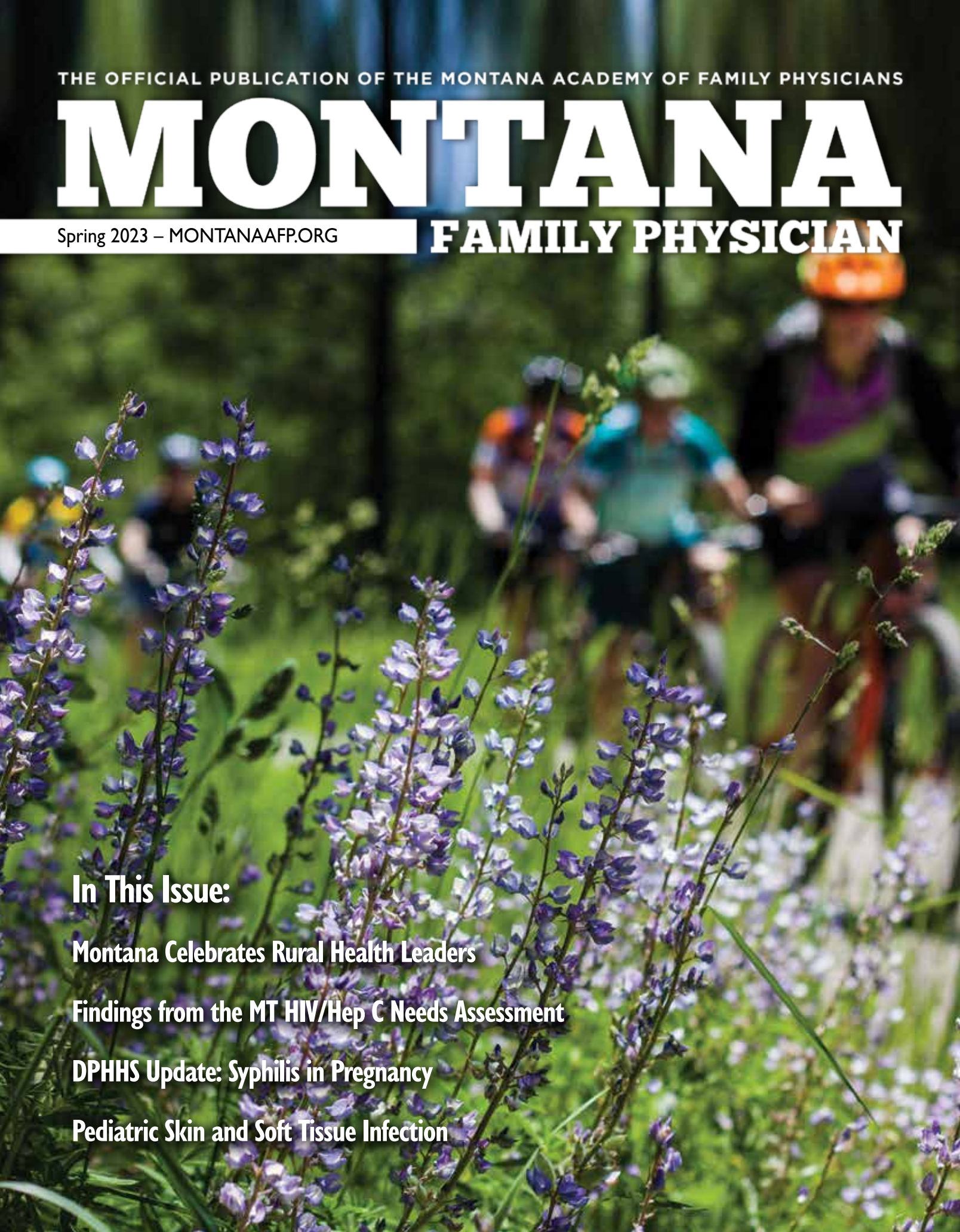
THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

Spring 2023 – MONTANAAFP.ORG



In This Issue:

Choose a Great Career.

In 1917, four visionary medical leaders opened a world-class comprehensive health care center, with an integrated team of specialists and a personal approach to wellness—far from an urban center. Today, the Great Falls Hospital provides diverse specialty medical clinics, urgent care clinics, primary care, a cancer center, and highly specialized surgical services. The Great Falls Hospital is committed to improving the health and wellness of our community by striving to provide the best healthcare possible.

As a provider-led organization, the Hospital is committed to recruiting exemplary medical staff members, harnessing the power of the latest medical technologies, continually striving for advancement, and above all, working as a team to meet the health needs of the 250,000 residents living in Central Montana.

Scan to learn more about our career opportunities!

GREAT FALLS HOSPITAL

3000 15th Avenue South
Great Falls, MT • gfclinic.com

The Great Falls Hospital is a great place to grow your career! We offer competitive wages and an exceptional benefits package. Visit our careers page at **gfclinic.com/careers** to view our current openings and learn more or **call 406-771-3105** to speak to a recruiter today.

MONTANA ACADEMY OF FAMILY PHYSICIANS

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA FAMILY PHYSICIAN

CONTENTS

EDITION 16

*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.*

PCI Publishing Concepts, Inc.

Created by
Publishing Concepts, Inc.

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

For advertising info contact
Victor Horne
vhorne@pcipublishing.com
501 725-3565

Edition 16

MAFP President's Welcome

Heidi Duncan, MD, FAAFP

Greetings, MAFP friends,

As I write this message it is mid-January and the 2023 Montana Legislative session is underway and occupying a lot of time and attention. We are currently in the third week of the session and so far most of the committee work has focused on administrative department bills that are aimed at reducing red tape and streamlining government processes. Initial budget discussions are also happening in the appropriations committees. The only mandated job of our state legislature is to pass a budget every two years. That being said, there are always many other bills that are not related to the budgeting process. Going into this legislative session there were a record number of bill draft requests recorded (over 4400 draft requests compared to 2500 or so in a typical year). Many of these draft requests will not end up with bill language, but the number of requests signals that the pace of this session will be full and fast.

There are already bills that address changing scope of practice for various medical professionals, and the MAFP Board is monitoring these closely and working with the Montana Medical Association and other association partners to develop our positions and testimony. The other key issues we are watching are bills that threaten our ability to provide evidence-based medical best practices to our patients and communities, and that interfere with the sanctity of the patient-provider relationship. By the time you are reading this message, I have no doubt that we will be engaged at multiple fronts resisting legislation that interferes with our ability to provide evidence-based care.

Montana is geographically large but in many ways is one big small town in which family physicians are often the primary care givers for many of our legislators, and in which family physicians are regarded as credible sources of information and input. This provides us with a unique opportunity to have our voices heard in a way that those living in more populated states do not have. My hope is that you will reach out to your local legislators to weigh in on pieces of legislation that impact our ability to provide the care that our communities need.

Thank you for your care and for your hard work.

Come join Montana's brightest stars

RiverStone® Health | Clinic

Now hiring faculty physicians to offer patient-centered care at a federally-qualified community health center and family medicine residency.

NCQA-recognized Patient-Centered Medical home | Integrated behavioral health model
Apply for loan repayment (NHSC and/or MRPIP) | Year-round outdoor activities
Voted Best Town of 2016 by Outside Magazine

123 South 27th Street • Billings, MT 59101 • 406.247.3200 • RiverStoneHealth.org
Send CV to Alexis Urbaniak, Recruiter • Alexis.Urb@RiverStoneHealth.org

2022/2023 MAFP Board of Directors and Officers
MONTANA ACADEMY OF FAMILY PHYSICIANS

Heidi Duncan, M.D.
PRESIDENT
Billings

Michael Strekall, MD
PRESIDENT-ELECT
Helena

Saul Rivard, M.D.
1ST VICE PRESIDENT
Missoula

Katrina Maher, MD
2ND VICE PRESIDENT
Helena

John B. Miller, M.D.
SECRETARY-TREASURER
Missoula

KayCee Gardner, M.D.
DIRECTOR 3 Yr Trm (2020 to 2023)
Miles City

Cara Harrop, M.D.
DIRECTOR 3 Yr Trm (2022 to 2025)
Polson

Amy K. Matheny, M.D.
DIRECTOR 2 Yr Trm (2021 to 2023)
Missoula

Ashley Quanbeck, M.D.
DIRECTOR 3 Yr Trm (2021 to 2024)
Hardin

Jay D. Taylor, M.D.
DIRECTOR 3 Yr Trm (2020 to 2023)
Conrad

Jason Sarisky, D.O.
DIRECTOR 3 Yr Trm (2022 to 2025)
Miles City

Michael Temporal, M.D.
IMMEDIATE PAST PRESIDENT
Laurel

Garth Brand, M.D.
PROGRAM DIRECTOR
Montana Family Medicine Residency
Billings

Robert Stenger, M.D.
PROGRAM DIRECTOR
Family Medicine Residency Of
Western Montana
Missoula

Trent Taylor, M.D.
RESIDENT REPRESENTATIVE
Montana Family Medicine Residency
Billings

Alec Kerins, M.D.
RESIDENT REPRESENTATIVE
Family Medicine Residency Of
Western Montana
Missoula

Rjika Weis
WWAMI STUDENT REPRESENTATIVE
Livingston

Jessica Bailey
STUDENT REPRESENTATIVE
Pacific Northwest University/
Montana Track
Helena

DELEGATES:
Janice Gomersall, M.D.
Missoula

Jeffrey Zavala, M.D.
Billings

ALTERNATE DELEGATES:
Michael Temporal, M.D.
Laurel

LeeAnna Muzquiz, M.D.
Polson

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.

FP ad to come

Board Member Profile

Jeffrey S. Zavala, MD, FAAFP

I was born in Denver Colorado and spent my junior and senior high school years growing up in a town of 300 at 9000 feet in the Colorado mountains. All my summers from 5 to 16 years old were spent in Iowa working on my grandfather's dairy farm. My wife Lynn and I have two wonderful girls. Jennifer does international development with a concentration on Central and South America and Linnea is a Physical Therapist like her mother.

I attended the University of Denver as a Sports Science major thinking I would go into the fitness world. But after taking anatomy and physiology I decided it would be fun to help people be healthy, so I applied to medical school. I went to the University of Colorado School of Medicine and immediately connected with the family medicine faculty. I was blessed to have amazing family medicine mentors including Larry Green, MD, Ned Colange, MD, Edward Paul, MD and Mark Deutchman, MD. I did my residency in Phoenix where I was the Chief Resident and obtained a Sport Medicine CAQ. After residency we landed in Red Lodge, Montana where I did full scope family medicine including ED work, ambulance director and ski patrol medical director. I did go to Memphis for a year to do a fellowship/faculty position and learned endoscopy and operative obstetrics and was honored as the faculty of the year.

All along I have been involved with the AAFP and state chapters with the goal of serving my fellow family physicians. I have done mission work in Mexico and Honduras and was part of an AAFP ALSO team that went to Kyrgyzstan.

After 18 years in rural Montana, we moved to Utah to allow one of our girls to pursue her dream of being an Olympic ski racer. While there I joined a large multispecialty private practice and served on their leadership board. Ten years ago, we returned to Montana for me to pursue a CMO position for the medical group at St. Vincent Hospital in Billings. That position morphed over time, and I now have 370 physicians and APPS spread over Montana and northern Wyoming.

I have served in many positions with MAFP including past president and I now serve as one of the Delegates to the AAFP. I have been active with the AAFP serving on several commissions and committees including being the chair of the Rural Health Committee. I have a significant passion for all people to receive the best care and to make the delivery of that care efficient. To help my fellow family physicians find ways to deliver the best care and improve resilience, I am running for the AAFP Board of Directors. My goal is to help the rural voice be heard, to work to decrease unnecessary burdens in practice and increase the joy of family medicine and our service to our patients and communities.

The biggest honor I have received occurred recently. I told a CV surgeon about my rural practice, and he said, "wow you were a real doctor". All family doctors are "real doctors" that take care of all people. Thank you all for your service and dedication to our specialty, our patients and the communities you serve.

National Conference of Constituency Leaders (NCCL)

Save the Dates!

Tuesday, May 9 - Thursday, May 11, 2023 | Kansas City, MO

Sheraton Kansas City at Crown Center

The National Conference of Constituency Leaders (NCCL) is the AAFP's leadership development event that empowers a select group of change makers to catalyze positive change in family medicine. NCCL will inspire you to build on your leadership skills and create a lasting impact for current and future generations of family physicians.

About NCCL

Are you ready to develop skills to advocate for issues that are relevant to your constituency, your practice, your specialty, and your patients? At NCCL, you will elect national officers, gain skills to be an effective leader, and meet others who share similar interests. Chapter delegates participate in all NCCL-specific business functions and have the opportunity to attend a variety of educational breakout sessions.

NCCL constituencies include:

- Women
- Minorities
- New physicians (in the first seven years of practice following residency)
- International medical graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico
- LGBTQ+ physicians or physician allies

Serving as a Montana constituency delegate is an excellent way to build leadership skills, learn more about policy work within the AAFP, and become more engaged with the leadership of the Montana Academy of Family Physicians! If you are interested in learning more about becoming a Montana constituency delegate, please contact Linda Edquest, MAFP Chapter Executive, at linda@montanaafp.org. You can also find more information at https://www.aafp.org/events/aclf-nccl/nccl.html.

**Content reprinted with the permission of the American Academy of Family Physicians.*

DPHHS Brief Updates

Montana Cancer Program:

Free cancer screenings!

Free local breast and cervical cancer screening services are available statewide for women who meet income guidelines. To be connected to mammograms and Pap tests in your community, call the program's toll-free number, 1-888-803-9343, or visit www.cancer.mt.gov. Providers, to offer free cancer screenings in your clinic, enroll at:

https://dphhs.mt.gov/publichealth/cancer/MedicalProviders.

The COVID-19 pandemic has affected every part of our lives including cancer diagnoses. 535 fewer cancer cases were diagnosed in Montana during 2020 than the annual average for the previous 5 years. Female breast cancer, lung cancer, and melanoma had the largest drop in number of cases in 2020 compared to an average year. Read more about how cancer data look different in 2020 in the latest report from the Montana Central Tumor Registry at: https://dphhs.mt.gov/publichealth/cancer/DataStatistics . Please contact Heather Zimmerman, hzimmerman@mt.gov if you have any questions or comments about the report.

WIC:

WIC [signupwic.com] is a USDA-funded program that provides healthy foods to low-income pregnant and postpartum people, infants, and children up to age five. For 2023, Montana WIC is adjusting its cash-value benefit (CVB) amounts, which provides money to spend on fruits and vegetables. Members can expect the following increases: $25/month for child participants, $44/month for pregnant and postpartum participants, and $49/month for fully and partially breastfeeding participants.

DPHHS Update: Syphilis in Pregnancy

Overview

Cases of syphilis have risen significantly in Montana, as well as across the nation. In Montana, cases of primary, secondary, and congenital syphilis are increasing at concerning rates. Preliminary 2022 data documents 603 reported cases, representing an overall increase of 555% in two years. Montana has not reported syphilis case counts this high since 1948. From the late 1960s until 2017, the total annual syphilis case counts were under 100.

Background

Syphilis is a treatable disease caused by the bacterium *Treponema pallidum*. Left untreated, it can have serious health consequences, including congenital infection and stillbirth. Women at risk for syphilis in pregnancy include those with multiple sexual partners, sex in conjunction with drug use or transactional sex, late entry to prenatal care, no prenatal care, methamphetamine or heroin use, incarceration of the woman or her partner, and unstable housing or homelessness. Among pregnant women with untreated early syphilis, up to 40% of their pregnancies will result in spontaneous abortion, stillbirth, or perinatal death.

A DPHHS descriptive analysis of case investigations from 2019 through October 19, 2022, examined the circumstances of nineteen pregnant women in Montana who delivered babies with congenital syphilis or had syphilitic stillbirth. Among this sample, 47% did not receive prenatal care and among those who did receive care, 70% entered care in the 2nd trimester or beyond.

The rate of reported congenital syphilis in the United States has increased dramatically since 2012. From 2015 to 2019, the rate increased by 291.1%, mirroring the increased rates of primary and secondary syphilis among females aged 15-44 years in the United States. In Montana, the number of congenital syphilis cases increased substantially in 2021, with nine reported cases, including two stillbirths and one infant death. Preliminary 2022 data documents Montana has reported 15 cases of congenital syphilis, including 3 syphilitic stillbirths. This is a substantial increase from an average of one case per year from 2017 to 2020.

Congenital syphilis – clinical manifestations

Congenital syphilis may or may not be evident at birth. Affected infants can demonstrate a host of physical manifestations, including hepatosplenomegaly, snuffles (copious nasal secretions), lymphadenopathy, mucocutaneous lesions; pneumonia; osteochondritis, periostitis, and pseudoparalysis; edema; maculopapular rash consisting of small dark red-copper spots that is most severe on the hands and feet; hemolytic anemia; or thrombocytopenia at birth or within the first 4 to 8 weeks of age.

Untreated infants, including those asymptomatic at birth, may develop late manifestations, which usually appear after two years of age and involve the central nervous system, bones and joints, teeth, eyes, and skin. Some findings may not become apparent until many years after birth, such as interstitial keratitis, eighth cranial nerve deafness, Hutchinson teeth (peg-shaped, notched central incisors), anterior bowing of the shins, frontal bossing, mulberry molars, saddle nose, rhagades (perioral fissures), and Clutton joints (symmetric, painless swelling of the knees). Late manifestations can be prevented by treatment of early infection.

Syphilis diagnosis and treatment

The 2021 Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infection (STI) Treatment Guidelines provide current evidence-based diagnostic, management, and treatment recommendations, and serves as a clinical guidance resource for managing sexually transmitted infections. Syphilis is included among the updated guidelines, including considerations for infection during pregnancy and congenital syphilis. The updated guidance offers expanded risk factors for syphilis testing among pregnant patients. CDC guidelines recommend testing all expectant mother during their first prenatal visit. Mothers at high risk for syphilis infection, including those geographic areas with a high rate of prevalence, should be retested at their 28-week appointment and at delivery. For mothers who are unlikely to return for multiple visits or those who lack access to healthcare, syphilis screening is recommended at the time of pregnancy testing followed by treatment, if clinically indicated.

The provider's assessment of disease stage determines the duration of syphilis treatment for pregnant women. Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis. Pregnant women who have a history of penicillin allergy should be desensitized to allow for penicillin G treatment. Per the CDC STI Guidelines, providers may consider providing a second dose of intramuscular benzathine penicillin G 2.4 million units one week after the initial dose for pregnant patients with primary, secondary, or early latent syphilis, or if there is ultrasonographic evidence of fetal or placental syphilis. Timely treatment is particularly crucial in pregnant patients. Missed doses of greater than 9 days between doses are not acceptable for pregnant women receiving therapy for late latent syphilis, with an optimal interval between doses of 7 days. If a pregnant woman does not return for the next dose on day 7, every effort should be made to contact her and link her to immediate treatment within 2 days to avoid retreatment. Pregnant women who miss a dose of therapy should repeat the whole course.

Providers should screen all pregnant patients for syphilis, stage their disease, and provide timely treatment for the patient and their partner. Triple screening during pregnancy is recommended among high-risk populations. Postnatal evaluation of infants born to mothers with untreated or inadequately treated syphilis is crucial. Timely case investigation by local and Tribal public health is critical to identify and treat partners to minimize disease transmission.

Syphilis follow up during pregnancy

The timing of repeat testing following syphilis treatment in pregnant women is based on gestational age. When the mother is treated before 24 weeks' gestation, serologic titers should not be repeated before 32 weeks gestation but should be repeated again at delivery. If the mother is treated after 24 weeks' gestation, serologic titers should be repeated at delivery.

If the mother is diagnosed with syphilis during the second half of the pregnancy, a fetal sonogram is recommended to evaluate for congenital syphilis. Sonographic signs of fetal or placental syphilis indicate a greater risk for fetal treatment failure and an obstetric specialist may recommend additional treatment. The CDC recommends that the mother's serologic status be confirmed prior to hospital discharge and that all mothers with stillbirths after 20 weeks' gestation should be tested for syphilis prior to leaving the hospital. Please see the full syphilis, syphilis during pregnancy, and congenital syphilis guidelines for more complete diagnostic and treatment information.

Partner management

Testing and treatment of infected sexual partners is essential for preventing syphilis reinfection in pregnant women. All exposed partners of patients with confirmed syphilis should be tested and begin treatment as quickly as possible. Individuals who have sexual contact within 90 days of their partner receiving a diagnosis of primary, secondary, or early latent syphilis should be treated presumptively for early syphilis. In the setting of sexual activity beyond 90 days of a partner's diagnosis, the individual should be treated presumptively if tests results are not immediately available and follow up is uncertain. See the CDC Syphilis Guideline for additional details.

Provider resources

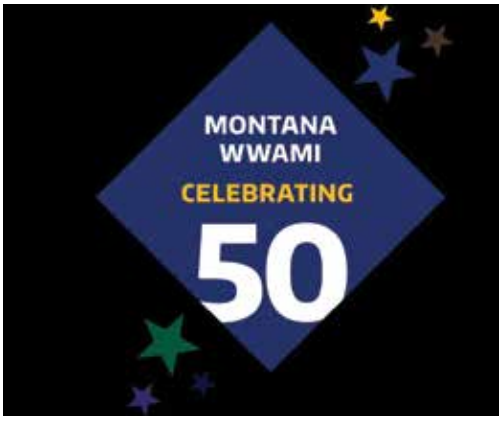
1. Please see the complete CDC 2021 STI Treatment Guidelines -These guidelines present timely, evidence-based information on the appropriate management of STIs and offer provider resources for more efficient clinical practice. You can find them at: https://www.cdc.gov/std/treatment-guidelines/default.htm.

2. The University of Washington STD Prevention Training Center, provides excellent print syphilis resources, webinar recordings on syphilis testing, syphilis during pregnancy, and congenital syphilis: http://uwptc.org/

3. The American Academy of Pediatric Red Book 2021-2024 Report of the Committee on Infectious Diseases 32nd edition provides clinical guidance on the management of congenital syphilis infection.

Montana WWAMI Rural Underserved Opportunities Program (RUOP)

Participation in RUOP is very popular in Montana. After their first year of foundations training, WWAMI students are placed in rural or underserved sites throughout the state. During their four week stays, they learn about their communities and about practicing rural or underserved medicine. Most of the students participating in RUOP combine their experience with a community project. This is a wonderful opportunity for the students and the communities, and the physician preceptors.

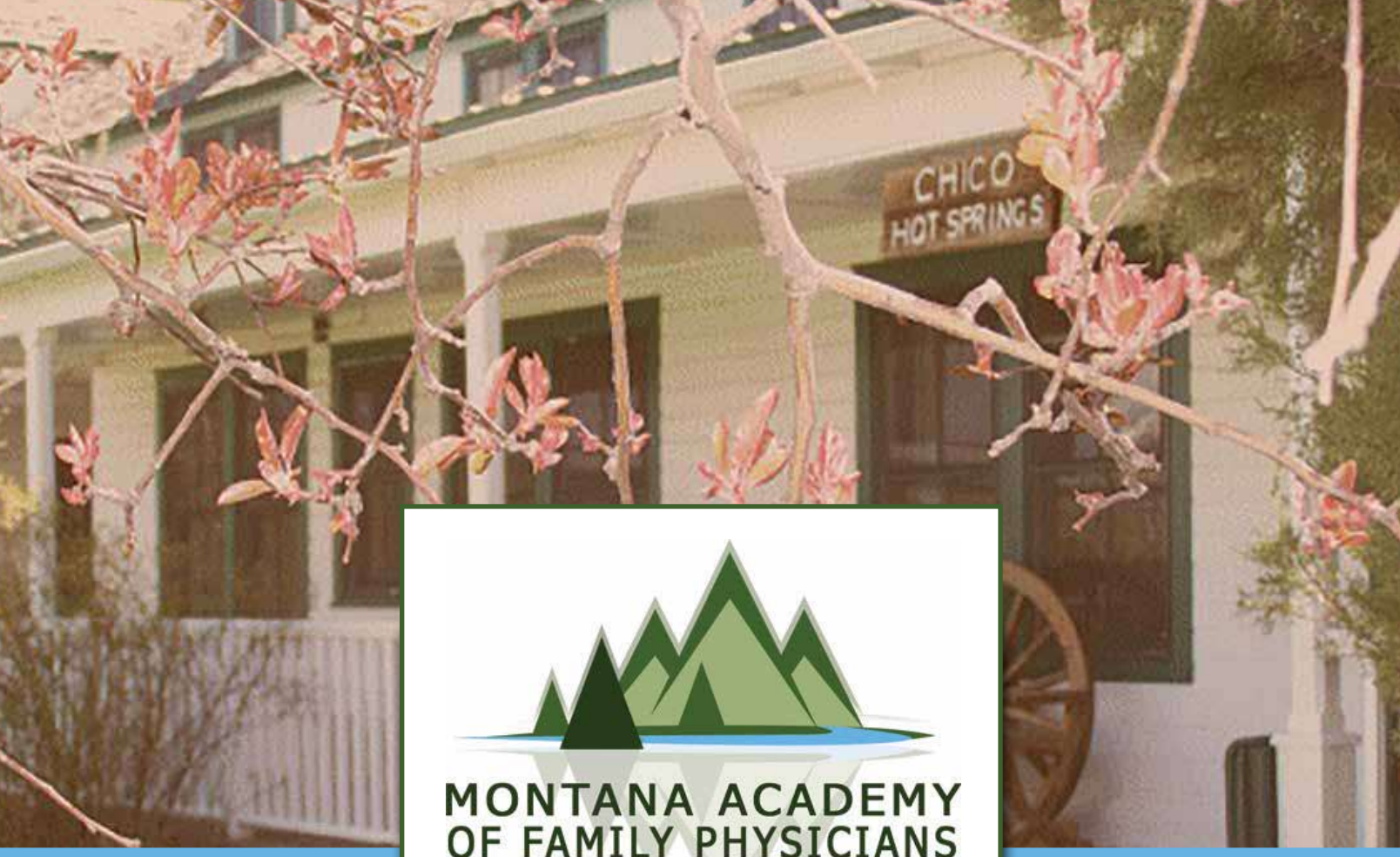


RUOP Preceptor Spotlight

By: Alex Lawson, MA, RUOP Education Specialist

Dr. Scranton in Havre, MT

Having had an amazing RUOP experience himself in Red Lodge, Dr. Scranton knows the unique benefits of this program. Providing the opportunity to work closely with primary care physicians after a year of intense book study, RUOP helped reinvigorate him at a time when burn out felt imminent. Being hands-on in a clinic and seeing the trajectory of what all the training and studying is for renewed his sense of determination and interest. Moreover, the opportunity to experience medicine in a small community, and engage with those who lived there was a unique learning opportunity that reinforced his interest in this type of practice. That interest eventually led him to a Family Medicine Residency with a rural focus in Greeley, CO. In an era where few locations offer true full-spectrum family medicine, Dr. Scranton was drawn to return to Havre for the chance to practice in the outpatient clinic, surgical obstetrics, and hospital medicine. Additionally, Northern Montana Healthcare offers specialties such as general surgery, OB/GYN, orthopedics, emergency medicine and internal medicine, making it an ideal RUOP location for students to experience a wide clinical variety. Apart from the career opportunities, Dr. Scranton loves the Montana way of life preserved in this rural town and is happy to be able to serve a community that needs his skills. Knowing the value of a site with such a great mix of clinical medicine – and that the requests to precept would persist – Dr. Scranton agreed to host a RUOP student. Only two years out from residency completion, Dr. Scranton is in that sweet spot where he can still closely relate to a student at the beginning of their journey, yet also affirm that the process of medical school and residency works and will prepare you for clinical practice. As a new preceptor, he wants to continue learning the best ways to include a student in the workflow, and how to adapt to different learning styles. Many of the other providers have also been excited to share in the teaching responsibilities affording the student every opportunity from ICU to deliveries to common colds to acute emergencies. And the Spokane-based student has embraced it all with enthusiasm and an eagerness to learn, helping foster a great impression of the RUOP program. Dr. Scranton affirmed that this has set a very high bar for future students, and that staff, providers and patients have all shared in the excitement and enjoyment of this experience.



MONTANA ACADEMY
OF FAMILY PHYSICIANS

72nd Annual

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

June 22-23, 2023

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

Physicians Must Be Leaders For Their Own Well-Being

By Dr. Isaac Fonken
Montana Family Medicine Residency, Billings, MT

Clinicians who want to care for the well-being of their patients, must first be well themselves.

Over the last decade, physicians and other healthcare workers have been calling for the quadruple aim in healthcare (Bodenheimer & Sinsky, 2014). The triple aim of better patient experience, better public health and lower costs is not enough without the inclusion of improving the work life of healthcare workers.

We know that physicians have a higher rate of burnout, depression, and suicide than many other professions. And family physicians have similar rates of burnout to many other medical specialties. This is the residual effect of an era of distress, a historical time "characterized by a lack of awareness or even deliberate neglect of physician distress." (Shanafelt, 2021)

Many of our patients struggle not only with health problems, but also with socio-economic challenges. These factors put them at higher risk of poor health outcomes. This affects providers, too. We practice in clinics, hospitals and nursing homes that ask us to be superheroes – to perform at the top of our game all the time and to work tremendous hours. It is easy to silently agree with that by just getting the work done. But if the job doesn't bring us wellness, we let the job rob us of wellness. By extension, we let the healthcare system continue to underserve our underserved patients.

Two years ago, the American Academy of Family Physicians launched Leading Physician Well-being. This 12-month course is designed to grow family physicians' knowledge and skills in physician well-being, leadership development and performance improvement. I was in the second-year cohort of about 100 family physicians from across the country. Our group included residency faculty, Community Health Center staff, doctors in private practice and everything in between.

I first learned about Leading Physician Well-being from my father, Dr. Paul Fonken, a family physician based in Colorado, who also works with primary care physicians in Kyrgyzstan. We both signed up. I was the only Montana physician in our group.

My Leading Physician Well-being experience began in January 2021. It was a yearlong journey of self-discovery, leadership development and practice improvement to further the well-being in my community. This program is grant funded, so there is no tuition fee for doctors. I teach in the Montana Family Medicine Residency based at RiverStone Health and practice family medicine at the RiverStone Health Clinic, a Community Health Center. Both MFMR and RiverStone Health were extremely supportive of my participation.

> One goal of Leading Physician Well-being is to equip doctors with tools they need to stand up to institutional violence and disenfranchisement.

For Leading Physician Well-being, participating physicians all met twice in person and four time in virtual sessions. These meetings created a supportive community for the individual projects each of us completed in personal wellness and system improvement.

My personal wellness project was dedicated to life coaching and developing a vision for my career.

My system project aims to improve gatherings of colleagues. I worked with staff, residents and faculty to schedule wellness potluck dinners in November and December. Then I teamed up with our residency wellness chiefs (one third-year resident and one second-year resident) to measure the effect of wellness dinners.

Before the first gathering, we surveyed residents and faculty on their wellness and feelings of burnout. Responses to the pre-gatherings survey varied from feeling well to burned out. The after-gathering survey will ask how people are feeling, if they want to continue conversations about wellbeing and for ideas on promoting wellness.

There's something about gathering outside of work with good food and stuff for the kids to do. People were able to come and feel welcome, especially those without nearby family. My goal is to build back more regular gatherings that were lost since the pandemic started.

I feel more energized at work and at home than I did a year ago. My life seems well integrated. With coaching and other tools, I have given myself permission to enjoy my work on projects I care about and to enjoy my family time building memories for my kids. I have found that

calling attention to my choices around family gives my colleagues permission to do the same.

American physicians are in transition, we are moving from simply having "knowledge and awareness" distress in healthcare and moving toward "cultivating well-being and preventing occupational distress"(Shanafelt, 2021). We owe it to ourselves to not just be surviving. We must find parts of home and work life that bring us joy and fulfillment and we need to prioritize them.

If you are looking for a chance to start making a change in the way you care for your wellbeing, consider starting small:

- Go to bed on time.
- See your primary care doctor.
- See your dentist.
- Schedule vacation.
- Arrange coverage while you are away.
- Consider applying for the Leading Physician Well-being program.

One goal of Leading Physician Well-being is to equip doctors with tools they need to stand up to institutional violence and disenfranchisement. When we let ourselves be passengers in the healthcare system that demands so much of us, we allow the system to perpetuate institutional violence against us and our patients.

Dr. Isaac Fonken joined the faculty of Montana Family Medicine Residency and the staff of RiverStone Health Clinic in 2021. He lives in Billings with his wife, and children, ages 4 years and four months.

Sources:

1. Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*, *12*(6), 573–576. https://doi.org/10.1370/afm.1713

2. Shanafelt, T. D. (2021). Physician Well-being 2.0: Where Are We and Where Are We Going? *Mayo Clinic Proceedings*, *96*(10), 2682–2693. https://doi.org/10.1016/j.mayocp.2021.06.005

3. Link to the American Academy of Family Physicians' Leading Physician Wellness program at https://www.aafp.org/family-physician/practice-and-career/managing-your-career/leading-physician-well-being.html

Montana Office of Rural Health/AHEC and Montana Rural Health Association Celebrate Rural Health Leaders

(http://healthinfo.montana.edu/nrhd/newman/winners.html)

In honor of National Rural Health Day, the Montana Office of Rural Health/AHEC and Montana Rural Health Association seek nominations for the Dr. Frank Newman Rural Health Award(s). Dr. Newman represented the spirit of Montana in nearly 50 years of service to rural communities and healthcare in our state. Awardees were announced on November 17, 2022, National Rural Health Day.

Dr. Frank Newman

Dr. Newman was instrumental in founding the Montana WWAMI Medical School Program, the Montana Office of Rural Health, the Montana AHEC, the Montana Family Medicine Residency Program, and many other programs. Dr. Newman counseled hundreds of young people interested in a career in medicine and other health professions. He was actively teaching in the WWAMI Targeted Rural Underserved Track at Montana State University, and working at the Montana Office of Rural Health/AHEC until his death at age 80 on Veteran's Day, 2011.

Nominees reflect Dr. Newman's commitment to rural health in Montana, his support for health professions, his belief in the young people of our state, and his optimistic view of the future. Dr. Newman traveled to every corner of Montana, worked with rural hospitals and healthcare providers, and believed that communities had the capacity to support high quality healthcare. He helped many people persevere in their goals and hopes, and inspired many young people to pursue their dreams.

2022 award winners include:

Rural Clinician Leadership: **Dr. Amy LePage**, Central Montana Medical Center, Lewistown

Born and raised in Lewistown, Dr. LePage completely understands the advantages and disadvantages of a rural community, including those in healthcare. Dr. LePage returned to Lewistown after several years of practicing Emergency Medicine in other locations. Upon her return, she dove right into education and awareness of healthcare among the youth. She was a pivotal person in creating our high school EMT program where high school kids can take CMMC's EMT class for credit and be an EMT right out of high school. Why did she do this? Her dedication to rural…the criticality of needing these positions in rural Montana. Exposing kids to healthcare & medicine is a great opportunity to grow our own for many healthcare professions, and Dr. LePage knows this all too well.

She is always embracing of any level of learner in the Emergency Room, from high school to medical school. The students adore working with her. Her technical skills are phenomenal but also her incredible attitude to deal with any situation. In a fast -paced ER, she does not miss a beat. She can manage any patient acuity that the universe can throw at her. And in the middle of doing that, she is cleaning rooms for the nurses, so other patients can be seen. She looks at the whole picture for both the patient and the facility. She navigates both the complex social situations with patients and as well as complex organizational issues that arise with ease. Students that have the opportunity to experience this with Dr. LePage learn so much more than what is in a textbook. It is invaluable to them.

And keeping on the theme of helping learners out, Dr. Lepage recently connected CMMC with the Wilderness Medicine Fellowship program out of Temple University in Philadelphia. What does this mean? CMMC will have a Fellow (a physician seeking additional education in a specific specialty) every month taking Emergency Physician shifts in the Emergency Room to gain a better understanding of rural medicine. This is a huge milestone for rural America. Rural areas generally do not have Fellows, so this is a phenomenal opportunity to be part of something new and uncharted.

Dr. LePage is something fantastic and CMMC is so fortunate to have her skill, willingness, and positive attitude to continue to grow our own in the healthcare field.

Rural Health Leadership: **Dr. William Gallea** and **Jennie Nemec**, **RN**, Montana Comprehensive Advanced Life Support (CALS), Helena

Just as Dr. Newman believed that communities had the capacity to support high quality healthcare, so do the following two individuals awarded the Frank Newman Rural Health Leadership Award. Both William Gallea MD and Jennie Nemec RN have worked tirelessly to support rural communities and healthcare throughout the state, bringing the Comprehensive Advanced Life Support (CALS) program to Montana. Dr. Gallea has been a board-certified emergency department physician for more than 25 years and provided patient care in many rural settings throughout Montana. Dr. Gallea has been an active participant in the Montana Medical Association, serving in a leadership capacity. Dr. Gallea has combined his passion for flight and skill as a licensed pilot as the Medical Director for Montana Medical Air Transport for more than 25 years.

Jennie Nemec RN has led a distinguished career in healthcare. Jennie's early years were spent in a Level One Trauma Center in California. Thankfully for Montana, Jennie found her way back home where she worked as a flight nurse in Kalispell. Jennie's career path led her from flight to the emergency department as

the ED/EMS Director at St. Peter's for more than 25 years. Jennie has been a certified ACLS, PALS, ENPC, and TNCC instructor for more than 35 years, traveling throughout Montana to teach in rural healthcare settings. Jennie worked as the state EMS/Trauma Coordinator for more than 10 years. Utilizing her knowledge of EMS/Trauma, she continues to travel frontier Montana with the State Trauma Review System, to improve trauma care by evaluating trauma designated facilities in rural Montana.

Providing healthcare to rural communities throughout Montana, Dr. Gallea and Jennie came to the conclusion that limited resources, difficulty recruiting staff, especially specialized staff, and infrequent high acuity events presented challenges to rural healthcare, impacting their ability to provide consistent high quality patient care. They searched for a solution that was efficient and effective both fiscally and through patient outcomes. They discovered the CALS program developed in Minnesota. They invested their time and resources to research the CALS Program and in 2012 traveled to Minnesota to take a CALS course. They determined the new program was well suited for Montana's rural healthcare facilities, to improve clinician skills and build confidence to improve patient outcomes. Dr. Gallea and Jennie worked with the Minnesota CALS program to become certified instructors and brought the program back to Montana. They have tirelessly recruited, trained, and mentored healthcare clinicians to be CALS Instructors. They have acclimated their knowledge and skills to utilize their creativity to build training materials that provide a realistic, simulated learning environment for course participants to enhance knowledge and skill acquisition. They have traveled throughout Montana, teaching and transporting course equipment in anything large enough that would roll down the road. They adapted their teaching to present courses in a variety of environments that reflect the uniqueness of rural Montana. Through their tireless commitment to mentor rural healthcare clinicians to gain knowledge and improve skills, they continue to reflect Dr. Frank Newman's spirit in their service to rural communities and healthcare throughout Montana.

Future of Rural Health: **Bailee Adler**, OT, Deer Lodge Medical Center, Deer Lodge

Bailee Adler grew up in the small community of Avon, MT. She attended the local high school in Deer Lodge and then went on to attend college to pursue a career in Occupational Therapy. Last year she completed her degree and returned to our community to share her passion and help those in need with Occupational Therapy. Bailee took on the task of being the first and only OT in our facility. In one year, she has built a program for patients from 0 to 100 years in age. Bailee currently works with IP, OP and at the local school to bring high quality care in occupational therapy. Bailee is truly an individual that can see the need for her services in our small community and has touched, and made great healthcare improvements, for our patients. She is committed to providing care in her hometown and giving back to those she has grown with.

Lifetime Achievement: **Mary Helgeson**, retired Eastern AHEC Director, Billings

Mary's children's advocacy role, began with her involvement in the Boulder Elementary PTA, which she served in a leadership capacity. Mary participated in many programs in the Billings community to raise money to provide income to improve resources for Billings schools. From the skills she gained throughout her tenure in the PTA, Mary became the education coordinator for the Alberta Bair Theater (ABT). In her role with the ABT, Mary fine-tuned her skills in organizing, logistics and marketing. From ABT, Mary joined RiverStone Health in 2008 as a student placement coordinator. At RiverStone Health, Mary coordinated the hospital rotations of various medical students, physician assistants and pharmacy students. In September 2011, Mary was promoted to director of the Eastern Montana Area Health Education Center (AHEC) at RiverStone Health. In her role as Eastern Montana AHEC Director, Mary oversaw the 27 counties of eastern Montana where she was committed to expanding the healthcare workforce, maximizing diversity and facilitating the distribution of healthcare workers especially in rural and underserved Montana communities. Mary utilized skills gained as an elementary educator to put on the Great Hospital Adventures puppet show, to introduce elementary kids to healthcare professionals. Mary utilized her talent of linking local resources and organizations to introduce high school students to healthcare careers through collaboration with community healthcare facilities and conducted one day Reach and Explore Awesome Careers in Healthcare (REACH) camps and five-day MedStart Camps throughout the eastern Montana region. Mary has advocated for rural healthcare by her commitment and leadership in projects like HealthCARE Montana where she not only served as AHEC Director but assumed the role of Workforce Coordinator with the goal of maximizing combined resources and interests to create a streamlined and efficient system of healthcare training and job placement, with long-term sustainability in mind for the participants, employers and training providers.

Mary has been an example of what it means to be a leader. Mary has taken on the leadership role of various organizations throughout her community. Mary has been a mentor for many newcomers to the Montana AHEC family. Mary committed to rural healthcare in Montana by taking the time to assure new leaders in the AHEC family have the knowledge and understanding to provide guidance to those interested in rural healthcare and rural healthcare providers. Mary has also demonstrated the role of champion with her amazing marketing and persuasive skills which she has demonstrated on numerous occasions as a guest writer for the Billings Gazette. In Mary's role as Eastern Montana AHEC Director, she like Dr. Newman met a lot of people along the way, that helped her develop a solid network of connections which she leveraged to improve healthcare in rural Montana.

Montana HIV and Hepatitis C Needs Assessment, 2022

Kaitlin Fertaly, Ph.D. & McKenzie Javorka, M.A.
The Rural Institute for Inclusive Communities, University of Montana

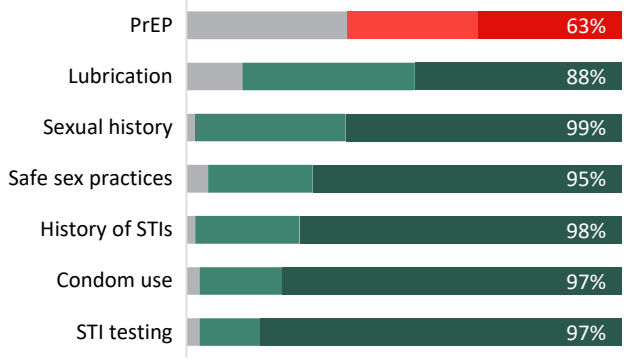
Background: Montana is a low prevalence state for HIV. In 2021, approximately 801 people were living with HIV/AIDS in Montana and 20 new HIV cases were identified. The number of Hepatitis C (HCV) infections per year among Montanans is higher; there were 30 new diagnoses of acute HCV and 1,058 new chronic cases identified in Montana in 2021, with an estimated 13,553 persons living with HCV in Montana.

This needs assessment examined barriers and facilitators to HIV and HCV care in MT across the care continuum.

Provider Perspectives on HIV Care

Primary care providers in Montana were surveyed about their HIV prevention, testing, and treatment practices, as well as barriers to providing HIV-related health care.

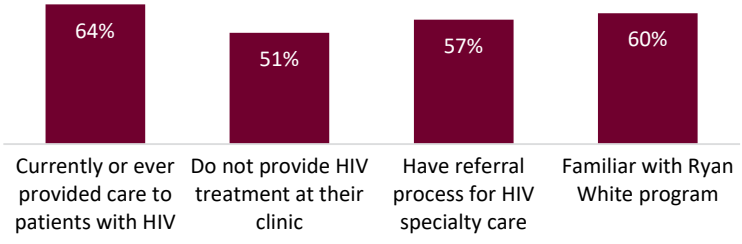
Providers are least comfortable talking about pre-exposure prophylaxis (PrEP).
% of providers who felt "somewhat" or "extremely" comfortable discussing sexual health-related topics with patients



53% of providers follow the CDC's HIV screening algorithm.
41% were unsure what the screening algorithm is.

35% of providers offer "opt-out" HIV testing.
This means an HIV test is included in standard preventive screenings unless declined by the patient.

About half of providers do not provide HIV treatment.



74% of providers stated **limited training/experience with HIV medications** is a barrier to providing HIV treatment

Patients' Experiences with HIV Care

People living with HIV in Montana shared their experiences with HIV care, including barriers and facilitators to accessing prevention, testing, and treatment services.

THEME 1: Fear of HIV stigma is a barrier to testing, especially in small rural communities.
"You can't expect a closeted person who is fearful to admit and say, I had sex, I need a test. There are plenty of people I know…who will live with their disease, whatever STI, they will live and die with that secret. Because that's … how powerful the shame is. That's how powerful the guilt is. That's how powerful the embarrassment is." – Person living with HIV

THEME 2: Patient-provider relationships are important facilitators of engagement in HIV care.
"[In another state] it's more of, I guess I call it a cattle line. Like, 'Okay, bring them in. Okay, we got the blood. Okay, now we…' and then up in Montana it's, 'How are you doing? How have you been doing?' It's like trying to create a friendship and an actual relationship." – Person living with HIV

Patients' Experiences with HIV Care (continued)

Theme 3: Providers may be unfamiliar with HIV treatment and specialty HIV care in Montana is limited.

"When I first started living in [rural Montana town] … my doctor was prescribing me my HIV meds and he even told me, 'I'm not an HIV specialist. I don't know much about it. But I can prescribe you the meds.' And then I get to [city in Montana] and find out I'm on the wrong meds." – Person living with HIV

"In fact, we drive from here in [rural Montana town], we drive [200+] miles to see [our HIV specialty provider] each way, every three months. So there's a real pain because it's all back roads…Takes about four hours." – Person living with HIV

Provider Perspectives on HCV Care

Primary care providers in Montana were surveyed about their Hepatitis C testing and treatment practices, as well as barriers to providing HCV-related health care.

70% of providers have a protocol for HCV screening and testing in place at their clinic.

57% of providers are unsure whether patients must have a period of sobriety prior to HCV treatment.
33% do not think sobriety is needed.

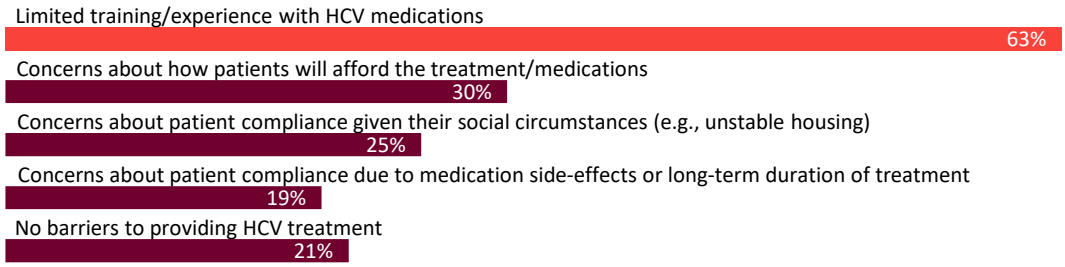
Did you know?

Montana Medicaid lifted sobriety and fibrosis restrictions for HCV treatment in 2020.

In our survey, only **32%** of providers were aware of these changes.

Limited training or experience with HCV medications is a frequent barrier to providing HCV treatment.

% of providers who reported key barriers



Patients' Experiences with HCV Care

People who had ever tested positive for Hepatitis C shared their experiences with HCV care, including barriers and facilitators to testing and treatment.

Theme 1: People who test positive for HCV may not receive adequate education and linkage to care.

"[The providers] told me, they just said, just to keep an eye on it or whatever. And, like, it wasn't really much information they gave me about it." – Person who tested positive for HCV

"I got given a note and got told that I had Hep C and that was it. After that I didn't hear from anybody for quite a while." – Person who tested positive for HCV

Theme 2: Providers may act as "gatekeepers" to HCV treatment.

"I still haven't gotten a cure yet. [My provider] just wanted me to stop using before he had cured me and just like reinfected myself. . . He wants me to be more stable before he treats me for it." – Person who tested positive for HCV

For more information or to request the full report, contact Dr. Fertaly at **kaitlin.fertaly@mso.umt.edu**

Rural Institute, University of Montana

This project was conducted under a contract with the Montana Department of Public Health and Human Services (MT DPHHS). The project is supported with funding from the Centers for Disease Control and Prevention (CDC) and the Ryan White Program (RWP) with 0% financed by non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by MT DPHHS, CDC, RWP or the U.S. Government.

DID YOU KNOW?

- **Hepatitis C is the third most reported disease in Montana**

  Approximately 14,000 Montanans are living with chronic HCV and an average of 1,500 new cases are diagnosed annually.

- **HCV treatment can cure more than 90% of HCV cases**

Learn more about Hep C and HIV prevention by participating in Project ECHO, led by Montana medical providers.

ABOUT THE PROJECT ECHO SESSIONS

ECHO participants engage in a virtual community with their peers where they share support, guidance and feedback.

During an ECHO session, participants present real (anonymized) cases to the specialists—and each other—for discussion and recommendations. Participants learn from one another, as knowledge is tested and refined through a local lens.

ECHO sessions help close gaps in care, ensuring that high quality treatment can be delivered to the underserved in geographically remote areas, such as rural and tribal Montana.

WHEN DO THE SESSIONS START?

HEPATITIS C SESSIONS:
beginning March 7, 2023 and continuing the 1st and 3rd Tuesdays of each month at noon

HIV PREVENTION SESSIONS:
beginning May 2023, visit the website for updates on dates and times

FOR MORE INFORMATION OR TO REGISTER:

SCAN ME

umt.edu/ccfwd/training/projectecho/

Questions?
Contact Stacie Pannell, RN, BSN
stacie.pannell@umontana.edu

Project ECHO®

MONTANA DPHHS

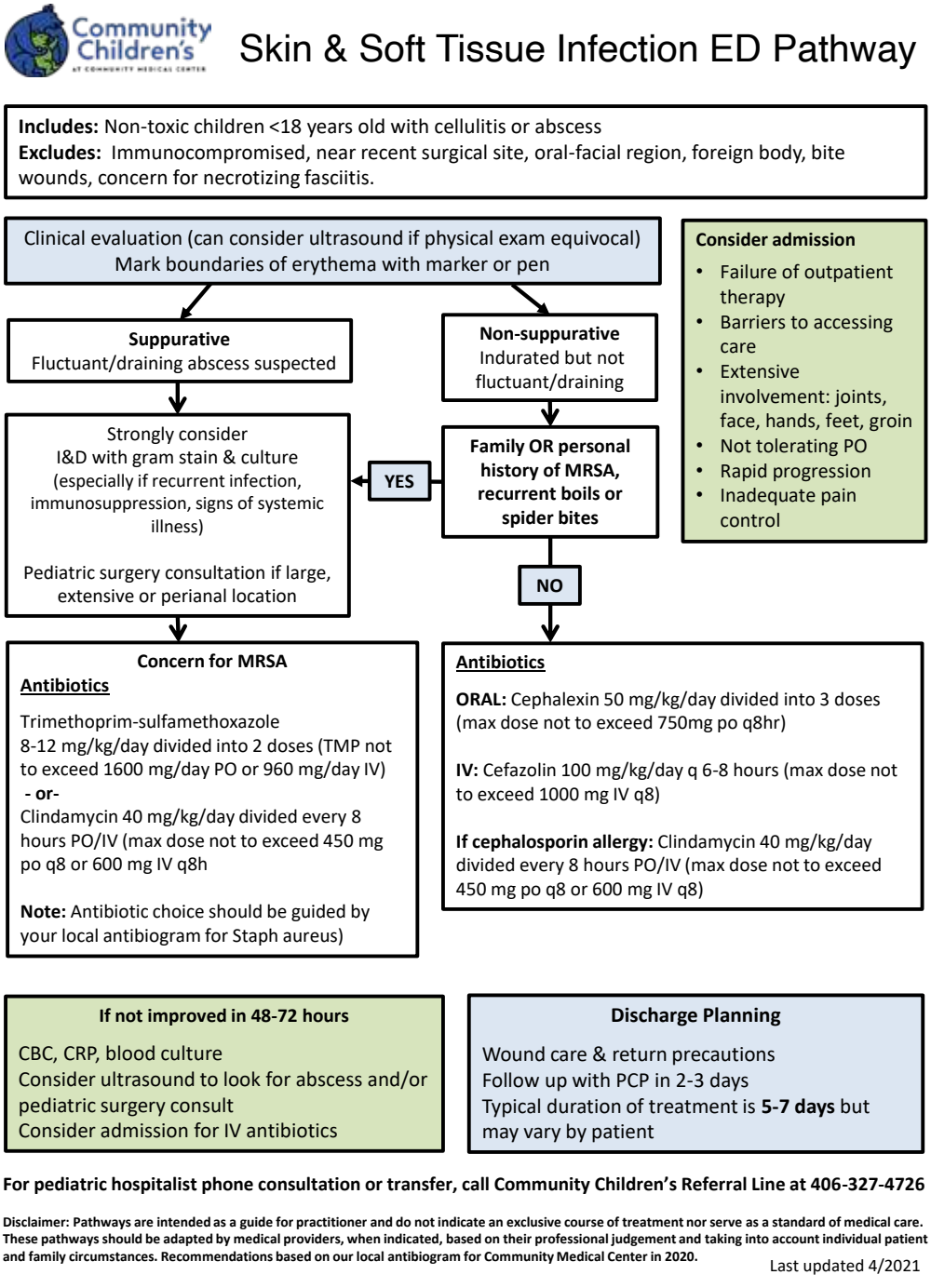
UNIVERSITY OF MONTANA
CENTER FOR CHILDREN, FAMILIES AND WORKFORCE DEVELOPMENT

Community Children's Clinical Pathways

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

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

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



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

Visit
https://montanaafp.org/awards/
to submit nominations

ALL THINGS Vagus

Nourishing Self-Care for the Helping Professional

www.allthingsvagus.fireside.fm

Brought to you by Western Montana Area Health Education Center

IBC ad to come

MONTANA ACADEMY
OF FAMILY PHYSICIANS
8 Cloverview Drive,
Helena, Montana 59601

Presorted Standard
U.S. Postage PAID
Fayetteville, AR
Permit No. 986