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FAMILY PHYSICIAN

In This Issue:

Resilience in the Face of Change

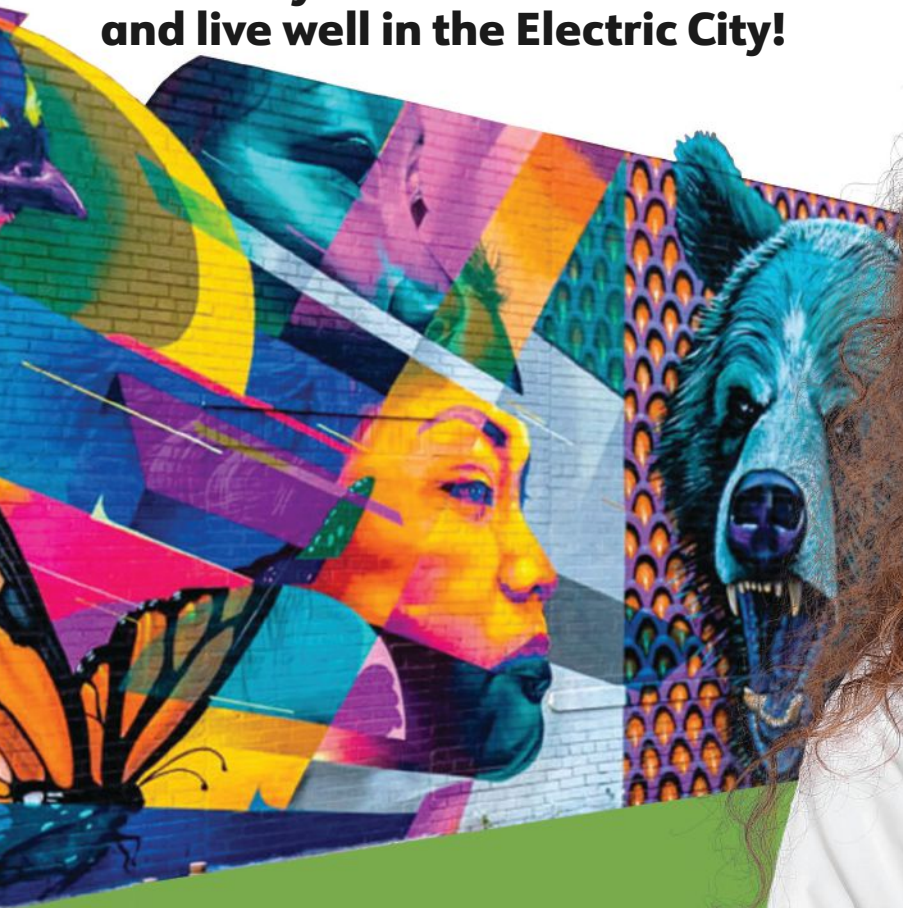
OpEd on Immunizations

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Family Medicine Advocacy

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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.



On the Cover:

Mountain of Igneous Gabbro Rock Called the Ringing Rocks near Butte, Montana

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Edition 28

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MAFP President's Message

Resilience in Face of Change

Katrina Maher, M.D.
2025/2026 MAFP
President



Dear Colleagues,

I sat down to write this New Year's message several times, only to find myself staring at a blank screen. Usually, this is a time for optimism and "looking ahead." But as we navigate the opening weeks of 2026, I know many of you are feeling the same weight I am. It is difficult to speak of a "bright start" when our profession and our patients are facing such significant setbacks.

We are currently witnessing a shifting landscape that feels, in many ways, like a step backward for public health. The recent changes to the pediatric vaccine schedule are deeply concerning, placing our youngest patients at unnecessary risk for illnesses we spent decades working to eradicate. Simultaneously, the reduction in insurance subsidies has created a "coverage gap" for our working-class patients, while the loss of funding for addiction and mental health programs leaves us with fewer tools to fight a crisis that has already claimed too many lives.

The Power of the Family Physician

It is easy to feel defeated by these systemic shifts. However, in times like these, I am reminded of why we chose Family Medicine.

We are not just clinicians; we are the anchors of our communities. We are experts at providing high-quality medical care with minimal resources. We are the masters of the "work-around," the advocates for the underserved, and the primary witness to our patients' lives.

One of the primary reasons cited for the recent changes to vaccine protocols was an "erosion of trust" in the medical establishment. While that erosion may exist on a national or institutional level, it often stops at the door of the exam room.

Rebuilding Trust, One Visit at a Time

Our greatest asset is the long-term relationship. Because we have sat with these families through births, losses, and routine check-ups, we have earned the right to be heard.

- **We listen first:** We meet our patients where they are, acknowledging their fears without judgment.
- **We educate with empathy:** Our ability to have nuanced, face-to-face conversations is the only true antidote to misinformation.
- **We bridge the gap:** Where the system fails, we look to local and state resources, grassroots programs, and creative clinical solutions to ensure our patients don't fall through the cracks.

Looking Forward Together

The challenges of 2026 are real, but they are not insurmountable if we remain a united front. Our Academy will continue to advocate at the local, state and federal level to restore funding and protect the evidence-based standards that keep our communities safe.

In the meantime, continue to do what you do best: provide excellent care, listen to the person in front of you, and remain the trusted voice your patients need now more than ever.

Thank you for your tireless dedication. It is an honor to serve alongside you.

In solidarity,

Katrina Maher, President

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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.

Editor's Note

CORRECTION FROM THE EDITOR

Correction to recent article Fall 2025

The information presented in the Pediatric clinical pathways article regarding Evaluating Fever in Children in our fall 2025 edition left off the author/developer of that particular Pathway, Hannah Deutsch, DO, Pediatric Hospitalist at Community Medical Center. We sincerely apologize to Dr Deutsch for the omission.

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.communitymed.org/pathways>

Montana Family Physician appreciates their sharing of pathways previously, and as newer ones are developed will highlight additional pathways in future editions as appropriate, but please go to the website for the most current versions as these will be updated regularly.

Janice Gomersall, MD, Editor

Starting 2026 With a Strong Voice for Family Medicine

David Tully,
Vice President, Government Relations

As we begin 2026, the stakes for family medicine in Washington, DC, are clear. The upcoming midterm elections will bring critical decisions that affect how family medicine is practiced, supported and sustained. Policies debated over the coming months will influence physician payment, workforce development and access to care for patients and communities across the country.

The Family Medicine Political Action Committee (FamMedPAC) has long played an important role in elevating the voice of family medicine in Washington, D.C. Through continual engagement, FamMedPAC helps ensure family physicians have a voice in conversations that are shaping family medicine.

FamMedPAC strengthens our collective advocacy and supports thoughtful engagement on issues that matter most to family physicians and their patients. When we work together, we are better positioned to advance priorities that protect the future of our specialty. To learn more about how FamMedPAC supports advocacy, I invite you to visit the FamMedPAC website.

Thank you for being part of the family medicine community and for all you do to support our specialty and the patients we serve. Watch for more information coming your way this month about AAFP's policy priorities for the year.

David Tully,
Vice President, Government Relations



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Have questions or want to learn more about FamMedPAC? Visit our website at fammedpac.aafp.org or contact Megan Reenock at mreenock@aafp.org for more information.

MAFP Joins Forces to Advocate for Our Patients

The following Op Ed was submitted on behalf of several of Montana's medical organizations in response to the recent changes to the ACIP recommendations. We are fortunate Dr Lauren Wilson was able to quickly adapt our updated version the day the ACIP recommendations were announced on January 5, 2026 and submit the following letter, which was carried in several newspapers across the state. MAFP, together with the Montana Chapter of American Academy of Pediatrics (MTAAP), other medical organizations and health professionals, is working to inform our patients of their options in these changing times. At our Winter conference in Whitefish, Dr Robert Cruikshank from the Family Medicine Residency in Western Montana

also presented a lecture on vaccines and infectious disease to update conference attendees.

Pediatrician Dr. Lauren Wilson, Family Physician Dr Heidi Duncan, and Lobbyist Stacey Anderson were on the Big Mountain Medical Conference schedule as well presenting on Physician Advocacy and Health in Montana. We had an opportunity to meet with several people on our advocacy team in Whitefish. MAFP will again partner with the MTAAP to lobby for the health of our patients and providers in Montana. Please let MAFP EVP Linda Edquest know if you are interested in joining the advocacy team at linda@montanaafp.org.

Immunization Op-Ed

As your healthcare professionals in Montana, we are deeply concerned about the recent changes to the childhood immunization schedule announced by the CDC on January 5. These changes, circumventing the review process that has guided immunization recommendations for decades, threaten public health and child safety.

The U.S. immunization schedule has traditionally relied on a careful, ongoing review of evidence and data by doctors and scientists. This process has ensured that newborns, infants, and children are protected from diseases they may encounter as they grow. However, today's decision—apparently based on a brief comparison to practices in other countries—undermines this rigorous, data-driven approach.

Federal officials have stated that the new guidance is modeled in part on Denmark's immunization schedule. As a result, the CDC no longer recommends routine immunization against several diseases with serious impacts on American children, including hepatitis A and B, rotavirus, respiratory syncytial virus (RSV), influenza, and meningococcal disease. We strongly disagree with this decision.

These vaccines are recommended for good reason. Widespread immunization has dramatically reduced pediatric hospitalizations and severe health complications in the U.S. Removing universal vaccine recommendations puts this progress at risk and could lead to more children suffering from preventable diseases, such as meningitis, liver failure, and severe respiratory illnesses. It also weakens the community protection that keeps all Montanans safe.

The United States is not Denmark. Our population size, public health infrastructure,

and disease risks differ significantly. Denmark's healthcare system is not directly comparable to ours, and there is no justification for imposing another country's immunization framework on American families without clear evidence that it better protects our children.

No parent is required to immunize his or her child. However, every parent deserves clear, accurate and science-backed information. Thoughtful recommendations from experts in children's health makes a big difference to families, and the CDC's arbitrary actions mean it is no longer a credible source of guidance.

Immunization is crucial. Between 1994 and 2023, vaccines helped prevent over 500 million illnesses and 1.1 million early deaths from diseases like influenza, whooping cough, pneumonia, meningitis, hepatitis, and polio. Montana medical organizations and healthcare professionals remain committed to advising families about the importance of immunization. We continue to recommend vaccines to protect children from these dangerous diseases.

For now, parents who want to vaccinate their children can still do so. However, we fear that these changes may eventually affect the availability of vaccines in our communities, or impact insurance coverage for immunizations that families rely on to keep their children safe.

We will be following this closely and want all Montanans to know that if they have questions about immunizations, we are here to help. Physician organizations have also taken the lead in publishing our own evidence-based vaccine schedule. Every family deserves accurate information, transparent recommendations, and seamless access to immunizations that can protect their children.



**AAP Immunization
Schedule**

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No-cost services for providers

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Confidentially discuss patient cases to determine the best treatment plan and medication options for a variety of mental health conditions and substance use disorders.

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Call 844.406.8725 to consult with one of our MTPAL psychiatrists during daytime business hours: Monday-Friday from 8 AM - 5 PM.

*Online e-consult requests are also available for providers serving pregnant and post-partum patients.

Step 2

A care coordinator will screen and triage calls to ensure they are appropriate for the line and ask for patient demographics, contact information, and a summary of the consultation request. Please have patient information on-hand.

Step 3

A Psychiatrist will return your call within approximately 30 minutes, during business hours.



Stay Informed With Family Medicine Advocacy Rounds



Issue 42, December 2025

Welcome to Family Medicine Advocacy Rounds — the American Academy of Family Physicians' monthly tip sheet to educate, engage and update you on the latest policy issues affecting family physicians and their patients.

AAFP Supports Hepatitis B Vaccination at Birth

The AAFP strongly supports maintaining universal Hep B vaccination at birth, and we call on the CDC to ensure this life-saving protection remains the standard of care.

The benefits of protecting every newborn from Hepatitis B far outweigh the risks. Before routine vaccination at birth, 18,000 U.S. children contracted HepB each year by age 10. This debilitating illness is not confined to high-risk groups — it can spread through something as small as a cut or an item with trace amounts of blood.



Why it matters: On December 5, the Advisory Committee on Immunization Practices voted to overturn the recommendation that all newborns get a hepatitis B shot within hours of birth. Since universal birth dosing began in 1991, pediatric HBV infections have dropped by more than 95%.

A 2024 CDC analysis of children born after implementation of the birth-dose recommendation found that it prevented 6 million+ infections and nearly 1 million hospitalizations. Protecting infants early reduces the long-term burden of liver cancer, cirrhosis and liver transplantation (which can exceed \$320,000 per patient per year).

What we're working on:

- The AAFP issued a statement that reiterated how removing the universal recommendation for hepatitis B vaccination could result in thousands of chronic HepB infections, leading to severe complications, including liver cancer and death. We called on the CDC to ensure that this safety net continues to protect newborns.
- AAFP Chief Medical Officer Margot Savoy, MD, FAAFP, expressed concern to the *Washington Post* that patients will be more confused about vaccine efficacy, and that the overall process could become more complicated by potentially subjecting

babies to extra blood tests—which would require multiple doctor visits because those tests typically must be sent to a lab for evaluation.

- AAFP President Sarah Nosal, MD, FAAFP was quoted in the Associated Press and NBC News about the importance of the patient-physician relationship and the role physicians play in providing guidance about vaccines.
- Dr. Nosal also participated on a panel with the Infectious Disease Society of America, where she shared her experiences with hepatitis B vaccination in her practice.

IRS Finalizes Guidance Allowing HSAs to Pay for Direct Primary Care

**Direct primary care fees
are now reimbursable
from an HSA**

The IRS released a notice formally implementing H.R. 1's provision that allows patients to use Health Savings Accounts (HSAs) to pay for Direct Primary Care (DPC) services. The AAFP was supportive of this provision because DPC provides flexibility for physicians and can improve access to care for patients.

For years, the IRS treated DPC arrangements as health plans, which blocked patients from both contributing to an HSA while under a DPC arrangement and from using HSA dollars to cover DPC fees.

H.R. 1 clarified that DPC arrangements are *not* health plans for HSA eligibility, and the new IRS FAQs confirm that DPC fees are reimbursable from HSAs. The guidance also outlines guardrails on what qualifies as DPC and notes two additional changes: permanent extension of the telehealth safe harbor and an updated definition of high-deductible health plans to include Bronze and Catastrophic plans.

Robert Graham Center Research: Rural U.S. Loses 1 in 9 Family Physicians in 6 Years

A new study in the *Annals of Family Medicine* shows that the rural family physician workforce has continued to shrink — down 11% between 2017 and 2023 — underscoring persistent gaps in primary care access. The analysis, led by Colleen Fogarty, MD, MSc, and researchers at the AAFP's Robert Graham Center, found declines across every region, with the Northeast experiencing the sharpest drop (15.3%) and the West the smallest (3.2%). There was one encouraging trend: The share of women practicing family medicine in rural communities grew from 35.5% to 41.8% over the same period.

CMS Unveils New Tech-focused ACCESS Model

The Centers for Medicare and Medicaid Innovation (CMMI) recently announced a new 10-year voluntary alternative payment model focused on technology-enabled chronic care management. The AAFP welcomed the model's direction and emphasized the importance of ensuring that patients have access to effective, evidence-based tools while keeping the patient-physician relationship central to care delivery. The AAFP looks forward to continued collaboration with CMMI as the model develops.

AAFP Asks DOJ, FTC to Examine Anti-competitive Health Plan Downcoding



Why it matters: The growing practice of “downcoding” by health plans is quietly undermining the financial viability of independent primary care practices and potentially distorting competition in the health care marketplace, to the detriment of American patients, who rely on these physicians for their care.

When a service is downcoded, practices must choose between accepting the lower payment or appealing the claim. But the latter option may be prohibitively expensive. For small practices, this can result in tens of thousands of dollars in annual losses, excluding lost revenue from underpaid claims.

What we're working on:

- The AAFP wrote to the Federal Trade Commission, the Department of Justice and CMS, asking them to investigate the practice of downcoding and urging the agencies to
 - investigate the use and impact of downcoding algorithms by health plans;
 - require disclosure of downcoding criteria and ensure uniform application, including to health plan–owned practices;
 - mandate streamlined, transparent appeals processes with clear standards and timelines; and
 - engage physicians and regulators in oversight of these practices.

AAFP Provides Feedback to FDA on Real-world Evaluation of AI-enabled Medical Devices



Why it matters: The U.S. Food and Drug Administration is seeking input on how best to measure and evaluate the real-world performance of AI-enabled medical devices.

This is critical because AI tools can behave differently in everyday clinical practice than they do in controlled testing environments. Without careful monitoring, these changes could affect the safety, accuracy and effectiveness of diagnoses or treatments, potentially impacting patient outcomes. Ensuring robust, ongoing evaluation helps protect patients, supports physicians in making reliable clinical decisions and maintains trust in emerging medical technologies.

What we're working on: In comments submitted recently, the AAFP emphasized that real-world data and ongoing testing are essential to ensuring that AI tools remain safe, effective, fair and transparent. Our letter outlines key policy principles and targeted recommendations to help the FDA strengthen oversight while protecting patient safety and supporting the patient-physician relationship.

AAFP Joins Call to Withdraw HIPAA Cybersecurity Proposed Rule

The AAFP signed onto a letter with more than 100 medical societies urging HHS to withdraw its proposed updates to the HIPAA Security Rule. Our letter cited significant implementation and financial concerns for small and independent practices.

While the AAFP supports strengthening cybersecurity protections for electronic protected health information, the proposed rule includes unrealistic compliance timelines and costly requirements that could disproportionately burden physicians. In the letter, we urged HHS to work collaboratively with stakeholders to develop practical, effective cybersecurity guidance.

AAFP Urges Congress to Act on Rising Health Care Costs

Why it matters: As the entry point for many patients to the health care system, family physicians see firsthand how rising health care costs impact individuals and their health outcomes. Our health care system should not be forcing patients to decide between seeking care or buying their groceries for the week. It is critical that Congress takes steps to lower costs and empower patients.

What we're working on: The AAFP recently submitted a letter to the Senate Finance Committee to urge it to support policies that

- increase investment in primary care and track how much different payers spend on it;
- reduce or eliminate out-of-pocket costs for patients seeking primary care;
- fix payment and market incentives that encourage consolidation, reduce competition and drive-up prices; and

- continue financial assistance that helps people afford health insurance through the Marketplace

Advancing these reforms will help ensure patients can access comprehensive, high-value primary care while lowering financial burdens and improving health outcomes nationwide.

AAFP Applauds Reauthorization of the SUPPORT Act



The AAFP applauds the bipartisan reauthorization of the SUPPORT Act. The law extends essential programs that prevent substance use disorders, expanding access to evidence-based treatment and strengthening the primary care workforce needed to care for patients.

Importantly, it ensures that family physicians can continue delivering comprehensive, patient-centered care to those affected by SUD—supporting recovery, reducing harm and improving health in every community.

What We're Reading

- AAFP EVP and CEO Shawn Martin spoke to Modern Healthcare about the practice of downcoding and how it hurts primary care physicians and patients.
- AAFP Board Chair Jen Brull, MD, FAAFP, spoke to Healthcare Brew about a new Commonwealth Fund study showing increasing clinician burnout. “The good news is we know what helps. When we can cut unnecessary burdens like prior authorization, invest in growing the next generation of primary care physicians, and support physicians’ mental health, we will see real improvements,” she said.
- Martin was also a guest on Aledade’s ACO Show podcast to discuss the challenges with the future of primary care, particularly independent primary care practices, and how value-based care is a solution.



Stay Informed With Family Medicine Advocacy Rounds



Issue 43, January 2026

Welcome to Family Medicine Advocacy Rounds — the American Academy of Family Physicians' monthly tip sheet to educate, engage and update you on the latest policy issues affecting family physicians and their patients.

New Family Medicine Residency Slots Awarded

Thanks to sustained advocacy from the AAFP, the Centers for Medicare and Medicaid Services (CMS) awarded 32 new family medicine residency positions across 18 training programs.

Expanding family medicine training is critical to addressing physician shortages and improving access to comprehensive, community-based care, which is why the AAFP continues to push for residency slots dedicated specifically to family medicine.

DEA Preserves Telehealth Flexibilities

The AAFP welcomed the U.S. Drug Enforcement Agency's recent one-year extension (through Dec. 31) of telehealth flexibilities for prescribing controlled substances, which helps protect patient access to care, especially in rural and underserved communities. The AAFP looks forward to continued partnership with the DEA on permanent telehealth policies that support safe prescribing and prioritize established patient-physician relationships.

AAFP Supports Vaccinations for Children

Why it matters: On January 5, the Centers for Disease Control and Prevention (CDC) reduced the number of vaccines it recommends for children. Political appointees made these changes without new evidence or data and without input from stakeholders such as the AAFP or the Advisory Committee on Immunization Practices (ACIP).

The AAFP reasserts that vaccines are essential to protecting children from preventable harms, illness, and death, and decades of data show the benefits of immunization far outweigh any risks. The AAFP's childhood vaccine schedule remains unchanged.

What we're working on:

- The AAFP joined hundreds of health care organizations in urging Congress to conduct oversight and investigate the change to the childhood vaccine schedule.
- The AAFP joined the National Foundation for Infectious Diseases and hundreds of other organizations in writing to HHS and the CDC to reaffirm our commitment to a transparent, evidence-based immunization policy process that protects the health of U.S. children.

Family Physicians Weigh in on Public Charge Rule

Why it matters: The U.S. Department of Homeland Security (DHS) has proposed rolling back the 2022 Public Charge rule, a move that could once again allow immigration officials to consider a broader range of public benefits, such as Medicaid, CHIP and SNAP, when deciding whether someone can enter the U.S. or adjust their immigration status. If finalized, the proposal would increase uncertainty for immigrant families and could discourage people from seeking needed health care.

What we're working on:

- In a comment letter, the AAFP urged DHS to exclude non-cash benefits such as Medicaid and CHIP from public charge determinations and to clarify that any changes in the policy, whether through regulation or guidance, will be forward-looking only.
- In a joint letter to DHS, the AAFP and other health organizations warned that limiting access to care and creating instability in the immigration system harm public health, place added financial and operational strain on medical practices and negatively affect the U.S. physician workforce.
- The letters urged DHS not to move forward with the proposal and instead support policies that expand access to affordable, high-quality care for all patients.

AAFP Continues to Advocate for Medicare Payment Reform

As Congress considers changes to Medicare physician payment, the AAFP is urging lawmakers to advance reforms that strengthen primary care and protect seniors' access to timely, high-quality care.

- Through recent advocacy, including engagement around a House Energy and Commerce Committee hearing, the AAFP emphasized the need to modernize the Medicare physician fee schedule by fixing budget neutrality, investing more in primary care and establishing annual inflation-indexed updates.
- The AAFP also called for waiving Medicare Part B cost-sharing for primary care services to encourage use of high-value, low-cost care; expanding value-based payment models that provide practices with greater flexibility and resources; and ensuring Part B coverage of all recommended vaccines so patients can receive immunizations directly from their family physician.
- In addition, the AAFP responded to a bipartisan Doctors Caucus RFI on MACRA reform, urging for increased Medicare investment in primary care, including establishing a statutory floor for primary care spending and giving the CMS Innovation Center greater flexibility in evaluating primary care models to better support continuous, coordinated care.

What We're Reading

- AAFP EVP and CEO Shawn Martin spoke to Chief Healthcare Executive about how insurers must double down on their promise to decrease prior authorization, which harms patient care.
- AAFP President Sarah Nosal, MD, FAFAP, spoke to TechTarget about five health care trends on the rise in 2026, including community-based partnerships.
- AAFP Board Chair Jen Brull, MD, FAFAP, spoke to MedCity News on how Congress can address administrative burden.



Montana WWAMI Students Support Community Health Through the Neighborhood Health Initiative

Second-year **Montana WWAMI** students Mackenzie Bernhardt and Tim Sonnenberg are leading an effort that blends clinical learning with community impact. As co-leads of the Neighborhood Health Initiative (NHI), they oversee twice-monthly foot care clinics in partnership with the **Human Resource Development Council (HRDC)**'s **Homeward Point shelter in Bozeman**, bringing essential health services directly to members of the community who need them most.

"Our faculty advisor, Dr. Gerald Groggel, has a long-standing and distinguished history of guiding this clinic and is deeply committed to improving access to healthcare for underserved populations and communities," said Bernhardt.

The NHI clinics run from September through June and rely on teams of medical student volunteers to deliver hands-on, compassionate care. "At each clinic, our volunteers offer patrons warm foot soaks and basic foot care," explained Sonnenberg.

Beyond foot care, NHI has grown into a truly interdisciplinary effort. The initiative collaborates with several community partners to address a broad range of health needs. "In partnership with Bozeman Health Pharmacy Residents, we host a community medicine cabinet stocked with over-the-counter medications," said Bernhardt. "A representative from Community Health Partners/One Health is also present to help patrons schedule primary care appointments and navigate Medicaid enrollment."



Left to right: Mackenzie Bernhardt, Dr. Gerald Groggel, and Tim Sonnenberg

The clinics also provide preventive health services thanks to NHI's ongoing collaboration with the Gallatin County Health Department. "At every clinic, patrons can access HbA1c testing and a wide variety of vaccinations," Sonnenberg noted. "It's a community-driven model of care—one that really emphasizes meeting people where they are and making healthcare accessible in every sense."

For both student leaders, the work has been deeply rewarding and formative. "This experience has been profoundly meaningful," Bernhardt reflected. "It's given us—and our fellow medical student volunteers—the opportunity to build trust with an underserved community that often faces stigma in both society and healthcare settings."

Sonnenberg echoed that sentiment, emphasizing the broader lesson in empathy and connection. "As future physicians, we aim to foster genuine and lasting relationships through compassionate care," he said. "Every clinic reminds us that small acts—like washing someone's feet or listening to their story—can have a powerful impact on both health and human dignity."

Through their leadership, Bernhardt and Sonnenberg are carrying forward a tradition of service that reflects the heart of WWAMI's mission: learning medicine through community partnership and care that uplifts everyone.



RURAL PROGRAMS NEWSLETTER
FALL 2025

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- Annual Events

TRUST Highlights

Did you know? Compared to non-TRUST UWSOM graduates, TRUST students (from any region) are more likely to return to WWAMI, are more likely to work in a primary care specialty, and are more likely to work in a specialty in need (primary care, general surgery, OBGYN, and psychiatry).

- Nearly 80% of all TRUST graduates are working in a specialty in need.
- Additionally, TRUST students are more likely to work rurally in any specialty compared to non-TRUST UWSOM students.

For more information contact:



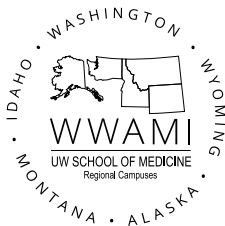
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DVM, MPVM, PhD
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at MSU Bozeman 406-994-4411



Montana WWAMI TRUST Program – Celebrations and Transitions

It is bittersweet as we say goodbye to our long-standing Montana WWAMI TRUST Director while welcoming the team replacing her. Lisa Benzel has served as the TRUST director since November 2013. Hired for this newly created position, she has had the unique opportunity to grow and shape TRUST into what it is today. The Targeted Rural Underserved Track is a four-year medical school curriculum that provides Montana WWAMI students with a longitudinal continuity connection with rural/underserved communities over the four years of medical school training. The goal of the program is to increase Montana's physician workforce in rural locations. <https://education.uwmedicine.org/somrural/programs/trust/>

Lisa is most at home traveling the state, making connections, celebrating reunions, and providing support to anyone in any way she can. As the face of TRUST Lisa is often the first person applicants encounter during the application process. Her relationship with the TRUST scholars remains constant until graduation and beyond. During her tenure, the TRUST class was increased from an annual admittance of seven students to 12 students, starting in 2017. With the increased head count, she helped develop a half dozen new TRUST sites in the state, including Glasgow in the remote northeast corner of Montana. Annually she works with the Montana WWAMI Admissions committee to provide guidance on the qualifications of TRUST applicants. She helped establish two annual student retreat activities, one focused on leadership, and the other on cultural connections called the American Indian Medical Experience (AIME). In addition to program oversight and development, Lisa's pipeline efforts, from creating connections between clinics and undergrads interested in shadowing opportunities to recruiting physicians and fresh residency graduates to the state, have greatly benefited hospitals and clinics across Montana. For her years of commitment to rural workforce development at the secondary and undergrad levels, and relationship, recruitment, and retention efforts, she was recently recognized with an under-served scholarship to the MSU Foundation set up in her name through an anonymous benefactor.

Montana TRUST provides the educational experiences necessary for medical students to choose rural underserved focused residencies. Nearly 70% of graduating TRUST students select residency programs in specialties oriented to rural/underserved care: Family Medicine, Internal Medicine, Pediatrics, Med/Peds, Psychiatry, General Surgery and OB/Gyn. After completing residency, half of our TRUST scholars choose rural practice locations.

We welcome the two new team members: TRUST Director Sara Houston and TRUST Program Coordinator, Ashleigh Dallas. Sara grew up in North Dakota, splitting her time between a rural upbringing and the larger city of Bismarck. She previously served as a multi-department Operations Manager with Bozeman Health. In addition, she brings valuable experience from grant-funded healthcare programs serving rural and underserved populations, which deepened her passion for playing a meaningful role in expanding and strengthening healthcare access in rural communities. Ashleigh grew up in Bozeman and has a background in exercise physiology and was the supervisor for the Cardiac Pulmonary Rehab Department at Bozeman Health. She has a great passion for rural medical care access, helping to start a cardiac pulmonary rehab department in White Sulphur Springs and assisting other rehab clinics in rural Montana. Currently, all three are working together into November.

Montana WWAMI Showcases Rural Advocacy



Last May, Montana WWAMI was in the spotlight at the annual Rural Medical Educators Conference in Atlanta, Georgia. Clinical Dean Jay Erickson, MD, and third-year medical student Chelsea Koessel provided presentations on integrating advocacy into the TRUST (Targeted Rural Underserved Track) curriculum.

"Advocacy and community engagement are key to successful rural medical education programs and the outcome of returning graduates to rural practice," said Erickson.



The presentations sparked strong interest and thoughtful questions about advocacy and leadership opportunities available to WWAMI students.

Koessel shared how TRUST has supported her advocacy work for underserved populations, highlighting her involvement in the Neighborhood Health Initiative, which included organizing clinics at a Bozeman warming shelter and a pediatric health fair. "The TRUST program offers students a rare opportunity to become deeply involved in their longitudinal communities – not only through excellent clinical training with experienced attending physicians but also through meaningful mentorship that encourages engagement beyond the clinical setting."

Physician Feature: Kara Francis, MD



Growing up in Livingston, Kara Francis, MD, knew that when she became a physician, she wanted to do more than care for patients — she wanted to teach. After earning her bachelor's degree from the University of Oregon in 2015, she went on to become a MT WWAMI student, graduating from the UWSOM in 2021. Now a family medicine doctor in Browning, Dr. Francis balances

hospitalist duties with outpatient primary care, and this year she stepped into a new role as a WWAMI preceptor.

Inspired early on by caring primary care providers in small towns, Dr. Francis deepened her commitment to medicine while working in Hardin, where she saw firsthand the importance of serving tribal communities and addressing the need for comprehensive healthcare. She appreciated the knowledge and guidance her attendings shared with her, and she wanted to provide that same kind of mentorship to others.

"Now, as a newer attending, I find teaching one of the most rewarding aspects of my job," she said. Our students bring an amazing blend of excitement, joy, questions, and knowledge that

keeps me engaged and constantly challenges me to be a better physician and person."

In her first year as a preceptor, Dr. Francis worked with three RUOP (Rural Underserved Opportunities Program) students and two fourth-year Montana WWAMI students in the Indian Health Pathway, with more students scheduled later this year. She says Browning offers a dynamic environment for teaching.

"In the course of a day, a student and I can attend a delivery, discuss the complex conditions of an admitted elder, and then go to clinic to see individuals of all ages," she added. "The community is made up of amazing, resilient people who welcome our students and often share life experiences that greatly affect them, and me." ~ story contributed by UWSOM communications team

Faculty Recognition: Carey Downey 2025 Dept FM Clinical Excellence Award



Butte family physician, Dr. Carey Downey received the UWSOM's Dept of FM Clinical Excellence Award. This award celebrates individuals who have made significant contributions to clinical care of patients and their communities and who have promoted teamwork with clinical staff and institutions/organizations. Congratulations Dr. Downey!

WRITE – Excellence in Teaching Award, 2025, Montana

This award recognizes and honors preceptors with a track record of excellence in teaching medical students as well as those that serve as a leader in their community. Nominations were collected from WRITE students. A selection committee reviews all nominations based on five criteria: commitment to student success, effective teaching methods, positive impact in the community, excellence as a role model for students, and commitment to continuous improvement.

In Montana in 2025, this honor was given to:



Megan Vigil, MD,
UWSOM Dept. of FM,
Clinical Assistant Professor



Kathleen Harder-Brouwer, MD,
UWSOM Dept. of FM,
Clinical Instructor

STUDENT AWARDS & FEATURES

Graduating TRUST Scholars 2025

We are happy to congratulate our recent Montana WWAMI TRUST graduates. Eleven TRUST scholars matched in 2025. Six of the students matched into primary care: (three into Family Medicine, three into Medicine); one each into Anesthesiology, Psychiatry, Orthopedic Surgery, Ophthalmology, and Emergency Medicine.

continued on page 16 >

continued from page 15>

Blanket Ceremony

On the morning of the Physician's Oath & Hooding Ceremony, three Montana WWAMI TRUST graduates, Ellen Guyer, Amy Perkins (Chickasaw Nation), and Bronte Tani, were honored in a special Blanket Ceremony recognizing their completion of the Indian Health Pathway.

This meaningful tradition symbolizes respect, protection, and community, celebrating the students' dedication to serving and advocating for American Indian/Alaska Native communities as they enter their medical careers.



Trey Dschaak (Alum, E-21, TRUST site Miles City) Congratulations on receiving the **2025 George and Laurine Harris Scholarship**, awarded each year to a student who has demonstrated superior academic performance as well as motivation, character, ability and potential.



Ellen Guyer (Alum, E-21, TRUST site Anaconda) Congratulations on receiving the **2025 George Saari Memorial Scholarship**, which is given to a Montana WWAMI student who has demonstrated the professionalism and humanitarian characteristics exemplified by the late Dr. George Saari.

Montana WWAMI Students Honored with Scholarships at MMA Annual Meeting

The Montana Medical Association (MMA) recently celebrated four Montana WWAMI students at its 147th annual meeting and dinner in Helena, awarding each a \$1,000 scholarship in recognition of their dedication to medicine and service to communities across the state.

This year's recipients were first-year medical students Barla Beaudoin of Red Lodge and Geri Cutler of Helena, and third-year students Isbah Khan of Billings and Brittney Tierney of Butte.



Montana WWAMI Students Gain Powerful Insights Through AIME

In September, first-year Montana WWAMI medical students participated in the American Indian Medical Experience (AIME), a three-day program designed to build cultural understanding and prepare future physicians to serve rural and underserved communities.

Students split into two groups: one visiting the Blackfeet Reservation in Browning, the other traveling to the Crow and Northern Cheyenne reservations near Hardin and Lodge Grass. They met with Native leaders, health professionals, and Indian Health Service staff to learn about local health priorities, resources, and challenges.

For student Grant Rickard of Billings, the Native and community leaders in Browning were inspiring.

"The most valuable part was witnessing the fortitude, determination and altruistic nature of the Indigenous women creating tangible change in Browning and within the Blackfeet Nation," he said.

Student Riley Bird of Cut Bank and Amskapi Piikani band member (of the Blackfeet Nation) said the experience in Browning strengthened her commitment to return home to practice medicine.



From Lewistown to Miles City: Montana WWAMI Student Encourages Rural High Schoolers to Dream Big

Montana WWAMI TRUST scholar, Alex Wickens knows firsthand how uncertain the path to medicine can feel, especially for students growing up in rural towns. That's why he's committed to giving back by visiting high schools across Montana, encouraging students to consider futures in medicine and educating them about the WWAMI program.

Wickens, who grew up in Lewistown and completed WRITE in Miles City, shares his own story to help students see what's possible — no matter where they come from.

"As a high school student, I had a lot of uncertainty about going to college and all that it entailed," said Wickens. "I wish someone would have come to talk to me about what to expect. So, I figured I could be that person for someone else."

During his presentations, Wickens breaks down the path to becoming a doctor, introduces the WWAMI program, speaking openly about the challenges and rewards of pursuing a career in rural healthcare.

"One of the biggest issues in rural medicine is the shortage of providers. WWAMI is designed to help solve that problem," he explained. "I didn't even know Montana had a medical school when I was in high school."

Now Wickens is focused on rural primary care and hopes to return to Lewistown as a family or internal medicine physician after completing his education.

His message to rural students: You belong, and you're needed.
~ story contributed by UWSOM communications team



Montana WWAMI Students Explore the Future of Rural Medicine at TRUST Leadership Retreat

Montana WWAMI students joined peers from across the region in Coeur d'Alene in August for the annual WWAMI TRUST (Targeted Rural Underserved Track) Leadership Retreat, a weekend designed to challenge TRUST scholars to strengthen their skills as future rural physicians.

MT WWAMI Clinical Education office has moved!

After 19 years in Whitefish, the clinical education office has moved to Bozeman: 251 Edelweiss Dr., Suite 3B. Stop in and see us!

UWSOM MONTANA WWAMI ADMINISTRATION

Foundations Phase

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Montana WWAMI TRUST

Sara Houston, Montana WWAMI TRUST Director
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Ashleigh Dallas, Montana WWAMI TRUST Program Administrator

UPCOMING EVENTS Save the date –

Annual TRUST/WRITE Faculty Form and Development Conference: **April 10-12, 2026** – At Fairmont Hot Springs Resort in Anaconda. We hope to see you there!

Are you interested in receiving the monthly Montana WWAMI Feature? Go to <https://www.montana.edu/wwami/subscribe/index.html>

Calling Montana WWAMI Alum: We want to share your stories!

Highlighting the history of Montana WWAMI and its impact through the amazing stories and memories you carry. As an alum, let us know if we can feature you in Montana WWAMI social media channels and/or newsletters. Scan the QR code with your phone to submit your stories!



SCAN ME

Patient Care Phase

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Stronger Together.

Big Sky Pulmonary Conference

Submitted by Linda Krantz, MS
Health communications specialist
Chronic disease Prevention and Health Promotion
LKrantz@mt.gov

The Montana Asthma Control Program and the Department of Public Health and Human Services are pleased to announce that the 2026 Big Sky Pulmonary Conference will be held March 5 - March 6, 2026, at the Fairmont Hot Springs Resort. The Big Sky Pulmonary Conference is a continuing education conference for health professionals, which highlights promising methods of preventing and managing respiratory illness and associated risk factors according to evidence-based guidelines. The 2026 conference will feature topics such as managing cystic fibrosis, considerations for a lung transplant, remote monitoring in patients with lung disease, wildfire smoke research, sleep health, breastfeeding and pulmonary health, chronic cough from a primary care perspective, addressing wellness for people with pulmonary conditions, pediatric asthma, the oral and upper airway connection to respiratory health and more.

Upon registration, MDs, DOs, NPs and FNP's will receive 1 free registration for any office staff also interested in attending the conference. If you are connected with a clinic and interested in attending, consider encouraging the clinic provider to register so you can attend as a team and get a free registration. Please contact Amy Saltzman directly to assist with this. Amy can be reached at amy.saltzman@mso.umt.edu or (406) 531-4032.

This year MACP is including an optional pre-conference spirometry training with each registration. If you are interested, make sure to "opt in" when completing the registration form.

For those unable to attend in person, a virtual option is also available. Conference registration is only \$220 if you register prior to February 15th. Interested parties can find more details and register online at umt.edu/ces/conferences/bigskypulmonary. Conference registration is open now!



MONTANA
ASTHMA CONTROL
PROGRAM



MARCH 5th - 6th, 2026

www.umt.edu/ces/conferences/bigskypulmonary

The Big Sky Pulmonary Conference is a continuing education conference for health professionals, which will highlight promising methods of preventing and managing respiratory illness and associated risk factors according to evidence-based guidelines. Sessions will be presented by physicians and other health professionals including experts in pediatric and adult pulmonary care. This conference will be offered in-person as well as online via Zoom.

INTENDED PARTICIPANTS

Primary Care Physicians

Internists
Pediatricians
Family Practitioners

Medical Specialists

Pulmonologists
Allergists
Cardiologists
Hospitalists
Critical Care Physicians
Sleep Physicians
ENTs

Primary Care Physicians

Nurse Practitioners
Physician Assistants
Pharmacists
Respiratory Therapists
Nurses
Allied Health Professionals
Students in Health Fields
Community Health Workers
Other Interested Health
Professionals

To make your lodging reservation, please call Fairmont Hot Springs Resort at (800) 332-3272 and reference the "Big Sky Pulmonary Conference." You may also go online to www.fairmontana.com and enter the group ID 31070, no password needed. Room rates start at \$179/night plus fees, until February 9th, 2026.

New Resource for Clinicians Caring for Vascular Anomalies: VAccess

Bryan A. Sisk, MD, MSCI
Director of VAccess and Chair of VAN



My name is Bryan Sisk, MD and I am a vascular anomaly specialist at Washington University in St. Louis. I am writing on behalf of our team to share an exciting new clinical resource, VAccess.org, with the members of your Montana Academy of Family Physicians.

The Vascular Anomaly Care Access program, or [VAccess](http://VAccess.org), is a **free suite of web-based resources that have been vetted by physicians who specialize in the care of patients with vascular anomalies**. Vascular anomalies include things like venous malformations, lymphatic malformations, hemangiomas,

and many other rare syndromes or diseases that can accompany these conditions. Through VAccess.org, primary care clinicians can ask questions of vascular anomaly specialists, access high-yield educational information, and find multidisciplinary centers across the US. The website also has resources to share with patients.

I've attached a flyer and included a short description below. Your help spreading the word will play a key role in increasing awareness and supporting timely, informed care for patients and families.

Please don't hesitate to let me know if you have any questions or if additional information would be helpful.

Sincerely,
Bryan A. Sisk, MD, MSCI
Director of VAccess and Chair of VAN
Asst. Professor, Pediatric Hematology & Oncology
Co-Director, Vascular Anomalies Center
Co-Director, HHT Center of Excellence
Washington University School of Medicine

A flyer for VAccess.org. At the top left is the VAccess logo. Below it, the text reads 'improving access to expert care for patients with vascular anomalies'. A circular inset shows a person at a computer with the VAccess website on the screen. The text 'VAccess is an online suite of vascular anomaly (VA) resources designed to support clinicians, patients, and families affected by vascular anomalies.' is below. A green box contains 'Key features include:'. Below this are four icons with text: 'SPECIALIST SUPPORT' (stethoscope icon), 'EDUCATIONAL CONTENT' (book icon), 'PATIENT SUPPORT' (hand holding a heart icon), and 'FIND EXPERT CARE' (map icon). To the right, a blue box says 'YOUR GATEWAY TO INFORMATION AND RESOURCES' and 'to support your management of patients with vascular anomalies' with a doctor icon. At the bottom right is a QR code labeled 'SCAN ME' and the website 'vaccess.org'.

VAccess.org is a free, clinician-focused resource designed to support all clinicians caring for patients with rare or complicated vascular and lymphatic anomalies (or seeking evaluation for vascular and lymphatic anomalies). In addition to helpful educational documents and patient support resources, clinicians can submit an "Ask a Specialist" request to get guidance on real-world clinical questions and use the "Find a VAC" tool to find a multidisciplinary vascular anomalies clinic in their area.



NEW! Exploring Montana - Visit the Ringing Rocks near Butte

Janice Gomersall, MD



The Montana Family Physician Journal would like to highlight some fun spots in Montana for newly relocated as well as long time resident physicians and their families to explore. If you have any place you or your family have visited in Montana that others may enjoy, please share with your fellow physicians. Send me a quick paragraph and I will include it in our next edition - include some basics about location, travel tips if needed, whether it is appropriate for families, best season to visit, etc. You can include a photo if you wish.

I thought I would highlight one spot my family enjoyed to start it off - the Ringing Rocks of Pipestone, near Butte Montana. Bring your own hammer, and take it with you when you leave. Don't move the rocks. When we went, we definitely needed a high clearance vehicle to get up the two-track rough road. The young and old kids can tap away and hear the tones. There are a few places to park and a sign, nothing else. Depending on weather, and thus the road, it can be all season.

From blm.gov:

Geographic Coordinates 45.94327, -112.23893

Directions: Take Exit 241 (Pipestone) from I-90 and travel east on a gravel road (parallels interstate) for about three-fourths of a mile, then turn north on a gravel road, cross the railroad tracks and continue north for approximately 3.5 miles. A high clearance vehicle is necessary.

From the visitmt.com website:

This unique geological formation is located approximately 18 miles east of Butte and north of I-90. The rocks in this unique geologic area chime when tapped lightly with a hammer. It is believed that the ringing is a combination of the composition of the rock and the way the joining patterns have developed as the rocks have eroded away, if a boulder is removed from the pile, it doesn't ring. Please don't disturb this natural phenomenon!

Asthma Medication Shortage

Temporary allowance of Fluticasone coverage in Montana

Background: Since Flovent (fluticasone) stopped being manufactured in January 2024, children with asthma treated with inhaled corticosteroids have had difficulty filling medications in a timely manner. Asmanex (mometasone, preferred for many insurers) has been intermittently in shortage due to a manufacturer capacity issue for more than a year. Patients have faced issues overriding formulary preferences to access Fluticasone («authorized generic») as an alternative. Another alternative, Qvar (beclomethasone), is made as a breath-actuated inhaler which is not easily operable by young children.

MT Chapter of the American Academy of Pediatrics (MTAAP) has worked with Medicaid and Blue Cross of Montana to ask to implement changes to provide more seamless access. These are now in effect and are summarized below.

BCBS's solution is:

- Montana Blue Cross has created a temporary allowance for Fluticasone HFA 44mcg and Fluticasone HFA 110mcg while Asmanex HFA products are unavailable.

This is a temporary action to help prevent disruption during drug shortages and may be subject to change.

- Coverage will be handled through an override at pharmacy point-of-sale. If the pharmacy is unable to obtain the preferred alternative, Asmanex HFA, and attempts to process a claim

for Fluticasone HFA 44mcg or Fluticasone HFA 110mcg they will receive a point-of-sale message with an override code allowing the member to receive the non-covered drug (Fluticasone HFA 44 mcg or Fluticasone HFA 110 mcg). The code will be entered by the pharmacy, no review through Coverage Exception is required.

- For prescribers, it would be prudent to write 2 prescriptions for time-sensitive patients needing an inhaled corticosteroid -- one for Asmanex (50/100), and one for the equivalent strength of Fluticasone (44/110) if Asmanex is unavailable. That way pharmacists do not have to fax you for permission to convert the prescription to Fluticasone.

Medicaid's solution is:

- Montana Medicaid prefers Asmanex HFA (mometasone) as an inhaled corticosteroid for children with asthma.
- Because Asmanex has been intermittently in shortage, MTAAP has asked Medicaid to temporarily override their preferred drug list to allow prescription of fluticasone HFA for children 11 and younger.
- Medicaid recommends we use Fluticasone ONLY for children for whom other alternate preferred drugs are not appropriate.
- Medicaid also suggests that **both Asmanex and Fluticasone prescriptions could be kept on file at the pharmacy**, so Asmanex could be used if available.
- Medicaid **does** allow the use of fluticasone 44 mcg in children 5 years old and younger as a preferred corticosteroid.

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alvesco Arnault Ellipta Asmanex HFA Asmanex Twisthaler budesonide Respules fluticasone HFA 44mcg (<=5y.o.) Pulmicort Flexhaler Qvar Redihaler	Airsupra Flovent Diskus	fluticasone Diskus (generic Flovent) fluticasone HFA 44mcg (>=6y.o.) fluticasone HFA 110 and 220mcg Pulmicort Respules	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

Montana Awarded significant funds in its Rural Health Transformation Program Application

Janice Gomersall, MD with help from Heidi Duncan, MD

There will be more to come regarding the Rural Health Transformation Program in the coming months. I was able to review several sites to obtain a good understanding of the proposal, goals, funding, and overall procedure planned for implementation, but Montana DPHHS has the most up-to-date information.

What we know is that Montana DPHHS submitted a proposal to CMS for a share of the \$50 billion allocated for rural transformation in HR 1 passed by both houses in Washington DC in July 2025. CMS announced at the end of December that all 50 states will receive RHTP funding awards. Half of the funding was to be split evenly between states, and the other half distributed at the discretion of CMS based on each state's rural population, rural health facilities, and other CMS-defined characteristics. The grants will be dispersed over five years, according to each state's submitted plan. Montana DPHHS used targeted outreach to gain input over 4 months from many stakeholders across the state to formulate its application, and was awarded the amount of \$233,509,359 for fiscal year 2026, which is the fourth highest amount awarded. It is expected that this is the first of a five year award grant. The funds need to be used fully each year or are transferred back into the CMS funds, but if Montana fulfills its plan each year, the state could receive up to \$1.2 billion in total funds over five years.

According to the Montana DPHHS website, "the State's RHTP plan tackles rural health disparities through five care initiatives: workforce development, sustainable access, innovative care models, community health and prevention, and technology innovation."

This advisory group is different than the Rural Health Center of Excellence that the department plans to set up as an advisory group for the financial sustainability pillar of the RHTP.

DPHHS has set up the RHTP Stakeholder Advisory Committee "to provide guidance to DPHHS to support effective implementation of the RHTP initiatives", and Montana Academy of Family Physicians is represented on this Advisory Committee. The first meeting as of this writing is scheduled for January 22 in Bozeman. You can access all the information on the Montana DPHHS website. This stakeholder advisory group is a gathering of various associations who have some data collecting ability and from whom they want input but will not vote on any RHTP spending. This advisory group is different than the Rural Health Center of Excellence that the department plans to set up as an advisory group for the financial sustainability pillar of the RHTP.



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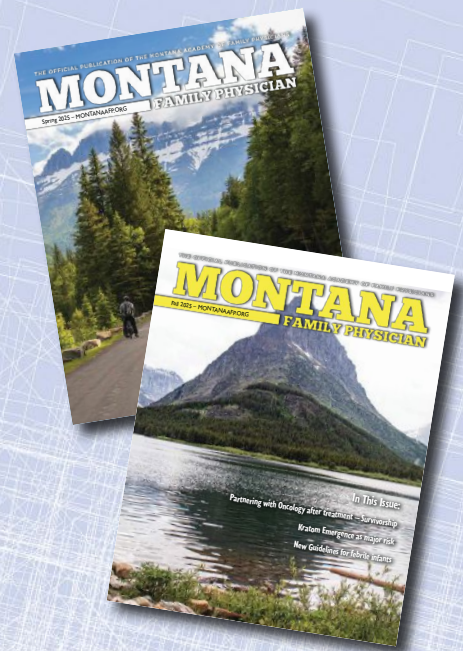
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Application for CME credit has been filed with the AAFP.
Determination of credit is pending



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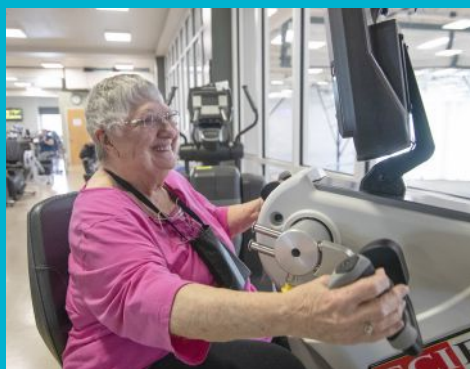
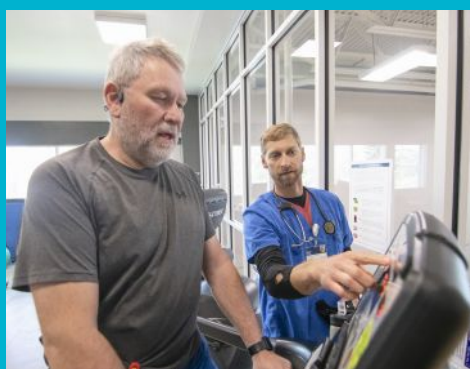
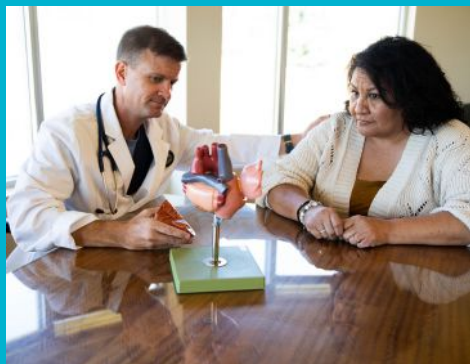


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