

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA

Summer 2026 – MONTANAAFP.ORG

FAMILY PHYSICIAN



In This Issue:

Impact of Tobacco 21

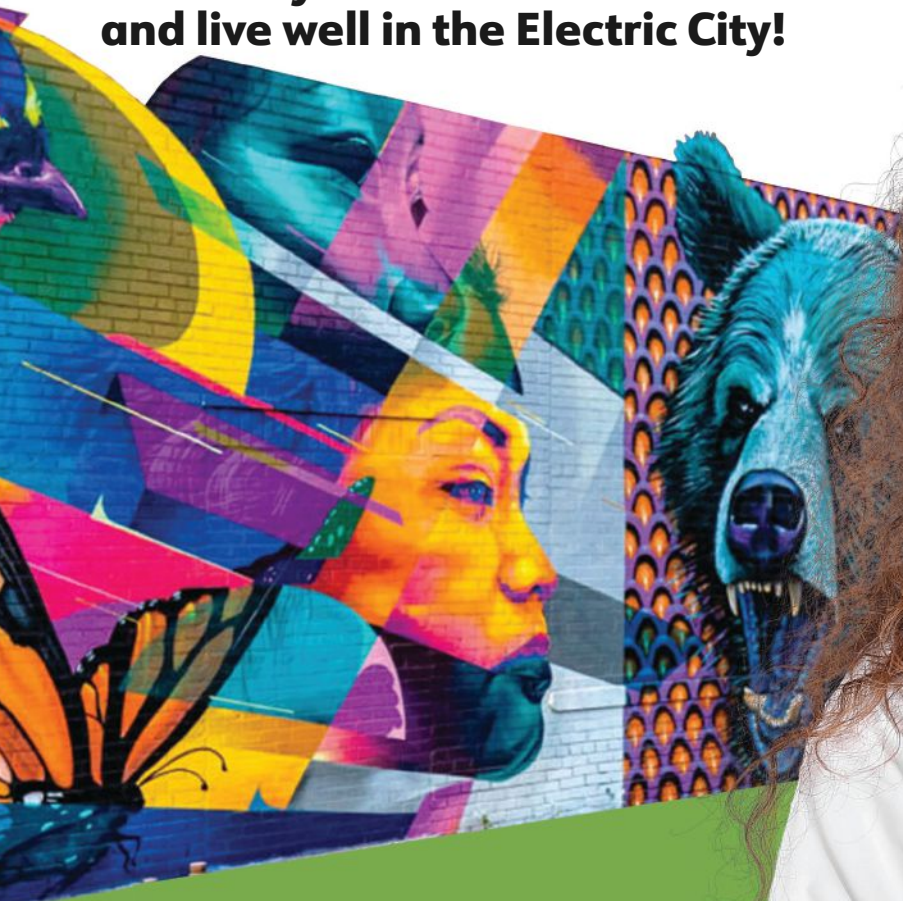
Frontier Programs and Rural Montana

Medicaid State Plan Amendment - Primary Care Montana

Candy Store fun in Montana!

Embracing our Legacy. Empowering Provider Well-Being. Prioritizing Quality Outcomes.

Do what you do best at Great Falls Hospital and live well in the Electric City!



Great Falls Hospital serves Central Montana with integrity, modern methodology, and a personalized approach to treatment plans. Our state-of-the-art facilities, authentic provider engagement, and competitive compensation packages make Great Falls Hospital a leader in physician job satisfaction and retention.

BENEFITS:

Highly Competitive Salary & Benefits
Flexible Schedule • Malpractice & Tail
CME • Sign-On Bonus • Moving Bonus



GREAT FALLS

HOSPITAL



Learn more about your possibilities at the Great Falls Hospital by visiting, gfclinic.com/careers, scan the QR code, or contact our local recruiter, Kendra Puckett at (406) 216-8151 or kendra.puckett@gfclinic.com

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:
Fly fishing on a river

 **Publishing
Concepts, Inc.**

Created by
Publishing Concepts, Inc.

David Brown, President
dbrown@pcipublishing.com
1-800-561-4686 ext. 103



**For advertising info
contact**
Regnia Pitts
rpitts@pcipublishing.com
1-800-561-4686
ext 119

Edition 29

CONTENTS

EDITION 29

4	MAFP President's Message
6	2025/2026 MAFP Board of Directors and Officers
8	Montana WWAMI Students Create Space for Culturally-Informed Care Through Proyecto SALUD
10	The Importance of Frontier Programs and Growing Rural Medicine
10	Update on Rural Health Transformation Program of Montana
12	The Impact of Tobacco 21
13	Medically Safe Return to Work
13	Imagination Library Free book Program in Montana
14	Family Medicine Advocacy Rounds
16	FMAS 2026
16	Montana's Medical School 2026 Summary
17	New Primary Care Case Management Program: Primary Care Montana
18	Child Neurology Society Statement on Leucovorin Use in Autism and Related Disorders
20	Fun Places to Visit in Montana
20	Montana Statistics
21	Manage Arthritis Through Physical Activity



Breaking Out of Survival Mode

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



To my colleagues across the Big Sky State, It's no secret that the landscape of family medicine has shifted beneath our feet since 2020. We've moved from the immediate adrenaline of a pandemic into a long-term era of "survival mode." Between the erosion of public trust in science and the persistent, grinding pressure of short-staffing, the weight on our teams is heavier than ever.

In this environment, it's incredibly easy to let our perspective narrow—to view the world through a lens of scarcity and exhaustion. I'll be the first to admit that I've felt that pull. However, I recently completed a series of teaching modules titled "**Breaking out of Survival Mode,**" and it served as a much-needed recalibration. It reminded me that while we cannot always control our external environment, our internal approach has a profound effect on our mental and physical well-being.

There were three specific principles that resonated with me, and I want to share them with you today.

1. Optimism (The Real Kind)

Optimism is often mistaken for "toxic positivity," but they are worlds apart. True optimism doesn't involve ignoring the fact that we are short-staffed or facing unprecedented hurdles. Instead, it is the courageous acknowledgment that while the situation is challenging, we possess the agency to learn from it and remain hopeful.

Optimism is about focusing our energy on the variables within our control—especially the quality of our relationships within our clinical teams. We can't fix the global supply chain or the national nursing shortage overnight, but we can foster a culture of mutual support right here in Montana.

2. The Power of Intentional Gratitude

Gratitude is more than a polite gesture; it's a biological shield against burnout. Setting a daily intention to simply say "**Thank you**" can magnify the protective aspects of our work. When we voice our appreciation, we aren't just being "nice"—we are building positive connections and helping our teams find meaning in the chaos. A well-placed "thank you" can change the entire perspective of a clinic floor, turning a group of exhausted individuals back into a cohesive, valued team.

3. Rewiring the Negativity Bias

Our brains are evolutionarily wired to focus on what went wrong. We go home and ruminate on the three charts we didn't finish or the one difficult interaction, completely bypassing the twenty patients we truly helped.

To break out of survival mode, we have to consciously **savor the wins**. Taking just a moment to internalize a "good" moment—a successful diagnosis, a patient's smile, or a laugh with a colleague—turns a fleeting event into a lasting positive memory. This isn't just "fluff"; it's the fuel that sustains happiness and emotional resilience.

Final Thoughts We are more than just providers of care; we are the heartbeat of our communities. As we navigate these changing times, let's try to look up from the "to-do" list long enough to recognize the incredible work being done all around us.

Thank you for your dedication, your resilience, and for everything you do every day for the people of Montana.

In health and partnership,

Katrina Maher

Careers *with the* Indian Health Service

Opportunity ✦ Adventure ✦ Purpose



**Location: Montana,
Big Sky Country!**

View Opportunities:

[https://www.usajobs.gov/
job/826215900](https://www.usajobs.gov/job/826215900)



Vacancies:

- **FAMILY PRACTICE**
- **OUTPATIENT**
- **INPATIENT**
- **EMERGENCY DEPARTMENT**
- **URGENT CARE**

Benefits

- Multiple Loan Repayment Opportunities
- Promotion Potential
- Housing Subsidies
- Paid Annual Leave & Sick Leave
- License In Any Of The 50 US States Or Territories
- Thrift Savings Plan (Similar To A 401K)
- WORK/LIFE Balance In Rural/Remote Locations In Montana
 - + Hiking, Backpacking, Camping, Fishing, Down Hill Cross Country Skiing, Ice Climbing, Mountain Climbing, Pow Wows, Rodeo, Adventures A Plenty Await You!!
- Federal Employee Benefits
- Life Time Retirement

Contact recruiter to learn more about our current and upcoming openings.

Susan Swanz, Indian Health Service, Billings Area (MONTANA) Health Professions Recruiter

Susan.Swanz@ihs.gov • 406-247-7126

2025/2026 MAFP Board of Directors and Officers

MONTANA ACADEMY OF FAMILY PHYSICIANS



Katrina Maher, M.D.
PRESIDENT
Helena



John B. Miller, M.D.
DIRECTOR 3 Yr Trm (2023 to 2026)
Missoula



DELEGATES:
Janice Gomersall, M.D.
DELEGATE
Missoula



Janice Fordham, M.D.
1ST VICE PRESIDENT
Laurel



Saul Rivard, M.D.
IMMEDIATE PAST-PRESIDENT
Missoula



LeeAnna Muzquiz, M.D.
DELEGATE
Polson



Janice Gomersall, M.D.
SECRETARY-TREASURER
Missoula



Garth Brand, M.D.
PROGRAM DIRECTOR, MT FAM MED
RESIDENCY
Billings



Alternate DELEGATES:
Janice Fordham, M.D.
ALTERNATE DELEGATE
Laurel



Christopher Baumert, M.D.
DIRECTOR 3 Yr Trm (2025 to 2028)
Billings



Robert Stenger, M.D.
PROG DIR, FAM MED RES OF WEST MT
Missoula



Heidi Duncan, M.D.
DIRECTOR 3 Yr Trm (2024 to 2027)
Billings



Austin Barnhardt, M.D.
RESIDENT, MT FAM MED RESIDENCY
Billings



Susan Petersen, M.D.
DIRECTOR 3 Yr Trm (2025 to 2028)
Billings



Abigail Anderson, M.D.
RESIDENT, FAM MED RES OF WEST MT
Missoula



Robert Johnson, D.O.
DIRECTOR 3 Yr Trm (2023 to 2026)
Billings



Sarah Michels
STUDENT, UNIV OF WA/MT WWAMI

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.

SHOULDN'T YOU BENEFIT

from your good work instead of investors?



We're rewarding eligible Montana members with an 8% dividend. Does your malpractice liability insurer do that?

At The Doctors Company we answer only to physicians like you. Not Wall Street. That's why we're able to award an 8% earned dividend to our eligible Montana members this year. Altogether, we're returning \$14.3 million to doctors in 2026, which brings the total dividend payments we've shared with physicians to \$500 million.



Why settle for less
than you deserve?
Scan here for a rapid
premium indication.
©2026



The Doctors Company
TDCGROUP



Mac Turner
Montana WWAMI Medical Student
Representative to MAFP Board of Directors

Montana WWAMI Students Create Space for Culturally-Informed Care Through Proyecto SALUD



L to R Abbey Mohr, Megan Ogle, Dillon Demontiney, Barla Beaudoin, Julia Roemer, Kathryn Castro-Quilang

Montana WWAMI medical student volunteers in Bozeman, Montana, a growing network of medical students, healthcare professionals, and community advocates is coming together to make healthcare more accessible for Spanish-speaking and immigrant families through **Proyecto SALUD** ("Project Health")—a series of seasonal health fairs that provide free screenings, resources, and connection to longer-term care. For second-year Montana WWAMI student Barla Beaudoin, the project represents both a professional and personal calling.

Proyecto SALUD's health fairs are designed to meet people where they are, both literally and culturally. "The fairs bring together interdisciplinary teams—social workers, dentists, physicians, and community health workers—to deliver services in a single, accessible setting," Beaudoin explains. "As student volunteers, we take vitals, screen vision, and perform A1C screenings."



Montana WWAMI MS2 Barla Beaudoin

The result, she says, is meaningful for everyone involved. "For the community, the fairs reduce barriers to basic healthcare. They identify uncontrolled chronic disease, provide urgent dental triage, and connect people to social supports and follow-up care who otherwise might not access it."



Volunteers practice giving each other screenings

For students, the learning goes beyond clinical technique. “The experience is transformative—it builds cultural humility and confidence in communicating across language and system barriers,” Beaudoin says. “Students develop a deeper understanding of social determinants of health and leave with concrete motivation to advocate for more equitable care.”

Beaudoin recalls one moment that continues to guide her. “A little girl at the fair told me she had never seen a doctor with brown skin in Bozeman,” she says. “I smiled and told her that I wasn’t a doctor yet, but that I was working hard to become one. Her eyes lit up, and she said she wanted to be a doctor too.”

The girl’s father grew emotional as he thanked Beaudoin for volunteering. “He told me it meant a lot that we were there and cared about immigrants,” she recalls. “That moment reminded me how representation matters—and how something as small as showing up can make others feel seen.”

Her connection to Proyecto SALUD runs deeper than academics. “As the child of an immigrant mother who struggled navigating the healthcare system, it’s meaningful to create a space where language and immigration status aren’t barriers to care,” Beaudoin reflects.

Looking ahead, she hopes to continue providing compassionate care to patients while mentoring other students to be attentive and culturally conscious clinicians. “Our Hispanic and immigrant community in Bozeman is growing rapidly, and culturally aware, low-barrier services are critical for community health,” she says. “Proyecto SALUD is more than a clinic day—it’s harm reduction, relationship building, and a bridge to longer-term care.”



Bernadette Duperron

OUR OFFICE MOVED TO BOZEMAN

*Note new address below

Program Operations, Serena Brewer, D.O. & Jay Erickson, M.D.

Montana WWAMI Clinical Education | **UW Medicine**

*251 Edelweiss Dr., Suite 3B | Bozeman, Montana 59718

OFFICE: 406.862.3810

EMAIL: duperron@uw.edu **SECONDARY:** mtassist@uw.edu

WEB: uwmedicine.org

Pronouns | She, Her, Hers

**AM I OKAY
TO DRIVE?**

BUZZED DRIVING

IS DRUNK DRIVING



The Importance of Frontier Programs and Growing Rural Medicine



By Marjorie Albers, M.D.

Approximately 20% of Americans live in rural areas, where patients experience higher rates of chronic disease, preventable conditions, poorer behavioral health outcomes and higher mortality compared to urban populations. Providing care in rural settings presents real challenges, yet it also offers physicians unique opportunities to develop a robust breadth of practice, collaborate closely with specialists and deliver comprehensive care closer to home, often reducing the need for patients to travel long distances for services.

Across the country, and especially in Montana, we are seeing growing workforce challenges in healthcare. While the total number of providers has increased overall, the number of primary care physicians has declined, most acutely in rural communities. These trends highlight the need for physicians and residents to explore and invest in rural practice opportunities across our state.

Practicing medicine in frontier communities comes with both challenges and rewards. Providers often integrate broad clinical responsibilities with deep community engagement and continuity of care, while maintaining current, evidence-based practice across a wide scope of medicine. In these settings, physicians are frequently able to care for patients across generations, gaining a more complete understanding of family history, social context and long-term health needs.

As many rural physicians near retirement, it is critical that we prepare the next generation of providers to step into these roles, particularly in regions such as Eastern Montana. Data shows that physicians practicing in rural communities often experience strong professional satisfaction, financial stability and longer, healthier lives. Just as importantly, rural practice allows physicians to build meaningful relationships where patients are never “just a chart,” but individuals and families known over time.

In response to these needs, the Miles City Frontier Training Program was recently launched in partnership with the Montana Family Medicine Residency (MFMR). This program provides residents with immersive,

full-spectrum rural family medicine training in Eastern Montana. Modeled after successful rural training programs nationwide, the site is staffed by five experienced providers with varying levels of clinical and teaching expertise, ensuring high-quality resident education without disrupting patient care.

Residents in the Miles City Frontier Training Program gain hands-on experience in inpatient and outpatient medicine, emergency care, obstetrics, pediatrics, geriatrics and essential procedural skills. This breadth of exposure allows residents to develop competencies that are difficult to achieve in more urban settings, such as Billings, and prepares them for the realities of rural practice. Residents interested in broad-scope training and physicians passionate about teaching, mentoring or practicing rural medicine are encouraged to learn more about how they can engage with and support this growing program.

Montana is often referred to as the “Last Best Place,” and sustaining that legacy requires access to high-quality healthcare in every corner of our state. As MFMR celebrates 30 years of training the next generation of family physicians, with more than 60% of graduates practicing in Montana, the Miles City Frontier Training Program represents an important investment in our rural communities. MFMR is fully integrated into RiverStone Health, which provides comprehensive medical services through RiverStone Health Clinic, along with home health and hospice care, family support and case management, and a wide range of public health services serving Yellowstone County and beyond.

Marjorie Albers, MD, is a family medicine physician for Billings Clinic in Miles City and Rural Site Director for the Miles City Frontier Training Program in partnership with Montana Family Medicine Residency.

Update on Rural Health Transformation Program of Montana

By Dr Heidi Duncan

Montana received \$233 million in year one of the Rural Health Transformation Program (RHTP) and since January, the Department of Health and Human Services (DPHHS) has been working to establish a work plan for year one. They have developed five core initiatives with metrics to measure success. DPHHS is in the process of releasing grant opportunities and seeking a vendor through an RFP process to help administer the funds.

The initiatives are:

1. Workforce Development (\$20 million): the Department of Labor and Industry is overseeing these initiatives and metrics which include recruiting and retaining healthcare workers in rural areas, increasing the ability to train providers in rural settings, and retaining and upskilling the rural healthcare workforce.

2. Sustainable Access (\$82 million): this initiative will focus on rural facilities and will be overseen by the Rural Health Center of Excellence. The composition of that committee is still under development and will include membership from the Primary Care Association and several Critical Access Hospital CEOs.
3. Innovative Care Models (\$29 million): exploring value-based care models, community paramedicine, and expanding rural pharmacy services.
4. Community Health and Prevention (\$56 million): investing in community-based settings such as implanting/expanding school-based care, community health aids, CCBHCs, community crisis stabilization and funding community-led nutrition and wellness programs, and development of tribal programs.
5. Technology Innovation (\$33 million): updating EHRs and interoperability and investing in hospital and bed registries.



Montana Psychiatric Access Line

844.406.8725

No-cost consultations for Montana-based providers caring for patients who are pregnant, postpartum, or aged 0-21.

No-cost services for providers

Answers to Diagnostic & Clinical Questions

Get clarity and confidence to diagnose and treat your patients with the support of our psychiatrists and licensed clinical social workers without having to send your patient out for a referral with a long wait time.

Medication Management & Treatment Planning

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

Care Coordination & Referrals

Get referrals and recommendations for specialized behavioral health treatment and other community-based resources like peer support groups, housing support, or education.

Initial & Follow-Up Consultations

MTPAL can provide one-time initial psychiatric evaluations of patients in especially complex cases. Following the initial evaluation, MTPAL is available to support the primary provider in further case management.

How to access MTPAL

Step 1

1 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

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

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

Raising the Age, Raising Awareness: The Impact of Tobacco 21

In December 2019, the federal government passed a nationwide law called Tobacco 21 (T21). The law makes it illegal to sell tobacco products to anyone under 21. Tobacco products include hookah, e-cigarettes (vapes), dissolvables, nicotine pouches, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco, and future tobacco products that meet the federal statutory definition of a tobacco product. No exceptions, no grandfather clauses, and no exemptions for military members are included.

About 95% of adult smokers started smoking before the age of 21, according to the United States Department of Health and Human Services. The years between 18 and 21 are when curiosity can turn into lifelong addiction. By raising the minimum age, T21 helps keep tobacco products out of schools and delays the age of initiation.

The law is not just about making it harder to buy tobacco, it's about protecting young brains, which continue developing until around age 25. T21 helps delay access at a critical point in adolescence, reducing the likelihood of nicotine dependence before it begins.

For those who were already using tobacco or nicotine products when the law took effect, T21 became more than a rule, it became a reason to quit. The good news is there are more

tools, programs, and support systems than ever to help people break free from nicotine.

For physicians, nurses, advanced practice providers, behavioral health professionals, and prevention teams, this law reinforces the importance of routine tobacco intervention. Every encounter, whether in a clinic, hospital, school, tribal health setting, or community outreach event, is an opportunity to make an impact.

Make tobacco screening part of standard care:

- Ask every patient about tobacco and nicotine use at every visit.
- Advise all users to quit with clear, supportive messaging.
- Offer evidence-based treatment, including counseling and approved medications when appropriate.
- Connect patients to Quit Now Montana, Montana's free and confidential quit service, for additional cessation support. The program provides personalized quit plans, one-on-one coaching, and nicotine replacement therapy for eligible participants. Refer your patients by visiting QuitNowMontana.com.



All health plans help members navigate a complex healthcare system.

One health plan helps members when things get even more complex.

You wouldn't expect a health plan to help with food insecurity, inadequate housing, or a lack of transportation. Unless you're a member of PacificSource Health Plans.

Help beyond healthcare. Just another way PacificSource goes beyond what's required.



we've got the
RIGHT STUFF

REGINA PITTS
rpitts
@pcipublishing.com

1-800-561-4686
ext 119

Medically Safe Return to Work

Department of Labor and Industry (DLI) is hosting a series of educational training sessions beginning in May and they wanted to maximize provider participation. The following was submitted by Margaret Cook-Shimanek, MD, MPH, Medical Director.

Treatment of patients in the Montana workers' compensation system focuses on recovery and a medically-safe return to work. During May and June, the Montana Department of Labor & Industry (DLI) will host *Rethinking Return-to-Work: Introducing a Worker-Centric Framework* presented by Jason Parker, expert in work disability prevention and return to work programs.

Return-to-work outcomes can't be fully explained or improved by medical facts alone but are heavily influenced by a range of robust and well-validated modifiable factors. Traditional impairment- and compliance-based models often fall short in achieving reliable return-to-work outcomes, particularly for a disproportionate number the most "at-risk" workers. This activity introduces the concept of worker-centricity through an evidence-based framework that prioritizes the necessary conditions to achieve better return-to work outcomes.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through

the joint providership of Billings Clinic and State of Montana Department of Labor and Industry.

Billings Clinic is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Billings Clinic designates this Live Activity for a maximum of **1.5 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This Continuing Medical Education (CME) program is fully funded by DLI. The Department's support ensures that this educational activity is provided at no cost to participants to promote ongoing professional development and workforce advancement in the state.

Visit *Rethinking Return-to-Work: Introducing a Worker-Centric Framework* to register today!

Imagination Library Free book Program in Montana

Recently, some members of our advocacy group met with Governor Gianforte and First Lady Susan Gianforte to celebrate the grant Montana received for rural transformation. After the meeting, Stacey Anderson, the legislative lobbyist we share with the Montana Pediatricians, met with the First Lady about her initiative to increase reading in children in Montana. The following is the First Lady's statement:

"As my First Lady initiative, I bought Dolly Parton's Imagination Library free book gifting program statewide to Montana in June, 2023. It provides a free, high quality,

Susan Gianforte
First Lady of Montana

age-appropriate book delivered to registered children's homes every month from birth until the child's fifth birthday.

I raise the money privately to Treasure State Foundation which pays the book and mailing costs as the state partner. It is very cost effective at \$31 per year for the 12 books printed and delivered with the child's name.

Currently, we have over 29,000 children receiving books or 49% of the 0-5 eligible children after only two and a half years."



Register Your child for
FREE BOOKS



Register your child in Dolly Parton's Imagination Library and get a **FREE BOOK** every month until their 5th birthday.

Available to all Montana children under age 5!

MontanaImaginationLibrary.org



Stay Informed With Family Medicine Advocacy Rounds



Issue 45, March 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.

AAFP CEO To Testify Before Congress on U.S. Health Care Affordability



For decades, the U.S. has woefully underinvested in primary care, and patients are paying the price. On **Wednesday, March 18 at 10:15 AM ET**, AAFP’s EVP and CEO, R. Shawn Martin, will testify before the House Energy and Commerce Subcommittee on Health for a hearing on the role that clinicians play in making health care more affordable for all Americans. The hearing is titled, Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape.

Chronic diseases now account for 90% of our \$4.9 trillion in annual health care spending. Yet, the U.S. allocates less than 5% of total health expenditures to primary care, a figure that lags far behind other developed nations. Primary care receives a small fraction of overall health care spending, even as it is asked to do more to manage chronic disease, coordinate care, and serve as the front door to the health system. This chronic underinvestment has led to workforce shortages, longer wait times, practice closures and fragmented care that drives costs higher for everyone. It also accelerates health care consolidation, which often makes profit an incentive rather than patient care.

AAFP Takes Family Medicine Priorities to Capitol Hill

Last month, AAFP leaders convened on Capitol Hill to push for practical solutions that will improve access to care for patients and improve practice environments for physicians. They engaged directly with lawmakers and urged them to enact policies that would:

- Make primary care more affordable. Ongoing, coordinated care keeps patients healthier, but only if cost-sharing doesn’t stand in the way. When patients worry about surprise charges, they skip essential follow-up and coordination services. That hurts outcomes and raises long-term costs. Primary care must be affordable for it to work.
- Protect access to vaccines. Family physicians are among the most trusted sources for vaccine guidance and delivery. Public policy must continue to be grounded in science and data.
- Enact tax policies that strengthen independent practice and the primary care workforce. Targeted incentives can help support physicians serving rural and underserved communities, care for vulnerable populations and promote practice ownership. Several states have explored or implemented approaches such as these. Together, these incentives can help recruit, retain and sustain primary care where it’s needed most.

Department of Education Rule Would Jeopardize Primary Care Workforce

Why it matters: Physicians are the most likely professionals to carry student loan debt, with 81% having graduate school debt and 80% owing due to undergraduate education.

The high burden of medical education debt contributes to worsening physician shortages and puts medical education out of reach for many potential physicians, further undermining progress toward a robust health care workforce. Given that these challenges slow progress toward better patient and population health outcomes, addressing the burden of student loan debt for physicians and medical students is one essential step to improving our nation’s health care system.

What we’re working on:

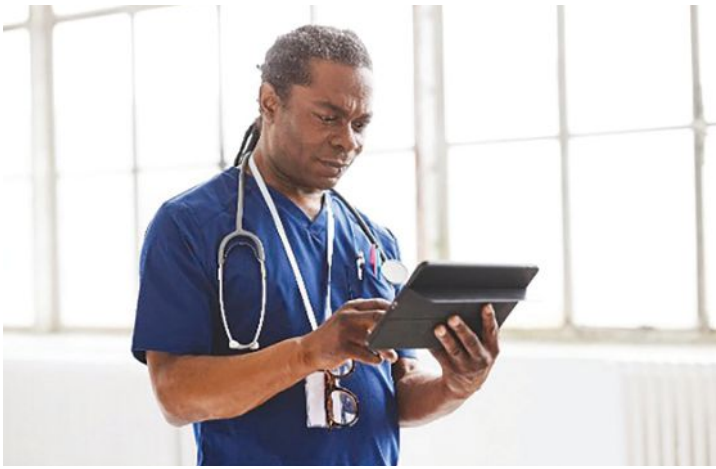
- The AAFP submitted a letter to the U.S. Department of Education urging the agency to expand individuals’ ability to pursue a career in family medicine, including through thoughtful regulation of federal student loan programs. Our letter asked that the department:
 - Maintain access to Graduate PLUS loans for medical students or create a medical education carve-out in the new loan programs to reflect the unique cost structure, training length and public service value of primary care physicians.
 - Exempt medical education programs from automatic loan proration or provide clear hardship and program-specific exceptions to ensure that future primary care physicians are not forced into private lending or delaying completion of their education.
 - Preserve generous reconsideration and correction mechanisms and ensure that repayment plan transitions do not reset or jeopardize Public Service Loan Forgiveness program eligibility.
- The AAFP also submitted a letter to Congress expressing concern that many of the higher education reforms in H.R. 1, including a \$200,000 cap on professional student loans, will lead to even fewer new primary care physicians.
 - In our letter, we called for passage of the REDI Act to mitigate at least a small portion of the financial burden that family physicians and others accrue while they are completing their medical training.

Family Physicians Weigh in on AI Adoption in Clinical Care

Why it matters: The family medicine experience is based on a deeply personal patient-physician relationship that benefits from many supportive technologies, including AI.

In 2023, the AAFP developed an initial set of principles that we believe must be applied to AI’s implementation across the broad range of settings in which family physicians practice.

The AAFP believes AI tools should be evaluated with the same rigor as any other tool used in health care, and that it has the potential to support the core functions of primary care, which are frequently



characterized as first contact, comprehensiveness, continuity and coordination of care.

What we're working on:

- The AAFP submitted comments and joined a sign-on letter to the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) and recommended ways to establish a stronger approach to use AI as part of clinical care. In our letter, the AAFP highlighted that:
 - AI technologies and medical devices must be integrated into health care in ways that are safe, effective, fair and transparent.
 - HHS should include practicing physicians throughout the AI lifecycle and establish advisory panels that include primary care physicians to ensure AI tools are aligned with real-world clinical workflows and patient needs. An AAFP survey conducted jointly with Rock Health in September 2024 found that many primary care physicians reported having little to no involvement in these decision-making processes. This can lead to AI tools being implemented that impede, rather than improve, clinical workflows.
 - The AAFP strongly believes that AI tools should enhance, not burden, clinical practice. We support HHS prioritizing research on AI products that streamline documentation, reduce administrative burden and support clinical decision-making.
 - The AAFP recommends modernizing payment policies so practices, especially small and independent practices, can invest in the infrastructure needed for AI integration.
- Also in the health IT arena, the AAFP submitted comments to ASTP/ONC and urged the agency to maintain key privacy, security and transparency requirements in the Health IT Certification Program and ensure that the health care system maintains a robust health IT landscape while reducing administrative burden and spurring innovation.
- On the legislative side, the AAFP submitted a letter for the record ahead of a Senate Committee on Health, Education, Labor and Pensions hearing with Dr. Thomas Keane, Assistant Secretary for Technology Policy and National Coordinator for Health Information Technology. In the letter, the Academy outlined how the committee can support the recommendations the AAFP shared with ASTP/ONC in its two recent comment letters.

AAFP Urges Congress to Support Health Care Research

Why it matters: Too many Americans struggle to get the care they need. Patients face long wait times, high costs and care that doesn't always improve their health. At the same time, many physicians are

burned out. Health services research helps find practical solutions to these problems. But when funding is cut, it becomes harder for our country to improve care and health outcomes.

What we're working on:

- The AAFP signed onto a letter to Congress asking lawmakers to fully fund the Agency for Healthcare Research and Quality (AHRQ) in the next fiscal year.
- AHRQ provides research and data that help doctors, patients and policymakers make smarter health care decisions. Its work helps ensure that people get high-quality care at a reasonable cost.
- We urged Congress to provide at least \$500 million for AHRQ so it can continue research that makes care safer and more affordable.
- We also asked HHS to support adequate staffing and resources so AHRQ can effectively manage its programs, research grants and scientific review process.

As seen in STAT

What We're Reading

- The voice of a physician has always carried weight, especially when it comes to advocacy for public policies. In a new First Opinion essay in STAT, AAFP President Sarah C. Nosal, M.D., FAAFP, writes that it's more important than ever for doctors to leverage their authority to push for a variety of changes that shape care both inside and beyond the exam room.
- AAFP Board Chair Jen Brull, M.D., FAAFP, spoke to Healio about how a proposed rule would cap graduate student loan borrowing.
- The AAFP's Robert Graham Center's new thematic report on chronic disease was covered in Marketplace. The report explores how primary care plays a vital role in the prevention, early detection and management of chronic disease while helping reduce the financial burden on both the U.S. health care system and its patients.

FMAS 2026

The AAFP Family Medicine Advocacy Summit (FMAS) 2026 will be held June 14–16 in Washington, D.C., offering members a chance to lobby Congress on key policies. Attendees build advocacy skills to champion the future of family medicine, and meet with their representatives on Capitol Hill.

Key Details for FMAS 2026:

- Dates: June 14–16, 2026. Early bird registration available until May 15, 2026.
- Location: Grand Hyatt Washington, Washington, DC.
- Focus: Advocacy training, legislative priorities, and direct meetings with lawmakers on Capitol Hill.

Montana's Medical School 2026 EXECUTIVE SUMMARY

In May, Area Health and Education Center representatives and Billings Track students met with local high school students at the Billings Career Center to discuss opportunities and paths into various healthcare careers. Topics covered included medical school expenses, scholarships, and specifics about the Billings WWAMI track and clerkship experience. Montana WWAMI encourages student participation in such pipeline activities.



Billings Track students, Eli Engledow, Zarryn Duong, and Mackenzie Winters

2025 Medical Student (E-24 class) Independent Investigative Inquiry (III) Poster Session Awards

On November 10, 2025, second-year Montana WWAMI medical students shared their ideas about improving health at the annual poster session in Bozeman. The research of 27 students in poster format covered a wide range of topics, reflecting students' curiosity and commitment to improving health across Montana and the WWAMI region. Two sets of awards recognized outstanding student work: In the People's Choice Awards, voted on by the students themselves, a tie led to dual honors in the RUOP category for Mackenzie Bernhardt and Lauren Bingham, while Nina Coppolillo earned the top spot in the SOD (Scholarship of Discovery) category. Faculty reviewers also selected recipients for the Best Poster Awards, highlighting exceptional clarity, rigor, and impact. Rebecca Boylan was recognized in the RUOP category, and Kyle Montgomery received the top award among the SOD posters.



Lauren Bingham
Increasing Patient Opioid Education & Community Resource Utilization in Darby



Rebecca Boylan
Exercise as Medicine: Running for Body and Spirit in the Apsáalooke Tribe and Community of Hardin



Nina Coppolillo
Decreased metabolism of cervical immune cells after treatment of bacterial vaginosis



Kyle Montgomery
Comparison of CAR T Cell Administration Routes in Murine CNS Lymphoma



Western Student and Resident Medical Research Forum

The following E-23 MT WWAMI students presented at WSMRF in Carmel, California in January 2025:



Isbah Khan (Edwin E. Osgood Award)
ANALYSIS OF DONOR-RECIPIENT TELOMERE DYNAMICS IN LONG-TERM SURVIVORS OF ALLOGENIC HEMATOPOIETIC CELL TRANSPLANTATION.



Chelsea Koessel
ADVOCATING FOR A UNITED AND EQUITABLE COMMUNITY VIA THE UPTOWN BUSINESS IMPROVEMENT DISTRICT IN BUTTE, MONTANA



Gabrielle Spurzem
FINANCIAL TOXICITY IN CUTANEOUS LYMPHOMA: A MIXED METHODS STUDY



Mackenzie Winters
WORK PERFORMANCE AND QUALITY OF LIFE AMONG YOUNG ADULT CANCER SURVIVORS

New Primary Care Case Management Program: Primary Care Montana

Proposed Effective Date: July 1, 2026

Public Notice shared via email 3-16-26

Montana DPHHS is announcing the upcoming implementation of Montana’s new primary care case management (PCCM) program, Primary Care Montana (PCMT), via a 1932(a) State Plan Amendment (SPA), integrating Montana’s existing Passport to Health, Patient-Centered Medical Home (PCMH), and Comprehensive Primary Care Plus (CPC+) programs into a single, comprehensive value-based program.

DPHHS is committed to an extensive public process. DPPHS invited comments and questions on these state plan amendments through March 29, 2026.

Proposed Three-Tiered Model

The proposed PCMT program features three tiers designed to

accommodate providers of varying capacities and resources. It establishes a glide path toward advanced population health management, with clearly defined expectations for organizational structure and performance. Pending federal approval of this SPA, DPHHS plans to begin Tiers 1 and 2 on July 1, 2026, with Tier 3 added at a later date and with a subsequent SPA. Details of the proposed tiers are included in Table 1.

Objectives

- DPHHS’ objectives for PCMT include:
- Promoting preventive care, optimizing care coordination, and improving health management;
 - Avoiding barriers for rural and small practice provider participation;
 - Providing timely data to allow providers to act on gaps in care and improve outcomes; and

- Incorporating value-based payments to incentivize improved outcomes while remaining budget neutral.

Member Eligibility

Medicaid enrollees are not required to select a PCP participating in PCMT. If an enrollee in any of the following eligibility groups elects to do so, they will have access to the program’s additional population health management services.

- Children (Medicaid and Healthy Montana Kids Plus (HMK+))
- Parent and Caretaker Relatives
- Aged, Blind & Disabled
- Foster Care Children
- Expansion Adults
- Pregnant Women
- Breast and Cervical Cancer Program Enrollees

Fiscal Impact

The projected total cost, including state and federal share, allocated between traditional Medicaid and Medicaid expansion, for Tier 1 and Tier 2 PCMT implementation, is \$13,277,819 in state fiscal year (SFY) 2027 and \$13,543,375 in SFY 2028. The PCMT program will be consolidated into a new tiered value-based program that maintains overall funding levels while reallocating resources. The proposed change is budget-neutral and assumes funding from the current PCCM program and cost savings from the tier 2 requirements.

Medicaid State Plan Amendment and Waiver Coordinator
 (406) 444-2584
 dphhscomments@mt.gov
 Director’s Office, PO Box 4210,
 Helena, MT 59604-4210.
 Tier 1 Tier 2 Tier 3

Table 1: Overview of Proposed Tiers

	Tier 1	Tier 2	Tier 3
Goal	Improve outcomes on select quality metrics	Increase post-hospital PCP follow-up visits and reduce hospital readmissions	Tier 1 and 2-participating providers with a DPHHS-defined minimum number of attributed beneficiaries alone or as part of a clinically integrated network
Providers Eligible to Participate	Any willing primary care provider (PCP) with continued participation contingent on meeting performance targets	PCPs actively managing post-hospital transitions of care with continued participation contingent on meeting performance targets	Tier 1 and 2-participating providers with a DPHHS-defined minimum number of attributed beneficiaries either alone or as part of a clinically integrated network
Provider Payment	\$6.00 Per member per month (PMPM) care coordination fee	\$11.00 PMPM care coordination fee	TBD PMPM care coordination fee with opportunity for shared savings

Child Neurology Society Statement on Leucovorin Use in Autism and Related Disorders

Background

In response to recent statements from the U.S. Department of Health and Human Services and the Food and Drug Administration regarding leucovorin use in children with autism spectrum disorder (ASD), the Child Neurology Society (CNS) provides the following guidance to assist clinicians in evidence-based decision-making.

Leucovorin, also known as folinic acid or leucovorin calcium, is a reduced form of folate. It is distinct from the unmetabolized folic acid found in supplements and fortified foods.

Summary of Evidence

- Existing studies examining leucovorin in individuals with ASD are small, methodologically heterogeneous, and in several cases have significant data integrity concerns.
- There is no adequately powered, placebo-controlled, pre-registered clinical trial establishing efficacy of leucovorin for core autism symptoms [1].
- The only clearly supported indication for leucovorin for neurodevelopmental disorders is for conditions in which folate metabolism is impacted, such as folinic acid-dependent epilepsy, and specific genetic causes of cerebral folate deficiency (CFD) which sometimes manifest as ASD along with other neurological symptoms. In these cases, leucovorin

is indicated to address the underlying metabolic problem, rather than the ASD itself.

- Other reported associations, such as folate receptor autoantibody positivity or presumed functional folate deficiency, have not been validated.

Clinical Recommendations

1. Indication
 - Leucovorin is primarily indicated for people receiving chemotherapy.
 - Leucovorin may also be used for certain ultra-rare genetically confirmed disorders which are associated with aberrant cerebrospinal fluid (CSF) folate metabolism or transport, such as cerebral folate deficiency or folinic acid-dependent epilepsy.
 - It is not indicated for routine use in individuals with autism or other neurodevelopmental disorders.
2. Testing and Diagnostic Workup
 - Genetic testing (e.g., exome or genome sequencing) is first-line testing for individuals with autism and would determine if there is a genetically based disorder of cerebral folate metabolism.
 - Folate receptor autoantibody testing (FRAT) is not recommended as a basis for clinical decision-making at this time [2].



- Lumbar puncture should not be performed routinely in individuals with autism.
3. Use and Monitoring
 - Leucovorin should not be prescribed as standard of care for individuals with autism.
 - An ethical framework for considering leucovorin prescriptions in autism outside of CFD should consider both *legal guardian* discretion, which supports parents/caregivers to request treatment that is not clearly beneficial if it is not clearly harmful, alongside *clinician* professional judgment which allows medical professionals to prescribe or decline to prescribe medications for which there is no compelling evidence. [3]
 - Optimal dosing and duration of treatment depend on the specific neurological disorder being addressed. There is no established optimal dosing regimen for autism without genetically documented CFD.
 - If leucovorin is prescribed for ASD, discuss uncertainties, risks, and ethical considerations, and monitor for both potential benefits and adverse effects with pre-determined metrics. Counsel parents/caregivers about the potential for a high placebo response. Normal developmental maturation may be mistaken for treatment response.
 4. Research Priorities
 - Support development of well-designed trials, culminating in a multicenter randomized controlled trial with preregistered outcome measures.
 - Develop validated cell-based assays for folate receptor autoantibodies.
 5. Public Health Considerations
 - Recognize potential supply limitations and prioritize established indications during shortages and supply chain limitations.

Summary Position

Leucovorin is not a standard or evidence-based therapy for individuals with autism.

Supplement

1. Major methodological issues include small sample sizes, lack of blinding, post hoc outcome selection, unverified dosing or formulation errors, and data integrity concerns in key trials. These limitations preclude firm efficacy conclusions. Specifically, there are three small randomized controlled trials (RCT) investigating leucovorin monotherapy as treatment for idiopathic autism. The first showed a large effect size in language improvement.¹ However, as per clinicaltrials.gov, “The study sponsor (UAMS) was unable to completely monitor the study or resolve outstanding queries. The study data cannot be fully validated by the sponsor. The study was placed on Full Clinical Hold by the FDA and terminated by the sponsor as a result of investigator non-compliance.”² The second study reported a significant improvement in Autism Diagnostic Observation Schedule (ADOS) scores.³ However, this study was small (n=19) and did not adhere to the pre-

registered analysis plan. The largest and most recent RCT was retracted due to errors in reported results and concerns about data validity.⁴

2. The currently available FRAT uses a radioligand assay, a method that may produce a high false-positive rate through nonspecific binding. The gold standard method in neuroimmunology consists of cell-based assays that present the antigen (in this case, the folate receptor) in its membrane-bound conformationally correct format (i.e., how this receptor would appear to immune cells and antibodies that encounter the folate receptor in the brain).⁵ Demonstration of antibodies in serum that bind to antigen presented in a cell-based method is more likely to represent antibody-antigen binding as would be seen in the human condition as compared to the radioligand assay.
3. The President’s Commission on Bioethics (1983) emphasized deference to parent/caregiver preferences around treatments with ambiguous benefits,⁶ laying a foundation for the modern ethical framework of the zone of parental discretion, in which parent/caregiver decision-making authority and clinician professional judgment operate within boundaries set by a threshold of harm.^{7,8} For practicing child neurologists, this framework emphasizes that clinicians exercise professional judgment to determine if interventions requested by a parent or caregiver meet a threshold of plausibility and safety.

References

1. Frye, R. E. et al. Folinic acid improves verbal communication in children with autism and language impairment: a randomized double-blind placebo-controlled trial. *Mol. Psychiatry* 23, 247–256 (2018).
2. <https://clinicaltrials.gov/study/NCT01602016?tab=history&a=17> Accessed 19 February 2026
3. Renard, E. et al. Folinic acid improves the score of Autism in the EFFET placebo-controlled randomized trial. *Biochimie* 173, 57–61 (2020).
4. Panda, P. K. et al. Retraction Note: Efficacy of oral folinic acid supplementation in children with autism spectrum disorder: a randomized double-blind, placebo-controlled trial. *Eur. J. Pediatr.* 185(2):109 (2026).
5. Sinmaz N, Amatoury M, Merheb V, Ramanathan S, Dale RC, Brilot F. Autoantibodies in movement and psychiatric disorders: updated concepts in detection methods, pathogenicity, and CNS entry. *Ann N Y Acad Sci.* 2015 Sep;1351:22-38. doi: 10.1111/nyas.12764. Epub 2015 Jun 17. PMID: 26083906.
6. President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Deciding to Forego Life-Sustaining Treatment: A Report on the Ethical, Medical, and Legal Issues in Treatment Decisions.* Washington, DC: U.S. Government Printing Office, March 1983. Pages 197-229 (Chapter on Seriously Ill Newborns), especially pp. 217-223.
7. McDougall RJ, Notini L. Overriding parents’ medical decisions for their children: a systematic review of normative literature. *J Med Ethics* 40:448–452 (2014).
8. Gillam L. The zone of parental discretion: An ethical tool for dealing with disagreement between parents and doctors about medical treatment for a child. *Clinical Ethics.* 11(1):1-8 (2016).

Fun Places to Visit in Montana



Janice Gomersall, MD

To continue our series on fun places to visit in Montana we bring you a few old time and famous candy stores in Montana worth a family visit!

Perhaps the most well-known recent addition (opened in 1998) is the Sweet Palace in Phillipsburg, with plenty of old style candy bins, homemade fudge and of course salt water taffy, with 72 varieties pulled and wrapped onsite with an antique machine. Their Copper Cauldron commercial kitchen makes the caramels, marshmallows and brittles in this old mining town (note- it is not open on Saturdays). While you are there you could also check out the 'mining for sapphires' shop nearby.

The Old West Antique and Candy Store was located in Darby for 37 years, and was another one with every kind of old fashioned candy in bins throughout the store - if you could remember it, you could usually find it in the store. However, after health concerns in the owners, their daughter moved a smaller version of it to Hamilton and they closed the iconic store in Darby.

The largest candy store in Montana is Candy Town, USA in Billings, with a vast selection of nostalgic and modern treats, handmade fudge and chocolates, as well as an old fashioned soda fountain with floats and sodas, It has kids classes to make edible treats and antique coin-operated machines,

Another contender for the most nostalgic candy stores in Montana is the Montana Candy Emporium in Red Lodge with its multiple bins of candy, taffy, fudge, and huckleberry confections, surrounded by vintage decor with a 1946 firetruck, 1920's nickelodeon and motorcycle memorabilia..



Shepherd's Candy is another long-standing candy store in Butte, with handmade chocolates, caramels, fudges, and brittles, which just reopened in 2026 after some health challenges for the owners. They have been in business for 70 years.

The Parrott in Helena is also a family-owned business since 1922 with handmade chocolates, fudge, caramels, and ice cream set inside a soda fountain cafe. They also make these candy wafers with the most intense burst of flavor - you have to try the sassafras ones!

Let us know if you have other favorite places in Montana to share!

Montana Statistics

shared by Linda Krantz, Health Communications Specialist with DPHHS

Did you know that:

- During 2024, Montana Residents had 11,326 births and 11,544 deaths.
- Unintentional Injuries were the leading cause of death among children and young adults (aged 0 to 24) with 381 deaths from 2020 to 2024. Most of these injury deaths (249) were due to motor vehicle crashes.
- In 2024, the overall death rate was slightly higher than in 2023 and remained higher than death rates prior to the COVID-19 pandemic.

Find these and many other important statistics in the 2024 Montana Vital Statistics Annual Report. This report features an in-depth analysis of the statistics surrounding vital events among Montana residents: births, deaths, fetal death, and induced abortions.

Please contact Alireza Ghara (Alireza.Ghara@mt.gov), Vital Statistics Epidemiologist, or Heather Zimmerman (hzimmerman@mt.gov), Primary Health Surveillance Lead Epidemiologist, for any questions or comments about the report.



74th Annual

Meeting and Primary Care Conference of the Montana Academy of Family Physicians

June 18-19, 2026

Chico Hot Springs, Pray, MT

Register on line at: www.montanaafp.org

Application for CME credit has been filed with the AAFP.

Determination of credit is pending



Nourishing Self-Care for the Helping Professional



www.allthingsvagus.fireside.fm

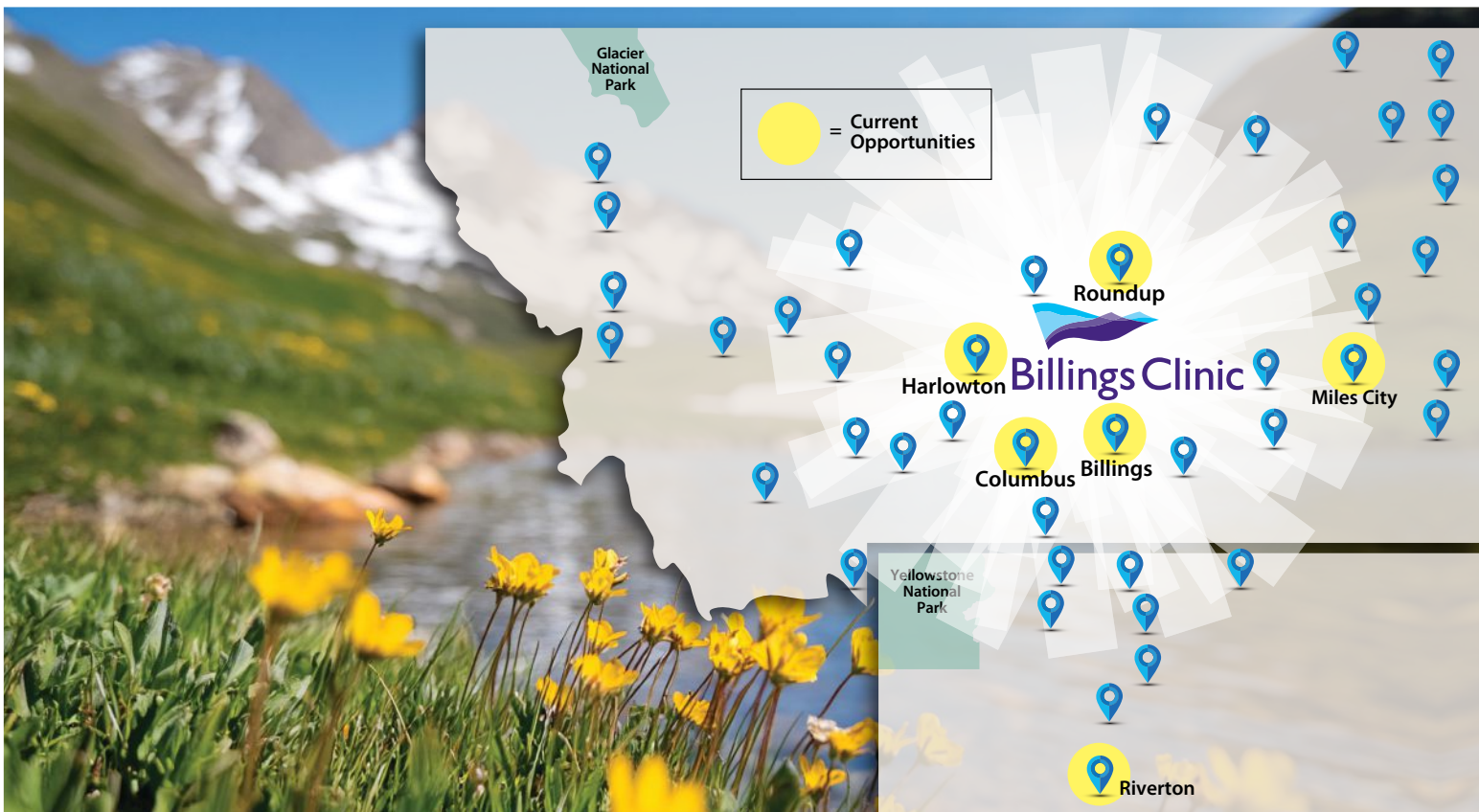
Brought to you by Western Montana Area Health Education Center

How Does the Activity Work?



New articles now available

Physician-Led Medicine in the Rocky Mountains



These opportunities are in friendly, scenic communities with amazing outdoor adventures minutes from home. Four seasons of sunshine!

You can make a difference here.



It's About Family

Your family. And your patients' families.

That's why we offer a variety of Family Medicine opportunities in beautiful, welcoming small towns and midsize cities in Montana and Wyoming. Billings Clinic has excellent opportunities for **BE/BC Family Medicine, Urgent Care** and **Hospitalist** physicians. The region's largest independent health system offers a collegial network of providers with 80+ specialties to support you.

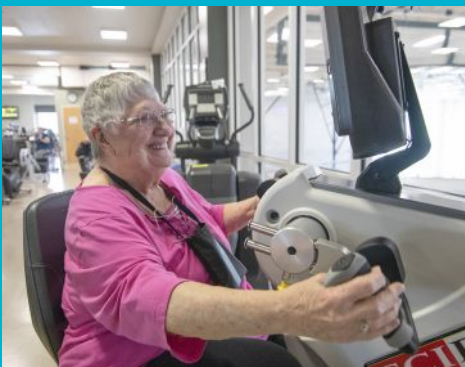
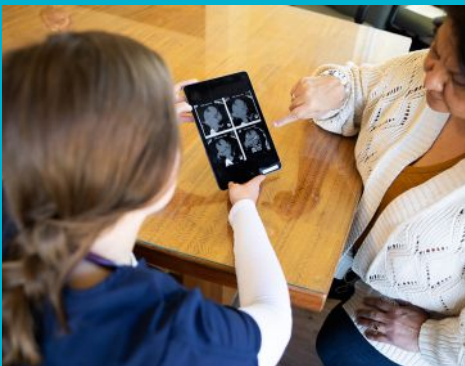
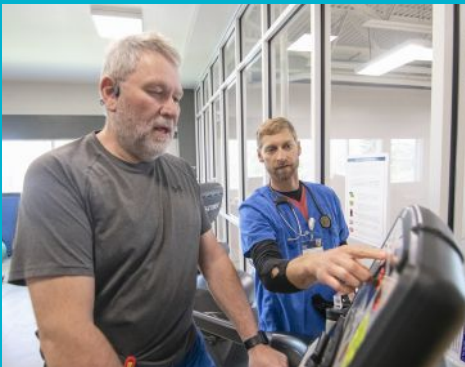
- **Variety** of practices available including **full spectrum (IP/OP/ EM), Urgent Care, OB or no OB, Outpatient or Hospitalist**
- **Competitive** comp, bonus and loan repayment – based on location
- **Montana-based**, non-profit organization with a physician CEO
- **Teaching and leadership** opportunities
- Direct support from our **Level I Trauma Center** in Billings
- **Regional support:** aeromedical transport, specialty outreach and telehealth
- **Mayo Clinic Care Network** provides clinical resources and direct access to specialists

*Competitive
Comp, Bonus,
CME, Vacation
& Benefits!*

Contact Billings Clinic Physician Recruitment
E-mail: physicianrecruiter@billingsclinic.org
billingsclinicphysicians.com



Scan to see current opportunities



HOME IS WHERE THE HEART IS

Comprehensive Heart Care.
Available Locally.

- Heart attack care
- Diagnosis and cardiac testing
- Anticoagulation Clinic
- Heart rhythm disorders
- Heart failure management
- Structural (valvular) heart care
- Heart surgery
- Cardiac rehabilitation
- Vascular care

QUALITY RECOGNITION

*Recognized as the top hospital
in Montana for heart care.*

Logan Health has received more awards from the American Heart Association than any hospital in Montana and was one of 121 hospitals nationwide to earn the 2025 Commitment to Quality Award.



Logan Health Heart & Vascular

350 Heritage Way, Suite 2100 | Kalispell, MT
(406) 257-8992

LOGAN
HEALTH

logan.org/heart



MONTANA ACADEMY
OF FAMILY PHYSICIANS

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA

FAMILY PHYSICIAN

ADVERTISE HERE!

Regina Pitts
rpitts@pcipublishing.com
501-725-3557

Family Physician Publications available in the following states:

Arizona	Illinois	Nebraska	Rhode Island
Arkansas	Indiana	Nevada	South Carolina
California	Kentucky	New Jersey	Texas DO
Delaware	Louisiana	Ohio	Uniformed Services
Florida	Michigan	Oregon	Virginia
Idaho	Montana	Pennsylvania	Washington

 **Publishing**
PCI Concepts, Inc.