

THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

MONTANA

Summer 2022 – MONTANAAFP.ORG

FAMILY PHYSICIAN

In This Issue:

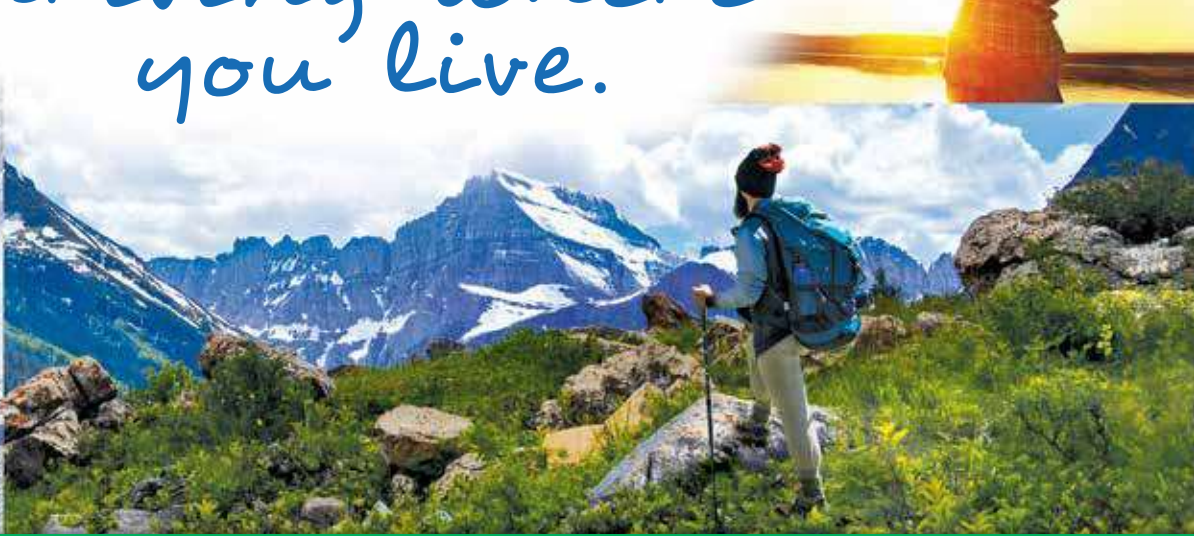
2022 Montana Family Physician of the Year Announced!

Montana celebrates graduates and incoming Family Medicine interns

Montana Health Professionals for a Healthy Climate

Severe Weather and Rural Health; a Telementoring Solution

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Edition 13

MAFP President's Welcome

Michael Temporal, MD



As you read this, I hope you are enjoying great weather and the positive vibes that spring brings. Thanks to all who have offered encouragement to me this year as your academy president; it's hard to believe the year is almost over. I hope that you feel you have gotten the value of being a part of the AAFP and Montana Academy. Membership matters and the access it brings to resources and advocacy cannot be overstated. This publication and the AAFP Journal are great educational formats. The AAFP Website has a wealth of information and tools to help your practice and your patients. The return of live meetings in addition to online and on demand presentations can better connect you to the family of family medicine. I'm hoping that you are able to connect your professional passion(s) to the work of the Academy and that you are able to take advantage of the networking that membership offers. Through AAFP Member Connect, there are great member interest groups that you can pose questions, get answers, and expand your knowledge. Of particular interest are those MIGs on rural practice, procedural medicine, direct primary care, and telehealth. The AAFP has formed a new Commission on Diversity, Equity and Inclusion as it recognizes that these foundational qualities affect us as health care personnel as well as our patients at the intersections of clinical care, research, education, payment and advocacy.

Through AAFP
Member Connect,
there are great
member interest
groups that you
can pose questions,
get answers,
and expand your
knowledge.

The communications and trainings available at AAFP.org are another piece of the toolkit for you and your team to provide comprehensive care. If you are particularly interested in this work and want to get more involved through your Academy, let any of us on the board know and we can facilitate. Likewise, if working with students or residents, serving as a community resource or spokesperson on a particular topic or wanting to share your expertise in an area is something you need, the AAFP is a great avenue to connect. On the AAFP website are great links and information for maintaining wellness, improving practice management, and arming yourself with peer reviewed knowledge on a whole host of topics. Your Montana academy would love to have your thoughts and suggestions on additional links and resources to make our website something to look at regularly. Please make plans to attend our Chico Annual meeting. We will hear from national speakers, AAFP leadership, celebrate residency training milestones, and install the next officers. It will be a great gathering.



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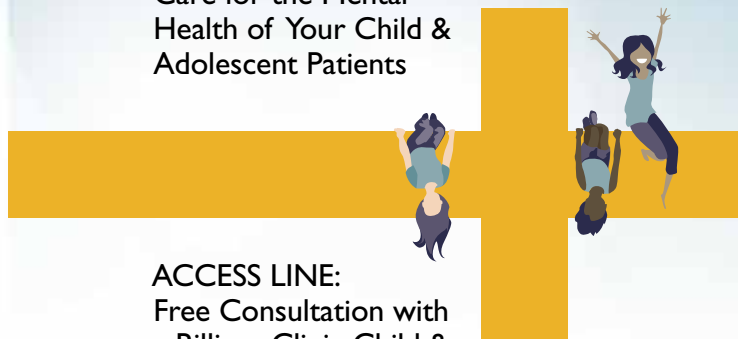


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SCAN HERE
Family Medicine Opportunities

Severe Weather and Rural Health; a Telementoring Solution

By Charles W. Mathias & Jennifer Van Syckle

When disaster strikes, someone better be on the line for you.

In major weather disasters healthcare workers feel the strain in their personal lives yet are called upon to provide quality care.

Telementoring is a new tool to support the rural workforce in these severe, but increasingly common, situations. It can also be applied to help improve day-to-day encounters, processes, and work quality. Telemedicine is also a tool for doctors, nurses, pharmacists, and the full range of health workers who deliver care during severe weather events.

Telemedicine is a name we all know, Telementoring is a tool we all need.

I have evacuated my home under fire threat. The feeling is almost like a dream. You know the wildfire is close, but when you get that knock at your door, the reality hits.

In an instant you find yourself out of your home with your loved ones and whatever you can carry, driving as fast as you can from the fire. With nowhere to go, and wearing only the clothes on your back, the thought of going to work isn't something you can process.

But these are exactly the times when people need healthcare. How is your work performance under in these circumstances?

Severe weather events threaten both access to and the quality of healthcare. As the reach of weather disasters expands and becomes more frequent, the number of affected health workers increases.

Telementoring supports the health workforce in the face of severe weather. Last year, 40% of Americans were affected by severe weather¹. Hurricanes, tornadoes, floods, droughts, heat, cold, hail, and wildfires caused 20 separate, billion-dollar disasters². These weather events are not just a bad day of storms. The consequences linger.

After the December 30 wildfire outside of Boulder, Colorado, smoke damage closed the Avista Adventist Hospital³. This threatened care access for the local community at a time when the need was high, due to the fires and the latest COVID surge.

Healthcare workers, themselves, are not immune from these environmental pressures. Thirty-six Avista health workers lost their homes. Weather disasters expose health workers to the same traumas as their patients. A growing number of health workers are exposed to weather-related work disruption each year.

It's not just the Gulf Coast providers, with their annual hurricane warnings, who must prepare to operate under severe weather threats. Tornado alley is shifting east, and the acreage burned in the west is growing, like a wildfire⁴.

The relocation of healthcare workers during the COVID-19 pandemic exposes more people to new weather threats⁵. Growing up or training where tornadoes blow through does not prepare a health worker to provide care under the threat of wildfire.

As a result, more of the health workforce is unfamiliar with care provision during these new, severe weather events.

Healthcare expertise is more than just what you do, but how you do it⁶.

Severe weather events can impact how that care is delivered. To continue to have healthy outcomes, healthcare needs to adapt. It adapted successfully using Telehealth during the pandemic. Now, Telementoring can help health workers continue to provide care despite Mother Nature's curveballs.

While Telehealth uses technology to deliver patient care remotely, Telementoring uses these tools to educate and problem solve with health workers at a distance. It is a way to bring needed knowledge to them. This can be in the form of skill development for rural workers, connecting with urban medical centers⁷. Or it may be instruction on delivering care under unusual circumstances as required during a weather disaster.

Because Telementoring is an agile tool, it can be adapted to local

needs as with operations during and following wildfire, hurricane, or other severe weather events.

In 2020, the availability of Telementoring increased, thanks to the Health Resources & Services Administration. The agency recently funded a national resource center providing the infrastructure to deliver tools and training⁸. The aim of this program is to support rural health workers by connecting them with expertise, like academic medical centers.

Responding to the more and more common, severe weather events requires strengthening systems to keep them operational. That is not only about building designs that can mitigate damage from fire, wind, and water. It is also about equipping the workers to operate under these circumstances.

Telementoring can provide this buffer by connecting a rural health worker with expertise in the delivery of care, even when that care happens with the lingering smell of smoke in the air. Start connecting with Telementoring today and you'll be ahead of the game if disaster strikes tomorrow.

— Charles Mathias, PhD, is health policy researcher for the new National Telementoring Training Center and Associate Professor at UT Health San Antonio.

— Jennifer Van Syckle, MA, RDMS, RVT, is a healthcare worker and Public Health Professional in Montana.

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ABFM National Journal Club



ABFM NATIONAL JOURNAL CLUB Pilot

NOW AVAILABLE

To help family physicians stay current with advances in medical literature, support shared decision making with patients and families, and advocate for their patients with subspecialists, health systems and payers, ABFM has launched the National Journal Club Pilot activity.

WHAT IS THE ABFM NATIONAL JOURNAL CLUB?

In addition to the Knowledge Self-Assessment (KSA) and Continuing Knowledge Self-Assessment (CKSA) activities, the ABFM National Journal Club Pilot activity is now available to all Diplomates and residents through your MyABFM Portfolio. This new service provides convenient access to the latest peer-reviewed articles and the ability to earn valuable certification points.

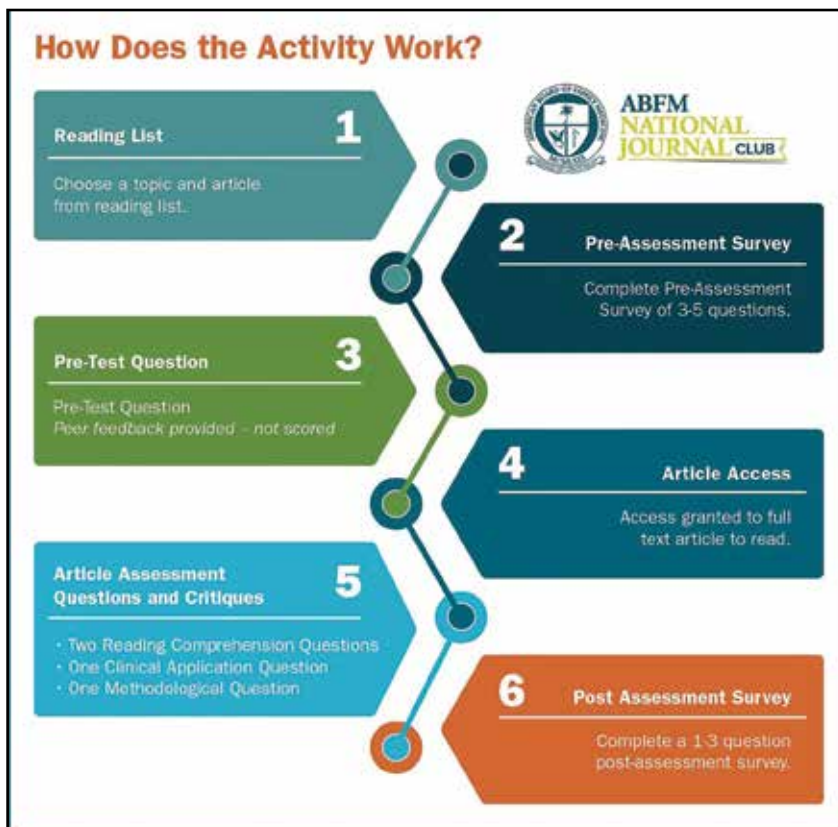
NATIONAL COMMITTEE OF FAMILY PHYSICIANS CURATED ARTICLE SELECTION

Reviewed and curated by a national committee of family medicine experts, the pilot will initially feature 40-45 articles that have been evaluated and ranked according to relevancy, methodological rigor, and impact on practice. Available at no additional charge, the articles will cover a variety of topics and feature relevant content from numerous prominent medical journals throughout the United States.

EARN KNOWLEDGE SELF-ASSESSMENT ACTIVITY POINTS

Select and read an article, reflect on what you read, and demonstrate mastery by correctly answering four assessment questions provided for each article. For each assessment completed, you will earn one (1) certification point toward your certification points requirement. Earn 10 certification points and fulfill your KSA requirement for each 3-year stage by completing 10 article assessments. There are unlimited opportunities to achieve a minimum passing score. If you have already completed your minimum certification activity requirement through other activities, you may still enjoy as many articles as you like through this free service.

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2022 Family Physician of the Year

Serena Brewer, DO



The Montana Academy of Family Physicians is proud to share that Dr. Serena Brewer of Butte is the recipient of the 2022 Dennis Salisbury Montana Family Physician of the year award! The MAFP will hold a ceremony to recognize Dr. Brewer at its upcoming 71st Annual Meeting and Primary Care Conference at Chico Hot Springs in June.

The following profile is included from a nomination letter written by Dr. Jay Erickson of Whitefish, WWAMI MT Assistant Dean for Regional Affairs.

Dr. Serena Brewer completed her undergraduate education with a B.S. in Sociology from Willamette University in Salem, Oregon in 1998. She received her D.O. from Kirksville College of Osteopathic Medicine in Kirksville, Missouri in 2005. She completed a residency in family medicine at the Santa Rosa Family Medicine Residency Program in Santa Rosa, California from 2005 to 2008, where she was chief resident from 2006 to 2008. Dr. Brewer is board certified with the American Board of Family Medicine. Since 2020, she has been appointed as the Southwest Montana Community Health Center Chief Medical Officer.

A Clinical Associate Professor with the University of Washington School of Medicine, Department of Family Medicine, Dr. Brewer is a family physician and the Director of Medical Education at the Southwest Community Health Center in Butte, Montana. A dedicated teacher, she has been teaching for the University of Washington School of Medicine, first for RUOP and now for TRUST/WRITE program. She has a strong commitment to Montana WWAMI, focusing on students' interests and needs, attending faculty development sessions, and working with physicians in Butte to create an exemplary teaching site. She serves as the lead physician for two students annually, which given the longitudinal nature of the TRUST program, requires annual scheduling of six students in three stages of learning. She also teaches traditional Family Medicine clerkship students and residents with the Family Medicine Residency of Western Montana. She has been an incredible advocate for training medical students in Butte and her commitment is contagious. In the beginning of her teaching efforts there were three other teaching faculty on board. The site now has six physicians and several mid-levels who regularly teach.

In addition to her WWAMI teaching role, in 2020 Dr. Brewer was appointed to the UWSOM Montana WWAMI Admissions Committee. This is a volunteer position with a commitment of three to six years.

In 2020, Dr. Brewer was recognized as Master Preceptor by the Society for Teachers of Family Medicine, a national organization.

In 2018, the UWSOM Office of Rural Programs put out a call to former and current WRITE students to nominate faculty for a new excellence in teaching award. The criteria: commitment to student success; effective teaching methods; positive impact in community; demonstrates excellence as a role model for students; and commitment to continuous improvement. Dr. Brewer was the recipient of this award in Montana.

Student comments: *Dr. Brewer has created a culture of education in her clinic that inspires students to strive for excellence, not for grades, but for the people we treat. By giving the students our own schedule she encourages us to take ownership of our decisions. When I tell her that some of our patients keep me up at night she responds, "good, they should." Dr. Brewer has modeled the psychosocial model of care by knowing each of her patient's family, work, and living environment. Many times the understanding of her patients allowed her to recognize times of struggle or crisis and take the time to coax out the underlying issues. This skill extends beyond clinical knowledge into the art of medicine, and she expects her students to work to master this art as well. Dr. Brewer teaches her students how to be healers of the entire person by setting the example and providing constructive instruction along the way, which is why she deserves this award.*

The Montana Academy of Family Physicians extends congratulations to Dr. Brewer as well as gratitude for all she has done for medical students and her Butte community over the years!

MAFP Request for Nominations 2023

The Montana Academy of Family Physicians is requesting nominations for the **DENNIS SALISBURY MONTANA FAMILY PHYSICIAN OF THE YEAR**. The purpose is to honor a physician who exemplifies a compassionate commitment to improving the health and wellbeing of people and communities throughout Montana.

The candidate must be a member in good standing of the MAFP and spend at least fifty percent of his or her time in direct patient care. A nominee should exemplify the ideals of family medicine, which include providing comprehensive, compassionate services on a continuing basis to the community and possessing personal qualities that make him or her a role model to professional colleagues.

Any member of the MAFP may submit a nomination. Eligibility will be verified by the board of the MAFP. Qualified nominees may be nominated more than once; however, a member may receive the award only once. Current members of the MAFP board are not eligible of nomination.

The award presentation will be made during the MAFP Barbeque held in June, 2023, during the summer MAFP annual meeting. The physician chosen as the 2023 MAFP Family Physician of the Year may be selected as Montana's nominee for the 2023 AAFP Family Physician of the Year award.

Please send the nomination form, a current CV, a head/shoulders photo of your nominee, and up to 8 pages of supporting letters/documentation from colleagues or patients to the MAFP office no later than January 1, 2023.

Find a copy of the nomination form and more information about submission requirement at the Montana AFP web site:

<http://www.montanaafp.org/>

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2010 + + + Richard Sargent, M.D., Helena
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2012 + + + James Upchurch, M.D., Hardin
2013 + + + Bruce Richardson, M.D., Havre
2014 + + + Jay Erickson, M.D., Whitefish
2015 + + + R. D. Marks, M.D., Ennis
2016 + + + Roxanne Fahrenwald, M.D., Billings
2017 + + + Laura Bennett, M.D. – Lewistown
2018 + + + Lawrence Hemmer, M.D. – Billings
2019 + + + Edward Stein, M.D., - Eureka
2021 + + + Dennis Salisbury, M.D., Butte (posthumously)
2022 + + + Serena Brewer, D.O., Butte

A Healthier Montana

To create a healthier Montana, the Public Health and Safety Division of the Montana Department of Public Health and Human Services leads a statewide effort to identify and improve shared public health priorities, similar to the national Healthy People 2030 initiative (<https://health.gov/healthypeople>). This collaboration results in two reports, which are updated every 5 years:

1. The State Health Assessment, or SHA, provides a broad overview of the health of Montanans, from birth to death, physical health to mental health, and communicable disease to chronic disease. It also includes information about the social determinants of health, or the ways in which where we live, work, and play impacts our health and well-being.
2. The State Health Improvement Plan, or SHIP, highlights shared statewide priorities for improving the health of Montanans. It includes objectives for monitoring improvement over time, proposed strategies for driving improvement, and places an emphasis on health equity, or the importance of making sure all Montanans have equal opportunity to make choices that lead to good health for them and their families.

The 2019-2023 State Health Improvement Plan identified five key priority areas to improve the health of Montanans, including:

- Behavioral health,
- Chronic disease prevention and health promotion,
- Motor vehicle crashes,
- Healthy mothers, babies, and youth, and
- Adverse Childhood Experiences, or ACEs.

Both documents and related tools to support their use can be found at the *A Healthier Montana* website (<https://dphhs.mt.gov/ahealthiermontana>), along with annual reports and examples of how you can get involved. You can register to receive a newsletter via email with updates, you can attend quarterly Community of Practice meetings to network and stay connected to work happening statewide, and you can also participate in ad hoc working groups. These groups come together to accomplish a specific goal and then choose to either disband or continue with another project. Two such projects recently became available for your use and are described in greater detail below.

Adverse Childhood Experiences and Resiliency

Healthy development is shaped by experiences and circumstances across generations and based on our environment. Pathways are created in the brain during early childhood development that shape our reactions in life and how we view and treat ourselves mentally, physically, and emotionally. Witnessing violence, growing up with a family member with severe and uncontrolled mental illness, experiencing the loss of a parent, and other high stress situations can flood a child's body with stress hormones that increase their risk for later health problems in adulthood like diabetes, heart disease, and depression.

We have a collective responsibility for the healthy development of our community's children. The *Adverse Childhood Experiences and Resiliency* working group came together to address one of the ACEs strategies in the SHIP, to develop and maintain a state-level resource to share information about ACEs and trauma-informed approaches. This website is hosted by the Center for Children, Families, and Workforce Development and the goal is to highlight and promote Montana-specific and accessible resources to address ACEs and resiliency. The working group continues to meet and will add resources as they become available. Reach out to Anna Bradley at abradley@mt.gov if you would like to participate in a working group. Explore the website at: http://health.umt.edu/ccfwd/resource_library/physical-health/aces/default.php.



(pexels.com)

Joy in Healthy Living Working Group

Obesity prevention is one of the three main areas for health improvement identified in the chronic disease prevention and self-management priorities. According to the 2021 Youth Risk Behavior Survey (YRBS), 22% of American Indian high school students and 12% of high school students overall in Montana meet the criteria for obesity. The 2021 Behavioral Risk Factor Surveillance Survey (BRFSS) indicates 28.5% of Montana adults overall and 47.1% of American Indian adults are obese.

The Joy in Healthy Living working group convened to identify ways to collaborate on obesity prevention and conducted a landscape analysis of obesity prevention programming in the state. By working with community partners, the group developed the message “Joy in Healthy Living” and mapped the resources into a web-based tool available at <https://bit.ly/JoyInHealthyLivingMT>. It includes data about obesity in Montana, a map to help find fresh food in your area, finding a park or trail nearby for physical activity access, community health programs that may be available in your community, and success stories.

Conclusion

By early May 2022, the 2021 annual report will be available on the *A Healthier Montana* website (<https://dphhs.mt.gov/ahealthiermontana>). Additionally, the Public Health and Safety Division is working on a new public-facing data dashboard that will include a growing list of SHIP objectives being monitored. Contact Anna Bradley at abradley@mt.gov or email HSAHealthierMontana@mt.gov with questions, comments, or to be added to the email contact list to receive updates as they become available.

One of the best ways to ensure a quality State Health Assessment and Improvement Plan cycle is to participate in the local and tribal community health assessments and improvement plans, which serve as an important data source for the State’s plan. Many local and tribal health departments in Montana participate in these processes. Additionally, every non-profit hospital must complete a similar assessment and planning cycle every 3 years; these are also included as a data source for the statewide assessment and plan. Reach out to the health department or hospital in your area to learn more about their planning cycle and ask about getting involved in their work.



Greater Valley Health Center is seeking a Family Practice or Internal Medicine Physician to serve as full-time Medical Director in the beautiful Flathead Valley, close to Glacier National Park.

Join our Federally Qualified Health Center that provides integrated primary medical care, dental, behavioral health, and psychiatric services to a broad community including our most vulnerable populations. Our healthcare team is dedicated to bringing high quality and affordable healthcare utilizing a patient centered, community-focused approach. The Health Center also participates in the Family Medicine Residency of Western Montana sponsored by the University of Montana and affiliated with the University of Washington.

Our compensation package includes moving expenses or a sign-on bonus, student loan repayment, matching 401(k), CME reimbursement, and health, dental, disability and life insurance.

Visit www.greatervalleyhealth.org or contact the HR Department at **406-607-4910** to learn more.



Celebrating Residency Match, Montana WWAMI 2022



Upon their “almost completion” of their undergraduate medical education, a.k.a.

MDs(!), on March 18th, Montana WWAMI students celebrated Match Day with their peers and with medical students across the country. Held annually on the 3rd Friday of March, Match Day is the culmination of the National Residency Matching Program marking the day when undergraduate medical students learn where they will spend the next three to seven years as residents. Last Friday, 26 Montana WWAMI students matched into the following specialties: Emergency Medicine (5), Family Medicine (5), Internal Medicine (6 [2 primary care]), Internal Medicine/Pediatrics (1), General Surgery (1), Neurology (1), Obstetrics and Gynecology (1),

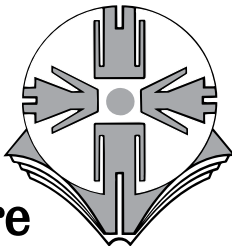
Orthopaedic Surgery (2), Physical Medicine and Rehabilitation (1), Psychiatry (1), Radiology-Diagnostic (1), and Vascular Surgery (1). Congratulations and job well done! The University of Washington School of Medicine Hooding Ceremony will take place on Saturday, May 28th in Seattle at Benaroya Hall.



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Family Medicine Residency of Western Montana (FMRWM) Core Faculty with Obstetrics

FMRWM Kalispell Track is seeking an ABFM or AOBFP certified faculty (Clinical Assistant/ Associate Professor of Medicine) for our ACGME accredited, community based program. OB Fellowship or commensurate training preferred with opportunity to practice surgical OB. Applicants with osteopathic, musculoskeletal and/or POCUS skills also encouraged to apply.

FMRWM is a 30-resident program with 6 residents based in Kalispell, our 1:2 training track. FRMWM is committed to developing family physicians who are compassionate, clinically competent, and motivated to serve patients and communities in the rural and underserved areas of Montana.

Faculty roles include resident teaching in clinical and didactic settings, outpatient care in a FQHC, supervision of residents in the outpatient setting and inpatient OB, resident advising, curriculum development and participating in the growth of FMRWM. Administrative and scholarly time protected. This position is 1.0 FTE based in Kalispell, MT. Kalispell, MT is a growing community of ~25,000 in the Flathead Valley of NW Montana. Located between Flathead Lake, Whitefish and Glacier National Park, Kalispell provides abundant recreational opportunities in all seasons.

Applicants from backgrounds underrepresented in medicine are encouraged to apply. FMRWM is sponsored by the University of Montana and is part of the University of Washington's Family Medicine Residency network. UM is an Affirmative Action/Equal Opportunity employer and has a strong institutional commitment to the principle of diversity in all areas.

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



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llwinfield@msn.com
(406) 442-9302

**25 South Ewing St. #521
Helena, MT. 59635**

MAFP Welcomes Montana's Incoming Family Medicine Intern Class!

Family Medicine Residency of Western Montana Class of 2025



Emily Balon, MD
University of Cincinnati



Nicholas Booker, DO
Des Moines University COM



Ilana Buffenstein, MD
University of Hawaii



Julie Eggleton, MD
California Northstate



Mckenzie Keeling-Garcia, DO
Pacific NW University COM



Neha Malhotra, MD
University of South Carolina



Moriah Murray, DO
Touro University Nevada COM



Connor Rogan, MD
University of Washington



Emily Young, MD
Geisel School of Medicine at Dartmouth



Introducing the MFMR Class of 2025!



Zack Cady

Burrell College of Osteopathic
Medicine at New Mexico State
University



Raul Chavarria

Ross University School of
Medicine



Eric Hjaltalin

Rocky Vista University College
of Osteopathic Medicine



Luke Leary

University of Mississippi
School of Medicine



Megha Mudireddy

University of North Dakota
School of Medicine



Alicia Olson

University of Washington
School of Medicine



Grace Rose

Pacific Northwest University of
Health Sciences College of
Osteopathic Medicine



Joel Ross

Burrell College of Osteopathic
Medicine at New Mexico
State University



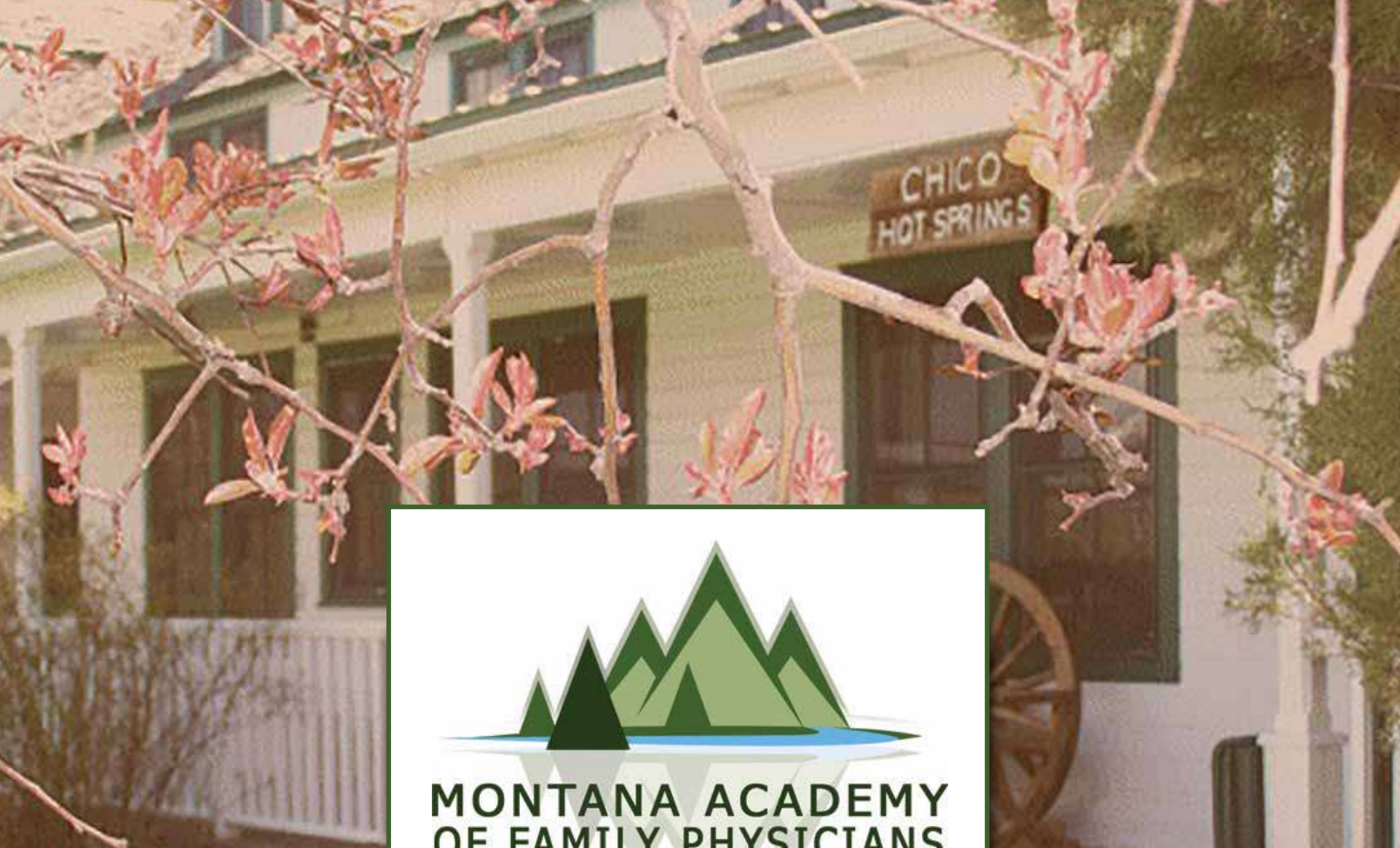
Shae Saunders

American University Of Antigua
College of Medicine



David Supinski

University of Minnesota
Medical School



71st Annual

**Meeting and Primary Care Conference of the
Montana Academy of Family Physicians
June 9-10, 2022
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

To celebrate 25 years of the Montana Family Medicine Residency, the CME program will include many MFMR alumni as well as former and current faculty. There will be excellent educational sessions and opportunities to connect with colleagues and friends!

The 71st Annual Meeting of the Montana Academy of Family Physicians

June 9-10, 2022
Chico Hot Springs, Pray, Montana

PRIMARY CARE CONFERENCE

All presentations will be held in the Convention Center

THURSDAY, JUNE 9

- 7:00 a.m. **Registration & Continental Breakfast**
7:20 a.m. **Conference Welcome**
7:30 a.m. My Child is Acting Out at School: Sorting Through ADHD, ODD, Mood Disorders & Other Diagnoses (60 min)
Megan Littlefield, M.D.
8:30 a.m. **Break**
8:45 a.m. The Long Haul: Post-COVID Conditions & Post-Acute Sequelae of COVID-19 (120 min)
Michael Geurin, M.D.
10:45 a.m. **Break**
11:00 a.m. Elbow & Wrist Injuries (60 min)
Luke Sugden, D.O.
Noon Business Luncheon Meeting
(All registrants are invited to attend)
1:00 p.m. AAFP Update (30 min)
How My Prescribing of Controlled Substances Has Changed Over the Years (60 min)
Steven Furr, M.D.
2:30 p.m. Acute Mountain Sickness (60 min)
Paolo Gerbasi, M.D.
6:00 p.m. **MAFP Barbecue**
Officer Installation & Montana Family Physician of the Year Presentation

FRIDAY, JUNE 10

- 7:00 a.m. **Continental Breakfast**
7:20 a.m. **Conference Welcome**
7:30 a.m. Managing Side Effects of Psychiatric Medications (30 min)
Approach to Treatment-Resistant Depression (60 min)
Julie Kelso, M.D.
9:00 a.m. **Break**
9:15 a.m. What Can Health Equity Mean for Montana? (60 min)
Cannabis Is Here, What Do We Do Now? Essential Tools for Clinical Practice (30 min)
Renee Crichlow, M.D.
10:45 a.m. **Break**
11:00 a.m. Palliative Medicine: Nuts & Bolts (60 min)
Tom James, M.D.
Noon Lunch
1:00 p.m. Acute Abdominal Pain (60 min)
Alyssa Lautenschlager, M.D.
2:00 p.m. **Break**
2:15 p.m. Gynecologic Problems After Menopause (60 min)
KayCee Gardner, M.D.

MAFP OFFICERS

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Alt. Delegates: Heidi Duncan, M.D., Billings
LeeAnna Muzquiz, M.D., Polson

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.

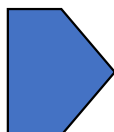
The clinical pathways can be found at <https://www.communitychildrens.org/>. *Montana Family Physician* will highlight additional pathways in future editions, but please go to the website for the most current versions as these will be updated regularly.



Ketones and Sick Day Management

Check urine ketones if your child is ill OR if blood glucose is >300 or >250 two times in a row

Ketones	If eating and drinking well	If unable to eat or drink OR vomiting
URINE TRACE or NEGATIVE (or blood ketones <0.5)	No additional insulin is needed. Encourage sugar-free liquids.	Encourage small sips of clear, sugar-containing liquids (about 1 tablespoon) every 15 minutes.
	Check blood glucose and urine ketones every 2-3 hours	
URINE MODERATE (or blood ketones 0.5-1.5)	Extra rapid-acting insulin is needed Multiply your usual correction dose by 1.5 ➤ If you figure the normal correction is 4 units, then give 6 units (4 X 1.5=6) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Maintain good hydration with sugar-free liquids.	Extra rapid-acting insulin is needed Multiply your usual correction dose by 1.5 ➤ If you figure the normal correction is 4 units, then give 6 units (4 X 1.5=6) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Encourage small sips of clear, sugar-containing liquids. Once blood glucose is over 200, then alternate sips with water or a sugar-free liquid.
	Check blood glucose and urine ketones every 2-3 hours and give extra insulin for ketones every 3 hours as needed.	
URINE LARGE (or blood ketones >1.5)	Extra rapid-acting insulin is needed Multiply your usual correction dose by 2 ➤ If you figure the normal correction is 4 units, then give 8 units (4 X 2=8) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Maintain good hydration with sugar-free liquids.	Extra rapid-acting insulin is needed Multiply your usual correction dose by 2 ➤ If you figure the normal correction is 4 units, then give 8 units (4 X 2=8) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Encourage small sips of clear, sugar-containing liquids. Once blood glucose is over 200, then alternate sips with water or a sugar-free liquid.
	CRITICAL Continue to check blood glucose and urine ketones every 2-3 hours and give extra insulin for ketones every 3 hours as needed.	



IMPORTANT --- Monitor for signs of DKA (diabetic ketoacidosis):
Stomach pain, confusion, vomiting, labored breathing, lethargy or very sleepy
IF ANY OF THESE ARE PRESENT, GO TO THE NEAREST EMERGENCY DEPARTMENT

Last revised January 2021



Pediatric DKA Pathway - ED

Includes: Patients up to 18 yo with presumed diagnosis of diabetic ketoacidosis (DKA)
Excludes: Patients with alternate diagnoses such as non acidotic states, e.g. hyperosmolar hyperglycemia, or other causes of elevated anion gap metabolic acidosis (eg poisoning)

Focused assessment including neurologic and hydration status, measure weight, obtain bloodwork, place 2 large bore PIV's, place on cardiorespiratory monitors

INTRAVENOUS FLUIDS

- Start with 0.9% NS bolus 10ml/kg over 30 min-1 hr
- May start with 20mL/kg if severely dehydrated/shock, or run second 10mL/kg over 1 hr
- After NS bolus(es) are completed, run 1.5x maintenance NS containing fluids, with potassium for hypo/normokalemia

LABORATORY TESTING

- Basic metabolic panel, blood glucose (+/- bedside glucose)
- Venous blood gas
- Complete blood count
- Magnesium, phosphorus
- Hemoglobin A1C
- Urinalysis

DO NOT:

- Administer insulin bolus, subQ or IV
- Administer sodium bicarbonate bolus
- Administer more than 30mL/kg 0.9% NS bolus total as fluid deficit should be corrected over 24-48 hours

Assess neurologic status

SYMPTOMS

- Severe/progressive headache, irritability, confusion, decreased consciousness
- Decreased HR, rising BP
- Localizing neurological signs

MANAGEMENT

- Support airway, breathing, circulation
- Consider 3% hypertonic saline IV or mannitol IV
- Immediate transfer to PICU**

RE-EVALUATE at 1 hour:

- Bedside glucose
- Complete vital signs
- Neurologic status
- ECG and repeat electrolytes if abnormal T waves, otherwise electrolytes to be repeated after 2 h
- Ins/Outs
- Disposition for hospitalization: PICU/ICU if confirmed DKA
- Initiation of **insulin infusion** (usually 0.025 Units/kg/hr if <5 yo, 0.05 Units/kg/hr if > 5 yo and pre pubertal, 0.1 Units/kg/hr if post pubertal or obese; must have dextrose available – **see reverse**)
- Remove home insulin pump if confirmed DKA and starting IV insulin infusion

DKA SEVERITY	MILD	MODERATE	SEVERE
Venous pH	<7.3	<7.2	<7.1
Serum bicarbonate	<15	<10	<5

For Pediatric Hospitalist consultation or transfer, call Community Referral Line: 406-327-4726

Climate change affects our patients – here and now. Not only do the wildfires, with 70% of their severity attributable to climate change, alter our lives and outdoor activities, but wildfire smoke and other air pollution from the burning of fossil fuels contributes to heart attacks and strokes, preterm birth, and lung disease. Poorer snow packs and decreased summer precipitation affects our farmers and ranchers' ability to feed the nation and make a living. Warming waters increase algal blooms and decrease the ability of native trout to survive. All of these climate-related factors affect the health, quality of life, and livelihoods of Montanans. (<http://montanaclimate.org>).

Nationally, several of the largest medical societies, including AAFP and AMA, rallied together to form the Medical Society Consortium for Climate and Health several years ago, now boasting 38 member societies <https://medsocietiesforclimatehealth.org/about/member-societies/>. They advocate for national action on climate change. Eighteen states, including Montana, (<https://states.ms2ch.org>) now have climate and health organizations, using the trusted voices of health care providers to advocate for climate change adaptation and mitigation.

In Montana, there are substantive ways in which concerned health care professionals (HCPs) can participate. Montana Health Professionals for a Healthy Climate (MtHPHC) formed

3 years ago. Allied with Montana ACP, Montana AAP, and the Montana Public Health Association (<https://www.montanahphc.org/montana-medical-society-allies.html>), MtHPHC has engaged over 300 HCPs across our state. In 2020, doctors testified before the legislature on energy issues for the first time, emphasizing that renewable energy improves health and livelihood. MtHPHC produced and disseminated multiple health-and-climate-focused op-eds which have appeared in many Montana newspapers. As we strive to assist our patients in achieving their best health in the myriad ways we do, advocating for climate change mitigation and adaptation is also crucial to the well-being of our patients.

In the past year, MtHPHC has provided me multiple opportunities to be engaged in issues related to climate change. I have been able to lobby with our members of Congress for clean energy, taught students in Montana schools about air pollution and health, and worked to increase local schools' implementation of the EPA Air Quality Flag Program. There are opportunities for you, too. You can simply sign up for the free MtHPHC newsletter (<https://www.montanahphc.org>), or participate in other capacities as your time, energy, and interest allow.

Please consider this opportunity to apply your family medicine skills to climate change, perhaps the greatest longitudinal threat to the health of our patients. Together, we can make a difference for our fellow Montanans.



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