

Family Medicine Quarterly

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ISSUES IN THIS ISSUE

Roger W Schauer, M.D.

Excitement has returned to the UND campus as new faces and smiles mingle with those of us who have been here longer. The description of the **Class of 2011** published in this issue may give you a sense of the both the diversity and the youth of the students we hope you will see in your practice at some time during the next few years.

The **Academy meeting in Medora** was informative and memorable (see Dr. Tangedahl's "Message" for more details.) We welcome Todd Schaffer, MD and Jason Moe, MD as new NDAFP board members. Two outstanding physicians were recognized – **Dr. Heidi Bittner** as *Family Physician of the Year*, and **Dr. Candelaria Martin** as the *William M. Buckingham Outstanding Resident*. Congratulations to both. Read more about them in the following pages. One comment in that context made me pause – someone asked “**Who is William Buckingham**”? I informed him, but then thought about the option we now have to make our history available quickly to anyone who wants to know - we have the internet, and a web page, and Brandy, who can make the connections. **What we need from you** are the stories about some of those giants in Family Medicine from our own state. Those of you who worked with and learned from Dr. Buckingham must have a special memory, a story or two to tell. Please forward that kind of information to Brandy so she can start compiling resource materials for a history website. This kind of project might be worthy of discussion by the NDAFP Foundation.

Speaking of the NDAFP Foundation, Dr. Kim Krohn provides a challenge to us regarding Foundation support. Our **AAFP president, Dr. Rick Kellerman**, applauded those efforts and added his own pledge to our Foundation, and a challenge to us to support both the NDAFP and AAFP Foundations. Read more about the challenges and activities of the **FamMedPAC** in the article submitted by Dr. Kellerman. In this issue David Peske again brings us up to date regarding **legislative and NDMA activities**.

Another important article is the “NORTHSTAR” information and **invitation to participate in practice-based research**. Both Drs. Christianson and Krohn have talked about this opportunity in previous meetings. The article by Dr. Eric Johnson, addressing **thiazolidinediones, diabetes, and cardiac risks** is fresh from his typewriter (computer). If we are unable to print the references in this issue, please connect with Brandy, as she will have his references.

My final comments are to call attention to the article about the **North Dakota Health Workforce Summit** (NDHWS). Basically, we need to get our brightest and our best young people interested in careers related to some aspect of health care. How we do this has been the focus of discussion at a number of recent meetings, including those of the NDHWS, our own Academy meeting in Medora in June, and a more recent Area Health Education Center meeting in Crookston, MN. Within a week after the latter the parent of a rural high school student talked to me about the excitement her daughter brought back from spending a month working/learning at “**Mission Physician**”. In a future issue of the FMQ I hope we can bring you more of the story, but you can access information about this **Dakota Foundation** funded effort at the **Grand Forks Family Medicine Residency** website at learn.gfresidency.com.

We welcome articles, comments, information.

A Message from The President

Guy Tangedahl, M.D.

Hopefully, you are making plans for the fall CME Retreat November 2nd-3rd in Grand Forks!

It was great to see many North Dakota family physicians at this year's annual state meeting. It is always fun to renew old acquaintances, and Medora was a great venue for a conference. Congratulations to Dr. Candelaria Martin on receiving the William M. Buckingham Outstanding Resident Award and to Heidi Bitterner for being named the 2007 Family Physician of the Year. Congratulations are also in order to Drs. Breen, Field, Lange, and Klein for winning the pre-conference golf tournament at Bully Pulpit.

Dr. Rick Kellerman, our national president, provided an insightful keynote address. Rick Clarens and John Hagan gave outstanding presentations and this year's conference featured a well attended SAM workshop on pain management. Bruce Levi and Dave Peske provided medical/political updates.

State officer, Terry Dwelle, addressed the possibility of an Avian Flu Pandemic. He stressed the importance of social isolation should this occur. While it was not advocated in his presentation, I wonder if it might be worthwhile for concerned patients to have a 10-day course of Tamiflu on hand. With proper education, this preparedness may lessen a possible mad scramble when individuals in our area start becoming ill. We all counsel our patients concerning smoking cessation and cancer screening. Perhaps we should be providing information on the possibility of a pandemic and reasonable planning options.

I fully realize we may not have an Avian Flu pandemic, and even if we do, Tamiflu may not be as effective as we hope. Nonetheless, a lot of North Dakotans take pride in being prepared. We buy jumper cables, first aid kits, and fire extinguishers. Shouldn't our patients be allowed to make an informed decision on purchasing this drug?

Guy Tangedahl, MD

Executive Excerpt

Brandy Jo Frei

I hope you are all doing well, had an enjoyable summer, and are gearing up for the many fall events. Between school starting, athletic games, and hunting seasons quickly approaching, I hope you are planning to attend the Evening with a ND Family Physician on October 24th and the NDAFP Fall CME event on November 2-3. Two great opportunities to catch up with colleagues. Please turn to the inside back page for all of the details of the Fall CME.

You may have received a letter stating that a dues increase was proposed for the Active Membership category. This dues increase was approved by the Board of Directors in June during their annual board meeting. Effective with the 2008 dues payment, active membership will be \$150/year.

Due to the volume of information that we wanted to include in this issue, we have delayed printing the annual business meeting minutes until the Winter Issue. If anyone would like to see them or any other meeting minutes, please do not hesitate to contact me. The suggestion has been made to post the minutes on our website. Please let me know your thoughts on this.

With the many activities that are planned this fall, I hope you will take some time to participate and interact with the medical students. They are the future of family medicine and we need to be sure that they get an opportunity to visit with all of the wonderful family physicians from across the state. I also hope that you take this opportunity to get more involved in the Academy. Please do not hesitate to contact me and let me know what you would like to be involved in, what you would like the Academy to get involved in, and continue to make this the medical society of choice for family physicians. I look forward to hearing from you.

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William M. Buckingham Outstanding Resident Award

Kim Krohn, MD

The William M. Buckingham Outstanding Resident Award was initiated by the NDAFP Foundation to honor an outstanding family medicine leader, William Buckingham. Annually, the resident program directors from throughout the state nominate a deserving third year resident; the nominees are evaluated by a selection committee. This year's recipient of the award, which includes a plaque and a monetary award, is Candelaria Cynthia Martin, MD.

Dr. Martin is an outstanding graduate of the UND Center for Family Medicine—Minot and the UND School of Medicine and Health Sciences. Originally from New Mexico, she is of Navaho descent and participated in the INMED and ROME programs. She is an excellent physician; she has served as her residency's chief resident, as Ward County's deputy coroner, as a volunteer physician at Minot's free clinic, as a resident representative to the UND Graduate Medical Education Committee, and as a representative at almost every community event the residency has done during the past three years.

Dr. Martin has received the Bristol-Myers Squibb Award from the AAFP, has been recognized by the Minot Mayor's Committee on the Employment of People with Disabilities as the Health Professional of the Year, and has been named locally as Minot's Resident of the Year. Dr. Martin has presented at the 2005 Society of Teachers of Family Medicine Pre-Doctoral Education meeting and at the 2007 UND Graduate Medical Education Retreat. She has been involved in the STFM, the NDAFP, the Association of American Indian Physicians, the AMA, and DOC. She has completed a residency research project entitled, "Family History and Colorectal Cancer Screening at a Family Medicine Residency Program". She has touched the lives of the many individuals in the Minot area who have entrusted her as their doctor.

Dr. Martin has entered an OB fellowship at Altru Health Systems in Grand Forks, North Dakota, and will plan to practice in North Dakota at its conclusion in one year. She joins a long line of excellent physicians who have received this award. Family medicine, and our communities at large, are fortunate to have her as an award recipient, a colleague, and a member of our communities.

NDAFP Family Physician of the Year

Brandy Jo Frei

Dr. Heidi Bittner has been chosen as North Dakota's Family Physician of the Year.

The North Dakota Family Physician of the Year award was presented to Dr. Heidi Bittner by a committee of the North Dakota Academy of Family Physicians. The surprise announcement came during a luncheon in Medora on Friday, June 29th.

Dr. Heidi Bittner has been in family medicine for over 15 years. Her husband, Dean, and children, were informed of the award before the meeting and were able to be present for the announcement.

As stated in the nomination letter received, Dr. Bittner's colleagues refer to her as frequently going above and beyond the call of duty in her responsiveness to the family physicians of the state of North Dakota, medical students, and residents in training. Her patients also speak very highly of her compassion and true concern for their well-being. Dr. Bittner has been instrumental in supporting the goals of the Academy, by serving as past president, and current representing the NDAFP at the AAFP Congress of Delegates.

Richard Vetter, MD describes it best when he says, "Dr. Bittner's dedication to providing comprehensive care throughout the entire family life cycle, as well as her support for her community certainly makes her deserving of the title of Family Physician of the Year for the State of North Dakota".

The award is given once a year to a physician in North Dakota who shows pride in practicing family medicine. The criteria include: 1) being a member of the NDAFP and AAFP; 2) a compassionate family physician; 3) in good standing in the medical community; 4) involved in community activities, 5) dedicated to the ideals of Family Medicine; and 5) a role model for the residents, medical students, and young physicians in the state.

Dr. Bittner's name will be submitted to the American Academy of Family Physicians for consideration at the national level in 2008.

Characteristics of the Class of 2011

Judy L. DeMers, Associate Dean for Students

The Class of 2011 (entering on August 6, 2007) is composed of 62* individuals. The following provides statistics in relation to class members.

Sex: Male = 38 (61.3%) Female = 24 (38.7%)

Age: ---at date of matriculation (8-6-07)

Range = 21-31 yrs	21 yo = 1
Mean = 23.6 yrs	22 yo = 18
Median = 23 yrs	23 yo = 17
Mode = 22 yrs	24 yo = 11
	25 yo = 9
	26 yo = 1
	27 yo = 2
	28 yo = 2
	31 yo = 1

State of Residence (7 states)

ND = 46 (1 INMED)	OK = 2 (Both INMED)
MN = 8 (1 INMED)	CA = 1 (INMED)
AZ = 2 (Both INMED)	WY = 1 (WICHE)
MT = 2 (Both WICHE)	

Ethnic Background: Seven (11.3%) of the students self report an ethnic minority background. All seven are American Indian.

*Three previously admitted students are joining the class of 2011 in August, bringing the total to 65. One additional previously admitted student will join the class in January 2008, for a total of 66. In addition, two of the entering INMED students who are now part of the class will transfer to the University of South Dakota at the completion of year 02.

Majors:** Bachelor's Degree-

Biology/Zoology = 33
Chemistry = 8
Biochemistry = 2
Business Administration = 2
Clinical Laboratory Science/Medical Technology = 3
Cell Biology = 2
General Liberal Arts/General Studies = 3
German = 2
Interdisciplinary Studies – Health Sciences = 3
Honors = 2
Psychology = 3

One major each: (N=13)

Athletic Training
Microbiology
Biological Science Education
Molecular Bioscience & Biotechnology

Computer Science
Neurobiology, Physiology & Behavior
Elementary Education
Political Science
French
Respiratory Care
Health & Human Performance
Sociology/Anthropology Emphasis
Mechanical Engineering

**Total exceeds 62 due to students having more than one major or more than one Bachelor's degree.

College/University Attended for Bachelor Degree Study (N=21)

University of North Dakota = 25
Arizona State University = 2
Concordia College = 7
University of Mary = 2
North Dakota State University = 6
University of Minnesota/Twin Cities = 2
University of Minnesota/Moorhead = 3
University of Montana = 2

One student each: (N=21)

Bethel College
Southern Nazarene University
Carroll College
St. John's University
Minot State University
University of California - Davis
Montana State University
University of Central Oklahoma
Saint Mary's College of Maryland
University of Iowa
South Dakota School of Mines & Technology
University of South Dakota
University of Wyoming

Graduate/Advanced Degrees (2 Institutions)

North Dakota State University = MS
University of North Dakota = MS

Majors/Graduate – Advanced Degrees

Mechanical Engineering
Pharmacology, Physiology, and Therapeutics

NDAFP Foundation Starts an Endowment Campaign

Kim Krohn, MD, NDAFP Foundation President

The North Dakota Academy of Family Physicians Foundation is the non-political, non-profit arm of our professional society. The members of the Board of Directors of the Foundation are your colleagues who have taken a personal interest in promoting family medicine in many positive ways. The Foundation raises money for its four main projects through an annual fall campaign and special fund raisers at the NDAFP Annual Meeting. During the past year the Board initiated a campaign to establish an Endowment Fund—a body of money that will secure the Foundation's efforts far in to the future. Once established, the Endowment Fund will provide ongoing income; only the earnings on the deposits into the Fund will be spent—the money donated will be retained forever.

The Endowment Campaign fund raising officially commenced at the 2007 Annual Meeting June 29 and 30 in Medora. The board passed a motion to match donations to the endowment with money from the general Foundation funds to a maximum of \$15,000. Individual and corporate donors have been obtained and are still being sought. The current goal for the endowment is \$30,000 during the next three years. All NDAFP members are encouraged to join their colleagues in securing the future of the Foundation's projects—the Don Breen Externships, the ALSO course, and the William M. Buckingham, MD Resident of the Year Program. With the support of all of those who care about family medicine, projects such as scholarships and other efforts supporting the recruitment of individuals into family medicine in our communities will be expanded.

Donations to the Endowment Fund are tax deductible. They may be made by contacting the NDAFP office and by accessing the Academy website. Please become involved—make a donation, volunteer to sponsor a student, volunteer for the Board—the future of our profession in North Dakota is the issue!

Also, while supplies last, donors to the endowment fund will receive a khaki NDAFP v-neck wind jacket as a premium. Sizes are generous. Please request a size (from small, to 4XL) when submitting donation.

Challenge to NDAFP Members

Rick Kellerman, MD, AAFP President

I will give a \$50 pledge to the North Dakota AFP Foundation for everyone who agrees to give to FamMedPac at the Club George level (\$365 for a year) between now and the end of the year. There will be a \$1000 limit.

You can bill me at the end of the year, so I'll know how much to pay to the ND AFP Foundation.

Rick Kellerman, MD

Political Action Committee Gives Family Physicians More Powerful Voice

America's health care system is on the cusp of dramatic change, and family medicine is in a prime position to have significant influence on that change. That reality should spur family physicians to invest in advocacy efforts now underway on the state and national levels, say family medicine advocates.

Among the most direct opportunities: supporting the AAFP political action committee, FamMedPAC.

Since its formation in 2005, FamMedPAC has worked to give family medicine a more powerful voice in our nation's capitol. This year, FamMedPAC has helped AAFP promote family medicine as the 110th Congress takes up important healthcare issues such as physician payment reform, Title VII funding for primary care residency programs, and increasing funding for the State Children's Health Insurance Program (SCHIP).

"FamMedPAC helped make this happen," says Michael Fleming, MD, chair of the FamMedPAC Board of Directors. "In the last election, the PAC contributed to 87 incumbents or candidate. The PAC also supported several victorious open seat candidates, running for Congress for the first time. That puts the AAFP in a strong advocacy position."

In the last election cycle, the first for FamMedPAC, more than 1,000 AAFP members contributed almost \$400,000 to the PAC. "This is a great success," said Dr. Fleming, "But we can, and need, to do better." So far in 2007, more than 940 AAFP members have contributed over \$230,000 to the PAC.

The PAC is working with the chapters to promote its activities and to raise awareness about the importance of political involvement. (continued on page 10)

NORTHSTAR: The Northern States Ambulatory Research Network

Jessica Behm, Network Coordinator, NORTHSTAR

The Department of Family and Community Medicine of UNDSMHS is the home of a new research venture known as NORTHSTAR: The Northern States Ambulatory Research Network. The project is the vision of Charles E. Christianson, M.D., Sc.M., and Kimberly Krohn, M.D., M.P.H. NORTHSTAR, the first practice-based research network in the state of North Dakota, is composed of primary care providers within the state and adjacent areas, including family physicians, general internists, physician assistants, and nurse practitioners.

Practice-based research networks (PBRNs) are rapidly becoming a popular tool in the area of healthcare research. PBRNs are composed of a group of practitioners who come together to conduct research on their practices. The research conducted within these networks expands the traditional research emphasis of discovery and incorporates an additional aspect of quality improvement. Traditionally, many community-based practitioners who are interested in quality improvement and research have encountered challenges, specifically in the limited avenues available to them to pursue and share their ideas. PBRNs provide the bridge that connects the needs and desires of the community-based practitioners to the necessary tools and resources available to them. NORTHSTAR will become that bridge for North Dakota practitioners. The activities of NORTHSTAR will focus on quality improvement in rural practice, conducting best practices research, and identifying and testing new methods of health care delivery in rural settings. The issues and research topics addressed by the network will be developed through the input of the network participants; thus creating a research environment that is tailored to the needs of North Dakota practitioners. NORTHSTAR will create a new learning community where professional primary care practitioners can discuss ideas and share methods of practice with others from the area. The overall goal that we strive to achieve with this program is to improve the quality of care in the rural primary care setting for both patients and practitioners.

We are currently seeking any practitioners interested in research to participate in the project. Your participation in NORTHSTAR is essential for its success. As a member of NORTHSTAR, you will have the ability to direct the network's research towards the topic areas that you feel are important within your clinical practice. There is no cost or fee to become a member of NORTHSTAR. Also, there is no minimum commitment required of our

members. You have the freedom to choose which projects you would like to be involved in as well as the amount of time you would like to spend on each project. If you are interested in participating in NORTHSTAR or have any more questions concerning the project, please feel free to contact the director, Dr. Christianson, or the network coordinator, Jessica Behm at anytime. You can also access information from our network web site at www.med.und.nodak.edu/northstar.

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North Dakota Health Workforce Summit

Submitted by Mary Amundson

In December of 2006, the Center for Rural Health, in partnership with the Dakota Medical Foundation and others, held a Health Care Workforce Summit in Bismarck to address health care workforce issues in North Dakota. The purpose of the Summit was to explore current and emerging challenges associated with the supply and demand of health care workforce in the state, and begin to develop an action plan to address these challenges. Ensuring an adequate health care workforce for North Dakota citizens requires creating a shared state-wide agenda. Among the summit participants were state legislators, representatives from state government, state-wide organizations, economic development commissions, health care employers, educators, and health care providers.

Workforce shortages are a challenge for the entire health care system with projected physician shortages between 85,000 and 96,000 by 2020 reported by the Federal Council on Graduate Medical Education (January 2005). Although some experts suggest a shortage exists, others imply the problem is a maldistribution of the workforce. Whether this phenomenon is called a shortage or maldistribution, the impact on rural communities experiencing an inadequate number of physicians is the same as these shortages can negatively impact health care quality and access to health care services. Shortages can increase stress on available providers and contribute to higher health care costs by increasing the use of overtime pay and expensive temporary personnel. Demand for health care providers is driven by many factors ranging from

the increase in our state's aging population to the significant geographic distance that many clinicians cover in order to reach populations in need of health care.

Given the demographic trajectory of North Dakota as well as anecdotal and quantifiable information about our health care workforce, the state clearly faces emerging challenges to ensure access to an adequate workforce. The map indicates the shortage of primary care providers in the state with 81 percent of the state qualifying as federally designated Health Professional Shortage Areas.

PIPELINE

Focusing on the North Dakota Health Care Workforce Pipeline each step offers opportunities to target specific strategies from either workforce training to retention.

Using information from the North Dakota and other states, summit participants identified priority goals and key issues within the five steps, barriers to achieving the goals, elements needing change, and action steps. A brief summary of pipeline action steps as a result of this work is provided below.

K-12 Pipeline: Attendees indicated a need to increase student exposure to health care professions through education and business partnerships, scholarship consortia, associations, industry, and education. Some action steps to address this issue were to provide more students with experiences in health care facilities and provide tours, presentations, and related activities to introduce students to health care professions. Given concerns with the Health Insurance Portability and Accountability Act (HIPAA) and its impact on job shadowing, work with state boards and others to address regulatory requirements may need to be done. Appropriate experiences for different levels of students (e.g., fourth grade vs. high school student) also need to be addressed.

Higher Education/Students Pipeline: A need to engage community/education programs to educate prospective students about health care programs was acknowledged. The "grow your own" concept was discussed along with the establishment of a clearinghouse that would contain information on educational programs and employment opportunities for all health care careers.

Higher Education/Programs Pipeline: Designing rural interdisciplinary education programs for all health care disciplines and increase the number of rural training programs statewide was discussed as a

possible strategy. An assessment of current programs and the potential for establishing other programs and collaborations was suggested along with the development of a rural curriculum (including interdisciplinary programs).

Employer Recruitment Pipeline: Due to the state's aging population and workforce, attendees saw a need to educate legislators about the aging workforce and needs of an aging population and to develop a shared vision and common voice for the next legislative session.

Employer Retention Pipeline: Attendees suggested that one way to improve provider retention was by improving organizational cultures including sharing best practices, evaluating and improving benefit packages, and increasing teamwork and job enrichment. By building or expanding relationships with educational programs, this could be viewed as a way to stimulate interest in health careers and retain employees.

To continue the work begun at the Summit, a Health Care Workforce Committee has been established that includes individuals representing state boards, state associations, medical facilities (urban, rural and Veterans Administration), long-term care, health and human services, academic and economic development. These committee members expressed interest in continuing to participate in workforce activities. They each selected a step in the pipeline to work on through conference calls to replicate efforts currently underway (e.g., Dr. Tom Arnold's work with the Medical Explorers program in Dickinson or Dr. Julie Blehm's work on programs that encourage college students to consider health professions careers in Fargo) as well as pursuing newly identified strategies. Physician leadership and engagement on this effort is needed and welcomed. If you are interested in learning more about how you might contribute to strengthening our state's workforce from your practice level to the state level, please contact Mary Amundson at 701-777-4018 or by email at mamundson@medicine.nodak.edu

Thiazolidinediones, Diabetes, and Cardiac Risk

Eric L. Johnson, M.D.

Thiazolidinediones (TZD's) are common agents used in the treatment of Type 2 Diabetes, with emerging data regarding their use in the Pre-Diabetes patient. Their primary mode of action involves p-par receptors, resulting in increased insulin sensitivity, and thus reduction of blood glucose levels. They are indicated for monotherapy or combination therapy with sulfonylureas and/or metformin. These agents are sometimes used with insulin as well. TZD's are thought to have some positive effects on HDL and triglycerides. Although cardiac concerns have been a recent focus, TZD's may have some beneficial cardiac effects. Presently, this leaves clinicians with somewhat of a paradox regarding cardiovascular safety of these agents.

Few areas in medicine have stirred as much controversy or uncertainty as a recent report in the New England Journal of Medicine regarding possible increases in risk of cardiac death in patients using the TZD medication rosiglitazone (Avandia). This finding has been called into question in recent weeks, leaving clinicians in the difficult position of deciding how to manage their patients on this medication, and perhaps those prescribed pioglitazone (Actos), also a member of the TZD family.

In May of 2007, Dr. Stephen Nissen and colleagues published a meta-analysis of 42 clinical trials regarding patients on Rosiglitazone, including over 15,000 patients, in the New England Journal of Medicine. An odds ratio of myocardial infarction was noted to be 1.43 in the rosiglitazone treated patients, but overall cardiovascular death was not increased (odds ratio .98). Subsequently, there has been considerable debate regarding this analysis, with the possible flaws of viewing data retrospectively. A counter analysis performed by Dr. George Diamond and colleagues to be published in Annals of Internal Medicine in October 2007 did not show statistical significance.

The RECORD (Rosiglitazone Evaluated for Cardiac Outcomes and Regulation of Glycaemia in Diabetes) prospective trial was recently subject to interim analysis. To date, no trend toward increased cardiovascular death was noted. This trial is due to be published in 2009.

In the case of pioglitazone, no trends have been identified regarding poorer cardiovascular outcomes. In fact, pioglitazone has been studied in patients receiving cardiac intra-luminal stenting. A related topic, congestive

heart failure and/or edema, is an established potential side effect of TZD's, and may or may not be related to the aforementioned issues. These medications have always carried precautions in this regard, but recently an FDA advisory panel recommended strengthening a 'black box' warning.

What are clinicians to do in terms of prescribing these agents and dealing with patient concerns? As is always the case, risk/benefit for the individual patient should be considered. Fortunately, if the concern is great enough to consider stopping the TZD, other efficacious agents are available, including older agents such as sulfonylureas or metformin. Patients should always be discouraged from discontinuing medications on their own accord, unless they are noting an active or emerging potential problem. TZD's are probably better used earlier in the course of an individual patient's diabetes. Discussing options with their health care provider is optimal. Insulin is always an excellent choice for any diabetes patient, and with more modern insulins available in better delivery systems (i.e. pens), patients can use these easily. Newer agents, such as exenatide (Byetta), or sitagliptin (Januvia) may be good alternatives for appropriate patients, especially given their novel mechanisms of action. The controversy surrounding TZD's remains an interesting story, and data available in the next few years may help settle the debate.

IMPORTANT DATES TO MARK ON YOUR CALENDAR

September 20-21, 2007

NDMA Annual Meeting

Holiday Inn, Fargo, ND

October 24, 2007

Evening with a ND Family Physician

Grand Forks, ND

November 2 -3, 2007

Fall CME

Grand Forks, ND

January 21-25, 2008

31st Annual Family Medicine Update

Big Sky, MT

April 4-5, 2008

53rd Annual State Meeting & CME

Fargo, ND

January 19 - 23, 2009

32nd Annual Family Medicine Update

Big Sky, MT

Many Issues Impact Family Medicine

By David Peske, NDMA Director of Governmental Relations

Legislators Begin Interim Studies

Once again, legislators are back at work in their assigned interim study committees.

The *Public Safety* committee has been charged with reviewing the state's emergency and trauma care systems, including funding, demographics, coverage areas, and recommendations for the development of a comprehensive statewide EMS system. One aspect of the review will include provisions adopted in legislation supported by NDMA, the ND Healthcare Association, and the American Heart Association ND Chapter. HB 1290 directed funding through the Health Department for a contractor to perform a comprehensive onsite review and critical analysis of the current trauma system, its interrelationship with the state emergency management system and homeland security planning and program efforts, and development of recommendations for improvements and enhancements. The Department is contracting with the American College of Surgeons to conduct this review in spring of 2008. NDMA and many physician members will remain involved in this study activity.

The *Long Term Care* committee is reviewing a variety of issues related to services for our aging population. These include the availability, funding, and future need for dementia-related services; the number of long term care beds and services available in comparison to the needs of the elderly; and the utilization and costs to the state for services and programs. At its first meeting, the committee was told that North Dakota is projected to see an increase of 47.5% in the number of residents age 65 or older by the year 2020, and that the state currently has more than 65 LTC beds per 1000 population, compared to a national average of only 49. Beds are gradually being taken out of service in rural areas and shifted into the urban centers.

Medicaid Drug Review

Two family medicine specialists have been added to the Medicaid Drug Utilization Review (DUR) Board in order to provide an additional patient-care perspective from primary care physicians. Kim Krohn, MD, of Minot, and Jeff Hostetter, MD, of Bismarck answered the NDMA call for members to join the two psychiatrists, a pediatrician, and an ophthalmologist on the advisory group that reviews the utilization of prescription drug benefits being provided to Medicaid recipients.

Coroner Statutes Review

The Health Department has convened a task force of interested representatives to evaluate the antiquated state laws governing the death investigation system, and consider recommendations, including statutory changes, for improvements. NDMA and several physician coroners (who are primarily family practice physicians) are participating in the review, and further member input is welcome. The impetus for this review came partially from a legislative proposal allowing the formal involvement of trained registered nurses in the state's coroner system.

Tamper-Resistant Prescription Pads

The ND Medicaid program has sent notices to pharmacies indicating they must comply with a federal statute, effective October 1, 2007, requiring that written prescriptions may not be filled unless presented on tamper-resistant prescription pads. Numerous organizations have expressed strong concerns that Medicaid patients will be denied needed medications when prescribers cannot meet the looming compliance deadline, and have requested that the deadline be extended. Although North Dakota has no statutory requirements, some ND health systems have been printing and using their own tamper-proof pads for some time. To comply this year, the paper pad must prevent: unauthorized copying; OR erasure or modification of the prescriber's writing; OR the use of counterfeit forms. However, all three characteristics must be met by an October 2008 deadline. Physicians may wish to confer with their local printer to determine if the appropriate paper stock is available. Prescriptions which are transmitted to a pharmacy electronically (telephone, fax, or e-mail) are not impacted by this law.

NDMA Meets in Fargo

The ND Medical Association Annual Meeting will be held at the Fargo Holiday Inn on September 20-21. Seeking election as NDMA Vice President is Minot Family Physician Kim Krohn, MD. Specialty groups also convening include psychiatrists, eye surgeons, orthopaedic surgeons, and clinic managers. Friday's continuing medical education topics will include "Giving and Getting the Best Care Possible Through the End of Life", "The Doctor's Dilemma: How to Survive and Thrive in the Electronic Age", and "The Unsettled State of Informed Consent in ND: Impacts of *Long v Jaszczek*." Meetings of the NDMA House of Delegates to discuss policy issues on Thursday afternoon and Friday morning are open to all physician members. To register, please call 701-223-9475.

National Practitioner Identifier Update

In early August, despite protests from organized medi-

cine, CMS announced that data from the National Plan and Provider Enumeration System will be disclosed under the Freedom of Information Act via the Internet in two forms - a query-only NPI registry, available on September 4, and a downloadable file about a week later. Some of the data made available include the provider's NPI, name and business address, phone and fax numbers, and medical license number. The CMS document "Information on FOIA-Disclosable Data Elements in NPPEs" (June 20, 2007) may be accessed at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPPEs_FOIA

Access to Prescription Drugs

The "Together Rx Access" program, a coalition of 22 participating pharmaceutical manufacturers, is encouraging support in spreading the word about their prescription drug access program for patients in North Dakota. Persons who may have health insurance, but without coverage for prescription drugs, may qualify for a *Together Rx* card which allows them discounts of 25-40% on brand name and generic drugs through more than 200 local participating pharmacies. The program is entirely patient-initiated, with no need for provider attestations or paperwork. Income limits start at \$30,000 for a single person and rise in increments of \$10,000 per additional family member. The drug formulary (300+), a list of ND participating pharmacies, qualification guidelines and application forms are available at 1-800-250-2864, or at TogetherRxAccess.com.

Workforce Safety to Revise Reimbursement System

North Dakota's Workforce Safety and Insurance agency (WSI) has announced plans to re-base its provider reimbursement system from the current St. Anthony's Relative Values to the Medicare RBRVS, based on costs of providing services. The revision is to take effect on January 1, 2008. A public hearing on the changes will be scheduled in November, but WSI intends to involve a sample of the provider community in reviewing the proposed revisions by early September. NDMA and several healthcare system representatives have been invited to review the changes. Members are urged to contact NDMA with comments they may wish to offer.

Contact Mr. Peske at dpeske@ndmed.com.

Challenge to ND

(continued from page 5)

The PAC Chapter Champion program hopes to recruit AAFP members in each chapter to promote the PAC at chapter meetings and to act as liaisons between chapter members and the PAC. The PAC Web site (www.fammedpac.org) tracks each chapter's contributions by total and percentage, and tries to foster competition among them to see which chapter can achieve the highest level of support for the PAC.

The potential strength of FamMedPAC is emphasized by Mark Cribben, FamMedPAC's Director, when he speaks to AAFP members. "If every member of AAFP contributed just \$100 per year to the PAC, we would have over \$8 million to spend on political activities each year. That would make us the largest medical PAC in the country, and allow us to elect more family medicine-friendly candidates to Congress." Cribben adds: "If we reach that level, that's not just a headline in AAFP News Now, that's a headline in the New York Times!"

You can learn more about FamMedPAC at www.fammedpac.org, or call Mark Cribben at 1-888-271-5853.



Center for Family Medicine– Bismarck Faculty Position Open

Bismarck, North Dakota.

Opening for a full-time family physician faculty member. Rank and salary commensurate with experience. University of North Dakota School of Medicine and Health Sciences is a community based medical school with state-wide educational programs for medical students and residents. Send letter of interest, along with three recommendation letters, and CV, to Robert Beattie, MD, Chair, Family & Community Medicine, UNDSM&HS, Stop 9037, Grand Forks, ND 58202-9037, e-mail, beattie@medicine.nodak.edu. UND is an equal opportunity affirmative action employer.



NDAFP Fall CME

November 2-3, 2007

**School of Medicine and
Health Sciences
Grand Forks, ND**

This program has been submitted for 6 prescribed hours by the American Academy of Family Physicians.

A block of rooms has been reserved at the Ramada Inn - 1205 N 43rd Street, Grand Forks, ND. They are located on the corner of I-29 and Hwy 2/Gateway Drive. Be sure to mention the "NDAFP" to get the group rate of \$82. The telephone number is 800-570-3951 or 701-775-3951. The room block will be released on **October 12th**, so please make your reservations before then.

The registration fee includes the program materials, continental breakfast, breaks, and lunch, and one hockey ticket with dinner.

Along with dinner you will receive a parking pass on site, a VIP credential and gift, and 2 drink tickets.

Friday, November 2, 2007

- 6:00 pm Dinner at The Ralph—
Green Room
- 7:37 pm UND Hockey vs. Colorado College

Saturday, November 3, 2007

- 8:00 am Registration/Breakfast/Exhibits
- 9:00 am Concussion in Athletes
Rodney Swenson, PhD
- 10:00 am On Field Assessment of Injuries
Greg Greek, MD
- 11:00 am Stemi/Non-Stemi MI
Tom Haldis, DO
- 12:00 pm Lunch/Exhibits Open
- 1:00 pm Issues related to CHF
Wallace Radtke, MD
- 2:00 pm Care for the Vascular Comprised Patient
Tom Haldis, DO
- 3:00 pm Newer Heart Imaging Modalities
Wallace Radtke, MD
- 4:00 pm Adjourn

Conference Registration:

Dinner, Hockey, and CME	\$125
Dinner, and CME (for Season Ticket Holders)	\$100
CME only	\$50
Additional Guest for Dinner and Hockey	\$75 each

To Register Contact Brandy Frei

Brandy Jo Frei, Executive Director, NDAFP
501 N Columbia Rd #2510
Grand Forks, ND 58203
701-772-1730
brandy@ndaftp.org

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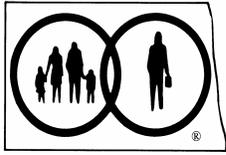
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