Browning, he has helped develop a meaningful residency rural rotation. He is a great example of a full spectrum family medicine physician, doing everything from delivering babies, to managing blood pressure, to putting in chest tubes. MAFP congratulates Dr. Sun Rhodes as our 2023 Dennis Salisbury Montana Family Physician of the Year!

Dr. Neil Sun Rhodes pictured with his award along with nominating physician Dr. John Miller (right) and Dr. Sterling Ransone, Jr (left), Board Chair of the American Academy of Family Physicians.

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Addressing the Health Impacts of Wildfire

Wildfires affecting air quality in Montana can be hazardous for certain medically vulnerable populations. Even distant wildfires can compromise air quality to communities downwind due to exposure to particles of PM2.5, which are inhalable air pollutants with aerodynamic diameter ≤2.5 microns.

Providers can proactively counsel patients on strategies to avoid or reduce smoke exposure, especially among individuals with asthma, COPD, cardiovascular disease, children, older adults, those who are pregnant, outdoor workers, or individuals experiencing houselessness.

The acute signs and symptoms of smoke exposure can include headache, eye and mucous membrane irritation, dyspnea, cough, wheezing, chest pain, palpitations, and fatigue. Wildfire smoke exposure may exacerbate respiratory, metabolic, and cardiovascular chronic conditions like asthma, chronic obstructive pulmonary disease (COPD),and congestive heart failure.

Medical management includes careful assessment of signs and symptoms, providing supportive and symptomatic care for smoke exposure, and optimizing medical management of underlying respiratory and cardiovascular conditions. Increased emergency department visits for respiratory and cardiovascular conditions can occur in the days immediately following wildfire smoke exposure. Clinicians should remain aware of the associated morbidity and mortality with wildfire smoke events and monitor a potential impact on healthcare facility capacity.

For information about how to protect your patients' health during wildfire season, visit the Montana Department of Public Health and Human Services (DPHHS) website *Air Quality and Your Health* (linked reference below). This site includes several resources like an *Outdoor Activity Guideline* based on Air Quality chart and guidance for HEPA air Purifiers. The Outdoor Activity Guidelines are based on the amount of time spent outdoors in different levels of air quality, from good to hazardous.

This summer, Montana Department of Environmental Quality (DEQ) will post smoke forecasts during times when smoke is causing air quality impacts. The forecasts will be posted to DEQ's Facebook account (@MTDEQ) and can be viewed on their website, referenced below, by clicking on the "Montana Smoke Forecasts" link. Clinicians and patients can also subscribe to receive *Smoke Forecasts* via email or text by visiting the site referenced below.

The July 6, 2023 CDC Health Advisory Network message, referenced below, summarizes the adverse health effects of wildfire smoke exposure and offers management strategies for clinicians, public health authorities, and the public when wildfires impact air quality.

References

1. Montana DPHHS HAN *Wildfire Smoke Exposure Poses Threat to At-Risk Populations*: https://dphhs.mt.gov/assets/publichealth/HAN/2023/HANAD2023-12.pdf
2. Montana DPHHS *Air Quality and Your Health: https://dphhs.mt.gov/airquality/*
3. Montana Department of Environmental Quality *Today's Air*: https://gis.mtdeq.us/portal/apps/experiencebuilder/experience/?id=000f42b119c44c7f9c3b4336470c721e

Immunization Requirements for Schools in the State of Montana

Summer is winding down, and parents are beginning to consider back-to-school preparation for their children. An essential part of the back-to-school conversation should highlight the importance of vaccines and healthcare providers can play a critical role in that conversation. During the COVID-19 pandemic, the number of reported vaccine preventable disease cases decreased as compared to pre-pandemic levels. However, beginning in 2023, reports of vaccine-preventable diseases in Montana have increased and returned to pre-pandemic levels. It is more important than ever to educate parents about the importance of immunizing their children.

Montana regulations outline immunization requirements for students entering kindergarten through 12th grade. A child may attend school if they have been immunized against varicella, diphtheria, pertussis, tetanus, poliomyelitis, rubella, mumps, and measles. However, these are not the only available vaccines. The Advisory Committee on Immunization Practices (ACIP),a group made up of medical and public health experts, reviews evidence and makes recommendations for best practices on immunization of children. The recommendations are then approved, adopted, and published by the Centers for Disease Control and Prevention (CDC). While a difference exists between state immunization requirements for schools and ACIP recommendations, the Montana Immunization Program encourages and promotes the use of the ACIP guidelines.

Providers should also be aware that exemptions to the immunization requirements exist. Students who do not meet school immunization entry requirements may be conditionally admitted by submitting a plan of the proposed immunization schedule. Medical exemptions are available to students that have a medical contraindication to any of the required immunization and a student may also submit a religious exemption.

Most families decide to follow the ACIP recommended vaccine schedule. Immunizations throughout childhood are essential to provide protective immunity before children are exposed to potentially life-threatening diseases. Parents often have questions about the vaccines recommended for their children and they typically will follow their healthcare provider's suggestion. Please see the resources below to support discussions on the importance of childhood immunizations with your patients.

Additional Resources

Montana Immunization Program: https://www.dphhs.mt.gov/publichealth/immunization/

Immunization forms: https://dphhs.mt.gov/publichealth/immunization/immunizationforms

Talking to parents about immunizations: https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html

Best Foot Forward Clinic

With support from Billings medical training programs and community members, and with approval from the UWSOM's Service-Learning Committee, Montana WWAMI student, Brenna Cockburn (E-19 & now in her first year of FM residency in Colorado), assisted by fellow student Mac Turner

L to R: Madison Grimstad, Cecelia Kiesow, & Maddie Wilder (MSU Nursing students) with Brenna Cockburn.

(E-20, former MAFP Board Student Representative) and faculty advisor, Dr. Amy Solomon, established the Best Foot Forward Clinic in Billings in the spring of 2022. The clinic is housed at the Community Crisis Center and provides services every Monday evening, September through April. Medical academic programs in Billings (medicine, nursing, occupational therapy, and physician assistant) provide student and faculty leads who help coordinate student volunteers and who take turns leading clinics each week. The clinic provides basic foot care services (foot washing, nail trimming, callus management, lotion application, etc.) to crisis center guests. Socks, shoes, menstrual care products, and hats/gloves are provided as needed. They also offer a "shoe prescription" to clients if a shoe size isn't in stock. Since its inception, Best Foot Forward has provided care to over 220 guests.

Integrating Pediatric Behavioral Health into Family Medicine

By Dr. Julie Kelso

Thanks to a five-year grant from the Health Resources and Services Administration, the Montana Family Medicine Residency is significantly enhancing and expanding its behavioral health curriculum.

Montana Family Medicine Residents will have multiple learning opportunities to confidently and competently treat young patients with behavioral health needs.

Residents will spend time in the RiverStone Health KidsFirst clinic with Dr. Megan Littlefield, a pediatrician and internal medicine physician who specializes in pediatric behavior and development. Rotating in this clinic will allow residents to gain exposure to trauma informed care while learning to evaluate and treat pediatric patients with mental health concerns.

A newly updated didactic curriculum includes an increased focus on pediatric behavioral health. Residents will have the opportunity to practice their skills in the evaluation and assessment of suicidal patients using standardized patient scenarios.

Our community partners will help provide diverse behavioral health clinical experiences for residents all three years. This will include RiverStone Health's School-Based Health Centers and pediatric rotations at the Children's Clinic and Billings Clinic. We will collaborate with Billings Clinic psychiatry residents to expose family medicine residents to complex cases as they work with RiverStone Health Clinic's integrated behavioral health team.

Dr. Amy Solomon and Dr. Sharon Mulvehill, two MFMR faculty physicians board certified in addiction medicine, are helping to train residents in substance use disorders, including medication assisted treatment. As part of the community medicine rotation residents will visit New Day group home and Rimrock, which provides inpatient and outpatient chemical dependency treatment to youth and adults.

In implementing this training, MFMR is keenly aware of the high suicide rate in Montana. Residents will be trained to assess risk of suicide and to work with patients and families on safety plans that reduce risk.

Family physicians are doing the majority of mental health care in Montana. Having extra training gives new physicians more confidence and support to improve patient care for our vulnerable young patients.

Dr. Julie Kelso, a board-certified psychiatrist, is a member of the Montana Family Medicine Residency faculty in Billings. She is the director of the behavioral health training project. Based at RiverStone Health's main campus in Billings, the residency is sponsored by Billings Clinic, Intermountain Health-St. Vincent Healthcare and RiverStone Health.

FMRWM and Montana WWAMI Host the 2023 Rural Training Track Collaborative Annual Meeting

The Family Medicine Residency of Western Montana along with Montana WWAMI, hosted the 2023 Rural Training Track (RTT) Collaborative Annual Meeting in Missoula in April. The meeting drew participants from 37 states, Australia, and British Columbia. Following the theme "Big Sky, Small Places: Innovations in Rural Training", presenters focused on topics including recruiting, rural generalist model, innovative technology, sustainability, clinical courage, scholarly inquiry, and so much more. Four keynote speakers spoke on healing nature to heal ourselves, rural medical education in British Columbia, rural generalist workforce in Australia, growing your own providers, and legislative efforts to strengthen rural medical education. Participants were highly engaged over the 2.5-day conference that included a "field trip" to the Flathead Valley with stops at the Bison Range, Providence St. Joseph, St. Luke Community Healthcare, and the Kwataqnuk Resort. We feel so lucky that we had the opportunity to share our beautiful state with so many who are passionate about rural medicine and rural medical education.

A special thanks to our meeting sponsors that helped to make the meeting a huge success.

- Providence Provider Solutions and Development (PS&D)
- Washington State University, Elson S Floyd College of Medicine
- Rural GME
- WWAMI Family Medicine Residency Network
- BlueCross BlueShield of Montana
- Pacific Northwest University of Health Sciences
- Montana Primary Care Association
- Montana GME Council
- University of Montana Health and Medicine (UMHM)
- Rocky Vista University Montana College of Osteopathic Medicine
- Montana State University Office of Rural Health and Montana AHEC

Dr. Darin Bell, assistant director of rural education for the FMRWM and associate director of the RTTC is already looking forward to the 2024 Annual Meeting.

Montana Family Medicine Residencies Congratulate 2023 Graduates!

Montana Family Medicine Residency, Billings

Dr. Christian Kilpatrick will serve with the U.S. Air Force in Cheyenne, WY. After completing active duty, he plans to work in Sheridan, WY, in outpatient primary care at One Health, a Federally Qualified Health Center and Patient-Centered Medical Home.

Dr. John Konow will join St. Vincent Healthcare Intermountain in Billings as a hospitalist.

Dr. Sam Matz will join Community Medical Center in Missoula for outpatient medicine.

Dr. Trent Taylor will join the faculty and practice obstetrics with the Family Medicine Residency of Western Montana in Missoula.

Dr. Ruth Chadwick will work in outpatient and obstetrics care in northwest Washington.

Dr. Mandi Fields will join La Pine Community Health Center in Central Oregon for rural outpatient practice.

Dr. Cassie Lowry will practice outpatient care in Southern California.

Dr. Yuri Brito will practice outpatient medicine in New York.

Dr. Doug Burns has accepted a hospice and palliative care fellowship at Philadelphia College of Osteopathic Medicine in Philadelphia, PA.

Family Medicine Residency of Western Montana, Missoula and Kalispell

Missoula:

Phillip Anuta, DO will be practicing at St Luke Community Healthcare, Ronan, MT

Ben Merbler, DO will be practicing at Asante Ashland Community Hospital, Ashland, OR

Jackie Ordemann, MD, MPH, will be practicing at Partnership Health Center, Missoula, MT

Stephen Reale, MD is still exploring job opportunities in Montana and next steps are to be determined!

Jonathan Rhea, DO, will be practicing at Wenatchee Valley Medical Group/Confluence Health, Wenatchee, WA

Rachael Schmidt, MD, will be practicing at Western Montana Clinic, Missoula, MT

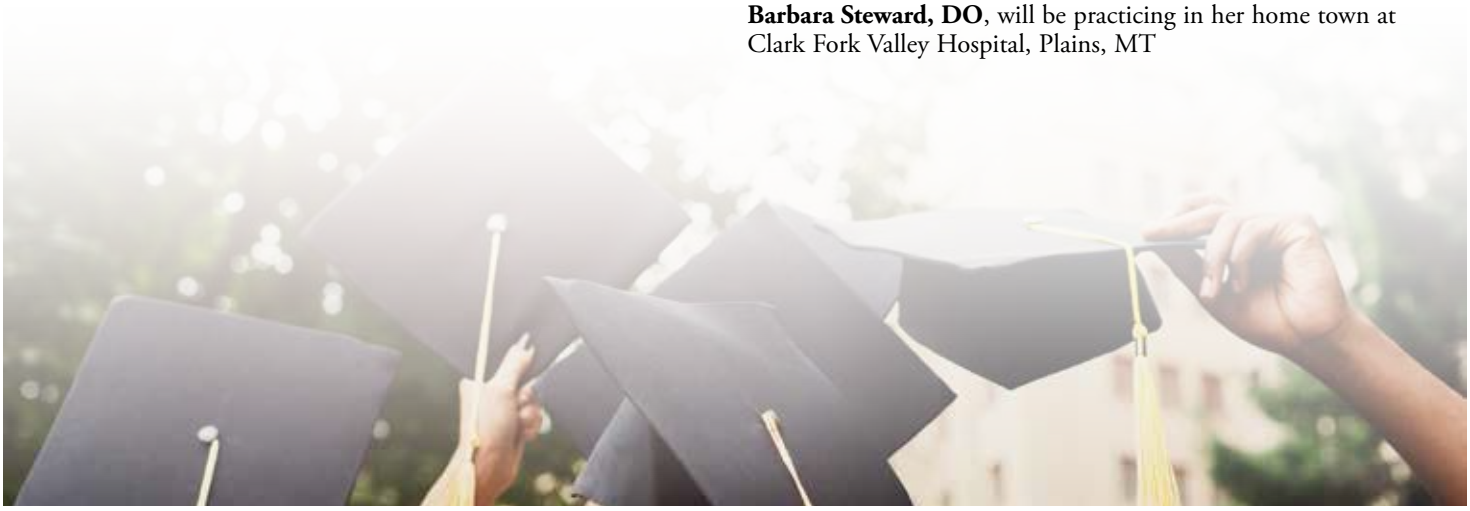
Melanie Scott, DO, will be practicing at Community Physicians Group, Missoula, MT

Kalispell:

KatiLyn Lucas, DO, will be practicing at Community Physicians Group, Missoula, MT

Taylor Simmons, MD, will be completing the Primary Care Obstetrics Fellowship at Full Circle Health in Boise, ID

Barbara Steward, DO, will be practicing in her home town at Clark Fork Valley Hospital, Plains, MT



Family Medicine Residency of Western Montana
Class of 2026

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University of Washington
MT WWAMI

Samantha Clark
Oregon Health & Science University

Nicole Green
University of Pikeville COM

Cecilia Heck
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Cassandra Wammen
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Talia Sopp
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Alexis Ziebelman
Tel Aviv University School of Medicine

Introducing the MFMR Class of 2026!

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Touro University Nevada College of Osteopathic Medicine

William Hong
University of Queensland School of Medicine

Courtney Honken
University of Washington School of Medicine

Jacalynn Kim
Arizona College of Osteopathic Medicine of Midwestern University

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Arizona College of Osteopathic Medicine of Midwestern University

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St. George's University School of Medicine

Naphtali Pokras
Saba University School of Medicine

Sam Pollock
Rocky Vista University College of Osteopathic

Landon Stevenson
Rocky Vista University College of Osteopathic Medicine

Legislative Updates from the MT Chapter of the American Academy of Pediatrics

By Lauren Wilson, MD

In May, Montana's 2023 legislative session adjourned after an 87-day whirlwind, passing 804 different bills. Many of the new laws go into effect this summer and fall, and a number of them directly affect both patients and physicians.

Many physicians, often with the backing of their professional organizations, took the time to speak to legislators about health issues. Pediatricians with the 160-member Montana Chapter of the American Academy of Pediatrics (MTAAP) focused on bills affecting child health. MTAAP's Advocacy Committee tracked 109 bills, with members testifying in person or over Zoom on 49 of them. Unlike many industries and interests, the children of Montana don't have paid lobbyists, so MTAAP pediatricians stepped into that gap.

From that perspective, the session brought many difficult bills, but also a few significant advancements, particularly around access to care.

One theme of the session was criminalization of medical care, ranging from bills prohibiting dilation and evacuation (D&E) procedures (HB721, which was quickly blocked in court after its passage) to a bill restricting gender affirming care (SB99). SB99 designated the provision of medication or surgery to youth for gender affirming care purposes "unprofessional conduct" resulting in medical license removal for at least a year, and created up to four decades of professional liability for this care. Pediatricians, emergency physicians, and psychiatrists testified about the medical guidelines underlying care, the decision-making process between families and medical providers, and the medical benefits of social and medical transition for transgender Montanans. After its passage, SB99 was challenged in court by a group of patients and providers, who are asking it be blocked prior to its October 1 effective date.

HB625, a bill very similar to Montana's LR-131 ("Born Alive Infant Protection Act") also passed, but crucially with the addition of language allowing parents to decline resuscitative care when appropriate to do so.

An additional focus of the session was broadening the scope of practice for non-physician providers. Physician assistants, regulated differently in Montana from nurse practitioners, gained a path to independent practice after 8,000 hours of clinical experience (HB313). Naturopaths and pharmacists both gained significant prescribing authority (SB100 and SB112, respectively). SB100 gives full prescriptive authority to naturopaths (NDs), including all FDA-approved medications and all controlled substances, rather than the limited formulary of natural-origin medications they currently prescribe. Rulemaking is underway for the implementation of this bill, and attempts to require practitioners to successfully pass a pharmacology examination to obtain this prescriptive designation are facing large hurdles. SB112 gives pharmacists the authority to prescribe medications for self-limited illnesses, for any CLIA-approved test, and also for "emergencies" (not clearly defined in the law) – without meaningful coordination of care requirements.

Regarding vaccination, several bills (SB450, HB954, HB645) were introduced to weaken vaccine policy in both medical and child care settings, but these were largely defeated with strong pushback from medical professionals, child care providers and parents (some represented by a newly formed organization called Montana Families for Vaccines). The only anti-vaccine bill to pass, HB715, will make the process of obtaining a religious exemption for school-age children easier and more visible.

One bill, SB380,was introduced to reduce prior authorization burdens for physicians and patients. Unfortunately, it was heavily amended after insurance company input, and many of the stronger elements were removed. As passed, it still prohibits prior authorization requirements for injectable antipsychotics, for dosage changes of any approved prescription medication, and for any generic medication that had been prescribed for at least 6 months (excluding controlled substances).

A number of bills addressed child protection, including HB16, which requires expedited court hearings after children are removed from their homes. HB218 provided protections for adolescents in alternative residential or outdoor programs, including the ability to phone their guardians privately, and increased regulatory oversight. Several testifiers had faced abuse in these settings, and heiress Paris Hilton came in person to speak with legislators about her own traumatic experiences in such programs.

Poorly conceived bills on tobacco issues generally failed: for example, attempts to weaken clean indoor air protections with SB105 and to restrict regulation of vaping with HB293.

On the climate change front, the legislature passed bills limiting the local regulation of energy production and appliances (SB37, SB228, SB208), and banned building codes from requiring solar energy production (HB241). One bill that got a lot of attention, HB971, prohibits environmental reviews of power projects from evaluating greenhouse gas emissions and their associated climate effects.

Attempts to pass a farm-to-food-bank program to allow local producers to work with food banks to address food insecurity (HB271) failed, as did a bill to make school lunches free for children (HB831).

Among the challenges there were some notable victories for health advocates, though.

- Advocates for child and maternal health celebrated the extension of Medicaid coverage for a full year postpartum, which is projected to reduce maternal morbidity from cardiovascular issues, mental health problems and substance use.

- Pediatricians helped draft and pass a bill modeled after programs in other states, allowing parents to be paid as skilled caregivers for children with medical complexity (CMC) who are already approved for home nursing. Many families of CMC testified about the lack of home nursing availability in Montana, and the burden of full-time medical caregiving roles.

- A bill that has failed in previous sessions finally passed this year: SB340 caps insulin prices at $35 for a 30-day supply, effective January 1, 2024.

- After a huge amount of testimony about nursing home closures, services for disabled Montanans, and residential mental health bed shortages, rates paid by Medicaid to providers of these services were increased to better approximate the cost of care.

What's on the horizon? When the legislature reconvenes in January 2025, they will face debate over the reauthorization of Montana's Medicaid expansion, which was written with a "sunset" clause allowing it to expire. Expansion currently covers 125,000 Montanans, and states that did not expand Medicaid saw more rural hospital closures than those that did. The voices of physicians and patients will be sorely needed as we approach this decision, and MTAAP and its allies will continue to speak up.

The Screening Tool that Saves Lives

Ellen Bluett, PhD
Clinical Assistant Professor of Medicine in Behavioral Health
Family Medicine Residency of Western Montana/University of Montana

Suicide rates are trending in the wrong direction, with a 30% increase of suicides since 1998 (CDC, 2018). In 2020, there were nearly 46,000 deaths by suicide in the US, translating to roughly 1 suicide every 11 minutes. Suicide is now the 10th leading cause of death in the US and has surpassed car accidents as the number one cause of injury-related death. Sadly, suicide rates have increased amongst both children and adolescents, as well. Data from 2020, shows that 581 children between the ages of 10-14 died by suicide and there have been over 6,000 deaths for adolescents between the ages of 15-24 (CDC, 2022). Furthermore, LGBTQ youth are 4 times more likely to attempt suicide than their peers (www.trevorproject.org).

Over the last 30 years, Montana has ranked in the top 5 states in the United States for suicide rates. Currently, Montana has the 3rd highest rate of deaths by suicide in the country (CDC, 2021). Rates of suicides among youth ages 11-17 have been double the national average between 2011 and 2020. A semi-recent study of 9-12 grade students across Montana, found that 10.2% of students had made a suicide attempt and 17.6% of American Indian students had a suicide attempt in the last 12 months (Youth Behavior Survey, 2021). These numbers are as staggering as they read. Policy makers, healthcare providers, teachers, first responders often wonder why we are at the top of the list year-after-year. There is not one simple answer to this question but rather an accumulation of factors that puts Montana at the top of the list. These factor include vitamin D deficiency, social isolation, high rates of alcoholism, altitude, lack of behavioral health services, access to lethal means, mental health stigma and a high concentration of Veterans, American Indians and middle-aged White Men.

A majority of primary care providers believe it is part of their job to assess for suicide risk. However, many providers and healthcare team members do not feel confident in knowing and applying the appropriate steps to assess risk of suicide. Data shows that 45% of individuals who die by suicide have seen their primary care provider for a physical health complaint within the last month of their death. This number is significantly higher for older adults and individuals experiencing chronic pain. As a behavioral scientist in a Family Medicine Residency, I am often asked how one is supposed to "predict suicide." Our job is not to predict suicide, but rather predict *risk* and provide the correct resources to the patient. Nevertheless, it feels like a daunting task to even the most skilled clinicians.

The Columbia-Suicide Severity Rating Scale (C-SSRS) or the Columbia Protocol is the tool that all primary care providers should be using. It has been proven to save lives and gives providers a systematic way to approach suicide risk assessment. It is simple to administer, efficient enough for primary care, has growing evidence-support, free, and most importantly effective. (https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/). The screening tool (image below) is a series of questions about suicide thoughts and behaviors. The purpose of the screener is to assess risk for suicide, along with severity and intensity of risk. In addition, the screener helps primary care providers determine what level of support is needed for that individual during the time of assessment.

The C-SSRS is written in simple, direct language that starts with two questions: "Have you wished you were dead or wished you could go to sleep and not wake up?" and "Have you actually had any thoughts about killing yourself?" If the answer is "No" to these questions the screener skips to question #6 to determine suicidal behavior: "Have you done anything, started to do anything or prepared to do anything to end your life?" If the answer is "Yes" to either questions 1 or 2 the screener proceeds to assess suicidal intent, plan and method. The patients "Yes" or "No" response will inform treatment decisions regarding hospitalization, referrals to therapy, and resources (i.e., Crisis Line- 988).

There are several versions of the C-SSRS, including lifetime assessment of suicidal risk, as well as versions adapted to various settings (i.e., Emergency Departments, Law Enforcement, Schools). Ideally, the C-SSRS would be added to every primary care EMR. The C-SSRS is free of cost to all health care and behavioral health providers to embed in their EMR.

Resources:

To seek more training in suicide risk assessment, suicide prevention and safety planning using the Columbia Protocol please visit: https://cssrs.columbia.edu/training/training-options/

For additional Free resources and training please visit: https://dphhs.mt.gov/suicideprevention/suicideresources

References:

Data included in this article was gathered from the Montana Suicide Prevention Program through Montana DPHHS. The data is updated annually by Karl Rosston, LCSW, Suicide Prevention Coordinator.
https://dphhs.mt.gov/assets/suicideprevention/SuicideinMontana.pdf

Center for Disease Control – WISQARS website, http://www.cdc.gov/injury/wisqars/index.html, (3/22)

CDC-WISQARS, 3/22, Montana Office of Epidemiology and Scientific Support (12/21), 2021 Montana Youth Risk Behavior Survey (October, 2021)

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Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		**High Risk**

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

David J. Park, DO, FAAFP, FACOFP dist.
Vice President and Founding Dean

Rocky Vista University
Montana College of Osteopathic Medicine

Where Innovative Education and Technology Meets Immersive Learning for Inaugural Class of Medical Students at the Montana College of Osteopathic Medicine

July 26, 2023

On July 24, 2023, Rocky Vista University Montana College of Osteopathic Medicine (MCOM) matriculated its inaugural cohort of 80 medical students to our newly constructed, modern facility located on the west end of Billings, MT. The students' arrival brought great excitement as they embarked on their academic journey. The thoughtfully planned health education building, completed in January of this year, provides a learning environment that incorporates student wellness, resilience, and professionalism in our programming. MCOM has been fully accredited by the Commission on Osteopathic College Accreditation (COCA) and welcomed students from across the nation, with plans to grow the number of students from Montana in future years.

The students began their year by immersing themselves in their new environment and getting situated with a solid foundation before delving quickly into a rigorous systems-based, clinically integrated curriculum. Unlike traditional theater-style lecture halls, MCOM's learning environment is structured for collaborative team-based learning in a flipped-classroom fashion with clinical case scenarios and simulations.

A central component for training our students is our modern 23,000 square feet Simulation in Medicine & Surgery (SiMS) Center. We believe adult learners comprehend and retain information better when they are exposed to an immersive and interactive learning environment. The SiMS Center is where healthcare learners of all disciplines and levels can reinforce their learning in a controlled and safe setting. The Center employs a range of simulation tools and technologies, some of which have been in use for years, while others are brand new modalities such as the immersion room technology that can project virtually any visual scenario into the learning space using a 270^{O} high-definition projector with image or videos captured from a 360^{O} camera. Standardized patients and realistic task trainers remain critical elements of the learning and assessment processes, allowing students to become competent and confident in their skills they will need for success in clinical rotations.

Anatomy is taught via a hybrid delivery model at MCOM. In addition to traditional cadaver dissections, students learn through virtual reality headsets that allow them to explore colorful, detailed, and dynamic anatomical structures in the virtual 3-D environment.

Fundamental in our students' training are osteopathic principles of mind, body, and spirit; the body's innate ability to heal itself; and the link between structure and function. A large Osteopathic Clinical Skills (OCS) lab is where students get hands-on instruction and practice performing clinical exam skills and osteopathic manipulative treatment techniques. We have successfully recruited a great team of full-time and part-time clinical faculty in the Billings community who will keep our student-to-faculty ratios low in the OSC labs.

The inaugural class of 80 students drew applications from all 50 U.S. states, but Montana has the highest representation of accepted students. While we aim to continue to attract more students from our region, this early success in recruiting local students is essential to achieving our goal of educating and training doctors to practice in this state, especially in underserved areas. MCOM looks forward to a community-wide effort to achieve this goal and has established partnerships with many stakeholders across the state and region to help establish our students' commitment and enthusiasm for their future practice of medicine in Montana and its surrounding regions.

MCOM held our Ribbon Cutting Ceremony in July to mark our grand opening, of which Gov. Greg Gianforte and Dr. Ira Monka, President of the American Osteopathic Association were guests as well as leaders of the local healthcare community (SCL Intermountain, RiverStone Health, Billings Clinic, Montana VA Healthcare, Indian Health Services), the Billings Chamber of Commerce, MCOM's Community Advisory Council and many other dignitaries from across the state.

The application cycle for the next academic year is open and we expect a doubling in the number of applications for the 120 students of next year's Class of 2028. We are also planning to expand the number of seats for our new Master of Medical Sciences program as a pathway program for future health professional school students, many who we expect to be future MCOM students. Admissions information can be found at rvu.edu/mcom.

Nominations are open for the 2024 Montana Family Physician of the Year!

Visit
https://montanaafp.org/awards/
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