

TABLE OF CONTENTS:

Message from the NDAFP Immediate Past President 2

Message from the NDAFP Current President 3

Greetings from the Dept. of Family and Community Medicine 3

NDAFP Annual Meeting Award Winners 4

Characteristics of the Class of 2014 5

Using Digital Images to Enhance Patient Care, Learning, and Teaching 6

Looking Ahead Strategically 8

Issues In This Issue

Roger W. Schauer, MD

Congratulations to Dr. William (Bill) Mayo, Family Physician of the Year; Dr. Georges M. El Hoyek, the William Buckingham Outstanding Resident award winner; and Jean Rebenitsch, the 2010 Friend of Family Medicine Award. Jean was our Executive Director for 21 years. In the following pages read more about these individuals who were recognized and honored at the recent NDAFP Annual Meeting. In this issue also see the “Characteristics of the Class of 2014”, again provided for us by Dean Judy DeMers. You will be seeing these students in clinical settings beginning in July, 2012.

Writing as the Immediate Past President, but also as the Chair of the Board of Directors, Dr. Vetter’s “Message” provides several challenges for us as individuals and for the NDAFP for the coming year. Dr. Klindworth, in her first “Message...”, continues with that theme but also includes information about the recent Annual Meeting of the NDAFP. She also addresses upcoming meetings and events. Dr. Beattie brings us more news about collaboration, growth, new technology, and the preview of a potential model for a 3rd year campus in Minot. Continuing the discussion about leadership roles and opportunities, Bruce Levi brings us up to speed on activities in our behalf by both the NDAFP and NDMA. Mr. Levi discusses a number of collaborative projects and addresses state and federal issues. For details see “Looking Ahead Strategically”.

Electronic technology is a theme found in all four of the above referenced articles, and is also addressed in our reprinted article from “The Teaching Physician”. In his article Dr. Usatine provides addresses for free websites for multiple on-line resources, with a major focus on skin and other disorders. He also discusses “VisualDx”, an incredibly robust site for multiple problems, including dermatological problems. Our own Department of Family & Community Medicine has paid for that website for the past three years, to provide access for our students and our clinical faculty through the Harley E French Library of Health Sciences. If you have an active faculty appointment – check it out. If you don’t have a faculty appointment and desire one, connect with me.

The *Family Medicine Quarterly* and technology were also addressed at the Annual Meeting this past July, where the Board of Directors approved changing the availability of the *FMQ* to our NDAFP website beginning with the first issue for 2011. For those of you who prefer the hard copy version, you will need to contact either Brandy or myself to continue to receive the paper copy. The on-line *FMQ*, dating back to 2004, can be found at <http://www.ndafp.org/>

The minutes of both the NDAFP Board of Directors and the Foundation Board of Directors have not yet been approved, so publication will follow. However, be aware that the Board of Directors approved extending, for two years, matching your contribution to the “Endowment Campaign” of the NDAFP Foundation. For more details the Endowment Fund, see Dr. Krohn’s article in the “Fall 2007” issue of the *FMQ* (at above website).

Have a great autumn.

Message from the NDAFP Immediate Past President

Richard Vetter, MD

It has been my pleasure to serve you this past year as President of the NDAFP.

As you all know, Family Medicine is one of the best jobs in the world. The relationship we develop with our patients are so very rewarding and it is a privilege to serve them.

Not only do our patients need us, but so does our entire healthcare delivery system. In fact, Family Medicine must recapture its attraction – or the chaos and inefficiency of our US healthcare will only continue to worsen.

The challenges are formidable, and there are many reasons for young physicians to go into other fields of medicine. Many graduates have staggering debts, and other specialties offer higher income potentials.

The work of Family Medicine is also overwhelming as the paperwork itself becomes overwhelming, and physicians become dispirited because of the mounting demands placed on them.

But as our patient experience has taught us, failure is NOT an option.

Throughout their lives, but particularly at the end, patients want and need physicians who focus on people who have diseases, not just the diseases that they have.

As I have shared in the Family Medicine Quarterly this past year, what I believe we need to do and what we can do here in North Dakota are the following four things:

Well Trained Family Physicians – to keep people healthy, provide early treatment of the most common health problems, and to coordinate comprehensive and seamless care where subspecialty attention is needed.

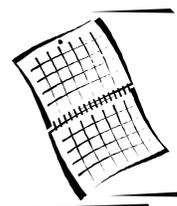
In order to attract and retain high quality Family Physicians, not only do we need to improve/enhance payment for primary care services, we also need to renew our commitment to our high school, undergraduate pre-medicine students, medical students, and residents by our continued support of 1) Mission Physician, 2) Don Breen Externship, 3) Family Medicine Clerkships, and 4) Family Medicine Residency Programs.

We need to change our model of healthcare delivery by surrounding ourselves with teams that can care for the population of patients, assist in care coordination while improving our quality outcomes and use electronic technology to help manage the flood of information that moves through our offices every day. The Patient-Centered Medical Home being advocated by our Academy provides us a vehicle to do this.

Support our state and national Academy who advocate on our behalf with state and national policy makers.

I believe it is by these efforts that Family Medicine Docs can continue to feel that deep sense of satisfaction, and hopefully can go home at the end of each day thinking: "This is what I was called to do."

So again thank you for the honor of serving you this past year. I know that Dr. Jacinta Klindworth will represent us well in the upcoming year.



MARK YOUR CALENDARS!!

September 17-18, 2010
Advanced Life Support in Obstetrics (ALSO)
Minot, ND

October 29-30, 2010
NDAFP Fall CME **Grand Forks, ND**

January 17-21, 2011
34th Annual Family Medicine Update
Big Sky, MT

April 7-9, 2011
NDAFP Annual Meeting **Minot, ND**

January 16-20, 2012
35th Annual Family Medicine Update
Big Sky, MT

Message from the NDAFP President

Jacinta Klindworth, MD

Welcome to the fall issue of Family Medicine Quarterly. This will be our last paper issue as we will transition to an online version this winter. I want to start by thanking Dr. Rich Vetter of Fargo, our outgoing NDAFP president. He did an exceptional job this past year and I want to thank him for his service and dedication to our specialty and our Academy.

Over the past several months, anytime you turned on the TV, surfed the web, or picked up a paper, health care, specifically health care reform was in the headlines. It is a trend I suspect will continue for some time. Dr. Roland Goertz, AAFP President-Elect attended our annual meeting in beautiful Medora this past July. He assured us that the AAFP is "at the table" and weighing in on ongoing health care reform discussions; issues including the Medicare Fee Schedule and the Patient Centered Medical Home.

Much of the discussion at the annual board meeting focused on ways the NDAFP could become more visible and more valuable to its membership. We discussed the possibility of a Facebook page and talked about providing value added services; services and/or products that our members would find truly useful and worth their time. Please feel free to contact me with any ideas. One of the main goals of the NDAFP is advocacy for you, the membership.

The NDAFP website has been updated, and I encourage you to check it out. You will find information on upcoming conference and CME activities. I am personally very excited about our Fall CME weekend October 29-30 in Grand Forks. In addition to quality CME, are plans to attend a UND Sioux hockey game Friday night, followed by a Sioux football game Saturday afternoon. As well, the Big Sky committee is gearing up for the 34th Annual Family Medicine Update Jan 17-21, 2011. Bring the family and plan to join us for a unique CME opportunity in one of those most beautiful locations in the West.

I look to the year ahead with a mixture of excitement and anxiety. My involvement in the NDAFP has been a step out of my comfort zone. I would encourage and challenge all of you to at least consider becoming involved. We need your unique talents and insights to continue to move forward.

Greetings from the Department of Family and Community Medicine

Robert Beattie, M.D.

We are excited about the future of Family Medicine. As I write this we are approaching the official groundbreaking for the new Center for Family Medicine building in Bismarck. The process has been facilitated by a genuine atmosphere of cooperation between Medcenter One, St. Alexius, UND and the community leaders of Bismarck. The building will be east of Medcenter One, in the South West corner 7th street and Rosser. This will be an ideal location to serve our patients, Residents and Students.

The Residencies both have a full complement of Interns and are already well into the new academic year. The Centers are in the process of selecting an EMR for use by faculty and residents. This is a requirement of the RRC and will be required for successful accreditation. The Department is engaged in the exploration of introducing a 3rd year, longitudinal continuity experience in Minot. There are many exciting possibilities presented with this activity, including the development of a 3rd year campus in Minot and cutting edge educational curriculum.

I look forward to providing more information on these and other topics in future issues.



NORTH DAKOTA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR NORTH DAKOTA

NDAFP, Brandy Jo Frei
501 N Columbia Rd
Grand Forks, ND 58203
Brandy@ndafp.org
701-772-1730 phone
701-777-3849 (fax)

NDAFP Annual Meeting Award Winners

William Buckingham Outstanding Resident:

Georges M. El Hoyek, M.D. - Minot Center for FM

Dr. El Hoyek has clearly been the leader of his residency class since he began residency. He has shown service to the residency in many ways. He has participated in the orientation of new residents, both in formal settings where he has been asked to participate in formal training, but also in informal ways where he has provided leadership in helping new residents and new members of our medical community settle in. He has also participated actively in the recruiting of new residents and is a wonderful representative of the program in that role.

Dr. El Hoyek has a very active clinical practice within the residency clinic. He has an interest in geriatrics and thus sees a lot of patients in that age group. His patient satisfaction evaluation scores are very high. He has completed some quality improvement projects which are increasing our ability to become better at what we do in our clinic. He has evaluated a program to use patient photographs in the clinic charts and he has completed a project evaluating the use in our clinic to the mini mental status exam in patients identified as having dementia.

Dr. El Hoyek has been quite involved in the community of Minot. He is a physician well-respected by his peers, his faculty, and the community at large. He has volunteered in a number of different settings in the community including participation in the provision of physician services at our local free clinic called the City and Country Health Clinic. He has made a presentation on preventive care at The View, a senior living center in our community. He has participated in an American Heart Association event to promote heart health and actually was the only resident to volunteer for that project early on a Saturday morning. He has participated in a community service project for Boy Scout Physicals.

2010 NDAFP Family Physician of the Year:

William (Bill) Mayo, M.D.—Wahpeton

William Mayo is a lifelong resident of North Dakota having grown up in the Cavalier, ND community. He was educated, both undergraduate and medical school, at the University of North Dakota, graduating with high honors.

William Mayo completed his family practice residency though the FPC in Bismarck in 1982 before practicing in Harvey from 1982 through 1987. He obtained advanced certification in surgical obstetrics and then began his last 20 years of practice in the Wahpeton/Breckenridge communities. During this 20 year period, Dr. Mayo has practiced the highest quality of medicine and continues to have a tremendously positive impact on the medical care pro-

vided in the community. Dr. Mayo's opinions and care decisions are highly respected and agreed upon.

Dr. Mayo's advanced training to provide surgical OB care for our community hospital has allowed it to continue to provide quality and up to date OB care for our communities. The quality of his surgical care is second to none.

Dr. Mayo has been an Assistant Professor of Family Medicine for most of his tenure in Wahpeton, and has tutored dozens of UND medical students, from first to fourth year students, in this capacity. Each and every student would share the positive impact of education and training Dr. Mayo has had on their present medical practice, regardless of their present specialty of care.

We can all believe that respect must be earned, not expected or casually given. Dr. William Mayo can wear that distinction with great conviction.

2010 Friend of Family Medicine Award:

Jean Rebenitsch served as the Executive Director of the North Dakota Academy of Family Physicians for 21 years, from 1983 to 2004. During that time she guided our academy through many changes. Because of her leadership and guidance we now enjoy the financial stability that many chapters much larger than ours can only wish for. Anyone who was a member of our academy during the years Jean served us can attest to her enthusiastic responsiveness to any requests or needs we had. She served as a welcoming and cheerful ambassador for our specialty to all of the medical students that came into her office to inquire about our activities from the Family Medicine Interest Group, Don Breen Externship, Big Sky and other activities. It is impossible to know how many UND medical students' decision to enter family medicine was significantly influenced by their interactions with Jean.

One of Jean's most lasting legacies for the NDAFP was the expansion of the annual Family Practice Update in Big Sky, Montana under her watch. She was able to nurture this conference into a national conference that drew attendees from across the country. This conference continues to serve as a significant source of revenue for our academy and allows us to offer the services we do for our students, residents and other members.

It is difficult to think of anyone in our state, whether a physician or not, that worked more diligently for the NDAFP to further the ideals of family medicine or who made a more significant contribution to the NDAFP and its members than Jean did during the many years she served as our Executive Director.

Characteristics of the Class of 2014

Judy L. DeMers, Associate Dean for Students

The Class of 2014 is composed of 66 individuals. The following provides statistics in relation to class members.

Sex: Male = 37 (56.14%) Female = 29 (43.9%)

Age: ---at date of matriculation (8-2-10)

Range = 21-37 yrs	21 yo = 4
	22 yo = 12
Mean = 24.8 yrs	23 yo = 17
	24 yo = 11
Median = 23.5 yrs	25 yo = 4
	26 yo = 4
Mode = 23 yrs	27 yo = 2
	28 yo = 3
	29 yo = 1
	30 yo = 4
	34 yo = 2
	35 yo = 1
	37 yo = 1

State of Residence (9 states)

ND = 47 (1 INMED)	AZ = 1 (INMED)
MN = 7(1 INMED)	CA = 1 (INMED)
MT = 6 (WICHE)	OK = 1 (WICHE)
AK = 1 (INMED)	SD = 1 (INMED)
AR = 1 (INMED)	

Ethnic Background: Nine (13.6%) of the students self report an ethnic minority background; all are American Indians.

Majors*: Bachelor's Degree -

Biology = 31
Biochemistry & Molecular Biology = 2
Chemistry = 11
Interdisciplinary Studies = 2
Psychology = 5
Nursing = 2
Honors = 3
Spanish = 2
Zoology = 2

One major each: (N=18)

Athletic Training	French
Chemical Engineering	Global Resource Systems
Child Psychology	Health Science/Pre-medicine
Classics	Microbiology
Clinical Laboratory Science	Nutrition Science
Communication	Philosophy

Computer Information Systems
English Literature
Entrepreneurship

Political Science
Sociology
Women's Studies

*Total exceeds 66 due to students having more than one major or more than one Bachelor's degree.

26 College/University Attended for Bachelor Degree

University of North Dakota = 26
Bethel College = 2
North Dakota State University = 7
Gustavus Adolphus College = 2
Concordia College = 5
Jamestown College = 2
University of Minnesota – Twin Cities = 4

One student each: (N=19)

Carroll College (Helena, MT)
South Dakota School of Mines & Technology (Rapid City)
College of William & Mary (Williamsburg, VA)
Texas A&M University
Dickinson State University (ND)
University of Alaska - Anchorage
Eureka College (Eureka, IL)
University of Arizona
Hope College (Holland, MI)
University of British Columbia
Metropolitan State University (St. Paul, MN)
University of California – Santa Cruz
Minnesota State University – Moorhead
University of Mary (Bismarck, ND)
Minot State University (ND)
University of Montana
Mount Holyoke College (South Hadley, MA)
University of St. Thomas (St. Paul, MN)
Northeastern State University (Tulsa, OK)

**Total number of bachelor's degrees is 67. One student has two bachelor's degrees from different institutions.

Graduate/Advanced Degrees (2 Institutions) with Majors
University of North Dakota, Grand Forks, ND (MS) –
Anatomy and Cell Biology

Willamette University, Salem, OR (MBA) - Business

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Information Technology and Teaching in the Office—Using Digital Images to Enhance Patient Care, Learning, and Teaching

By Richard Usatine, MD, University of Texas Health Science Center at San Antonio

The expansion of digital images on the Internet, smart phones, and the availability of low-cost digital cameras has revolutionized the practice of medicine. Not only can you find images by Google image search, but you can use medical Web sites dedicated to help you make the correct diagnosis. Not only are physicians using these sites, but your patients are finding these sites and making educated guesses as to the cause of their medical disorders.

This article will take you through the best electronic resources for the diagnosis of skin and other disorders that present with distinctive visual patterns. One excellent example of this is the free “Skinsight” Internet site found at <http://www.skinsight.com>. It has an amazing “Skin Condition Finder” that allows you to select age, gender, and body location and then shows photographs and explanations of the skin conditions that match those selections. The selections are divided into best matches and close matches. There is even a discussion about the particular reasons for rashes in that body part. The site is intended for use by patients and does not include specific therapy or prescribing information, but certainly students and doctors will find the images to be compelling. The site is produced by Logical Images, and this is the public, less powerful version of their VisualDx program, which requires a subscription and

includes 1,000 diagnoses, searchable findings, and the therapy information the consumer site lacks. Logical Images has also created a self-paced tutorial for students and recently moved the expanded tutorial to the professional area of Skinsight: http://www.skinsight.com/info/for_professionals/rash-rashes. The site includes training in the basics of the skin exam, the essential descriptive terminology of dermatology, a lesson on variations in dermatologic diagnosis, and an interactive example of how visual diagnostic decision support can enhance care. Logical Images encourages educational sites to link to this comprehensive self-paced tutorial. VisualDx and the Learnderm site are a wonderful example of how decision support and point of care tools can enhance and transform medical education. Every medical student and resident should take this self-study tutorial on how to diagnose skin problems.

VisualDx is not just dermatology. It has robust modules on the eye, the mouth, and bioterrorism and the pulmonary system, including chest X-ray findings. It also includes public health-related modules for child abuse recognition, pressure ulcers, and MRSA. Uniquely, VisualDx allows the user to search by diagnostically relevant terms such as symptoms, signs, geography, medical history, medications, and many other findings to develop a differential diagnosis. The ability to use VisualDx is required at some medical schools. User trials indicate that VisualDx visual diagnostic decision support can improve diagnostic accuracy by more than 120%. The photographs are superb, and the decision support is very sophisticated. For the first time, subscribers can get a free iPhone app to search this database. The iPhone app delivers the same high-quality

Table 1
Best Free Resources Currently Available Online

DermAtlas	http://dermatlas.org	Johns Hopkins University
DermIS	http://dermis.net	Derm Information Systems from Germany
Dermnet	www.dermnet.com	Skin Disease Image Atlas
Interactive Derm Atlas	www.dermatlas.net	From Richard Usatine, MD
ENT	www.entusa.com	From an ENT physician
Eye	www.eyerounds.org	From University of Iowa
Infectious Diseases	http://phil.cdc.gov/	CDC Public Health Image Library
ENT—ear, nose, and throat CDC—Centers for Disease Control and Prevention		

images and concise disease descriptions including treatment information.

Many universities and emergency departments have purchased enterprise versions of VisualDx. First check to see if you have free access at your work place. If so, you can get the iPhone version for free too. Also, you may go directly to <http://www.visualdx.com> and get a free trial and then decide upon the purchase of a 1-year subscription (\$99 for pediatrics only and \$199 for the broader clinician package). One economical way to subscribe is to buy one of their new books, which comes with a free electronic subscription. On Amazon.com you can purchase “VisualDx: Essential Pediatric Dermatology” for \$78 and get a full-year pediatrics subscription to the Internet and iPhone version of VisualDx. (Don’t forget to go through <http://www.stfm.org> when purchasing your Amazon products so STFM gets their percentage.) “VisualDx: Essential Adult Dermatology” contains full Internet access and is the next in the series to be released on Amazon on April 1.

There are dedicated atlases on the Internet by organ system that can help you find the images you were looking for. Most of these atlases have their own search engines which can help direct you to the right diagnosis.

Table 1 lists some of the best free resources currently available online. All of these sites can help you make a diagnosis by providing you with visual images for comparison. Some also have decision support tools as well. Look at these sites now before you need them at the point of care. Once you are familiar with these sites, you will want to show them to your students as part of how you practice and teach family medicine.

Please do be careful when searching for images on the Web in front of patients. Sometimes what pops up is not “pretty” (or for that matter G or PG rated). I turn the screen away from the patients before I initiate the search and then screen out what I will show them. I always ask first if they would want to see some pictures of other persons with a similar condition and if it is “OK to search” in front of them. Most patients are delighted, but you may have an occasional patient who does not want to view the images. When you teach, model this behavior in front of your students. Show them how visual images and decision support tools on the Internet at the point of care can help with caring for patients.

**Richard Usatine, MD, University of Texas Health Science Center at San Antonio, Editor,
Thomas Agresta, MD, University of Connecticut, Coeditor**

2011 NDAFP Family Medicine Update

Brandy Jo Frei, Executive Director

The 2011 Family Medicine Update Conference is quickly approaching. The dates will be January 17-21, 2011. The Yellowstone Conference Center in Big Sky, MT will once again provide an excellent location for our meeting. The Big Sky resort and surrounding area has been continually adding new activities. The skiers and snowboarders will be able to enjoy the wonderful ski slopes. If you are not a skier, I myself like to go snowshoeing on the Moose Tracks Snowshoe Trail. This beautiful and peaceful trail is for all skill levels. If you can walk, you can snowshoe. Tubing, the Zip Line, and the Ropes course also provide fun and adventurous ways to enjoy the outdoors. With just a short drive or shuttle ride, you can cross country ski, take a daytrip into Yellowstone National Park, go snowmobiling, and go sight seeing. Some of the businesses in the area will once again be offering a discount to conference attendees. The discount list will be included in your registration confirmation materials.

Confirmed topics for this year include

- Infectious Diseases
- Women’s Health
- Sports Medicine
- Pediatrics
- Pharmaceutical Diagnosing Updates

With more to come.

Register today at

http://www.ndafp.org/big_sky_registration.php.

Reserve your lodging by calling the Big Sky Resort Main Reservation line at 1-800-548-4486.

Please do not hesitate to contact me with any questions or concerns that you may have.

SEE YOU IN BIG SKY!!!!!!

Looking Ahead Strategically

Bruce Levi, Executive Director
North Dakota Medical Association

With the approach of autumn comes the North Dakota Medical Association annual meeting, political campaigns, preparations for the coming session of the Legislative Assembly, and, of course, the next congressional exercise in delaying the SGR cuts!

Our medical societies – both NDMA and NDAFP – can play an integral part in preparing you for leadership roles in this environment. I believe that physicians will look to our medical societies first for support, but if those societies are not prepared to help, they will move on to others for help. As organizations and as members of those organizations, we need to ensure that we develop resources and strategies to help you in this new environment.

Over the past year, the leadership of NDMA has focused on strategic priorities that address 1) NDMA's capacity for leadership in health information technology planning, leadership development, and strategic alliances, 2) NDMA's capacity for advocacy in developing an agenda for the 2011 ND Legislative Assembly and providing state leadership on health system delivery and Medicare payment reforms, 3) NDMA's capacity for ethics and professionalism in exploring new options for a statewide quality initiative, expanding the role of the NDMA Commission on Ethics and facilitating communication among physicians across the state, and 4) NDMA's organizational capacity in developing new staff skills and resources and enhancing communication among physician leaders.

This strategic approach created an ambitious prospect for NDMA and, of course, the demands on staff and our physician leadership centered on events as they unfolded in Congress and in our state, on a daily basis. While we cannot control all our circumstances and challenges, we need to continue to rise above them with our time, energy and resources to get the results North Dakota physicians need.

Effective organizations welcome the risks associated with action. 2009-10 beginning with the 2009 ND Legislative Assembly has been twenty months of action – NDMA has not sat on the sidelines – and not avoided risk. It has been a year of working within difficult processes – a period starting with good success in the 2009 ND Legislative Assembly and special challenge in the Congress with health system reform and Medicare payment reform. In sum, we have experienced results that

will benefit physicians and their patients in North Dakota. Considerable challenges await us, particularly in the implementation of health system reform and the 2011 ND legislative session.

As NDMA president, Kim Krohn has focused on *the importance of transformation of medical practice* as she has traveled and talked with physicians, payors, our Congressional Delegation, and legislators and other policymakers about the future of medical services in North Dakota. Part of this transformation lies in quality improvement and embracing new technologies.

On quality, the NDMA and North Dakota Hospital Association have been working closely with the Centers for Medicare & Medicaid Services (CMS) over the last year to establish a Statewide Quality Improvement Network (SQIN) demonstration design for North Dakota.

As conceptualized, the three-year ND SQIN demonstration is a statewide network consisting of 75% of the state's urban and rural hospitals and physician practices. Participating hospitals and physician practices would be eligible to receive additional Medicare reimbursement from dedicated incentive pools that will be distributed for improving performance and/or achieving performance benchmarks. CMS has identified the availability of \$15 million each year in new money for three years (\$45 million) for the incentive pool. NDMA and NDHA have also made an appropriations request through Senator Kent Conrad's office to fund the operations of the SQIN.

The SQIN would administer the demonstration project, and would be responsible for provider recruitment, providing technical assistance to support quality improvement and quality data reporting and feedback, receiving and disbursing incentive payments to eligible providers, and overall project management. The SQIN would contract with North Dakota Health Care Review, Inc., the state's quality improvement organization, for hospital and physician data collection services.

While NDMA and NDHA have brought discussions with CMS to this level, much more discussion is necessary among the state's physicians and hospitals and with CMS to develop further structure and details of the SQIN.

On technology, NDMA participates fully in planning for a statewide health information exchange as part of the ND Health Information Technology Advisory Committee (HITAC) established by the 2009 ND Legislative Assembly. In March, the Office of the National

Coordinator for Health Information Technology (ONC) awarded North Dakota a four-year, \$5.3 million dollar cooperative agreement, with a project start date of March 15, 2010. The purpose of the cooperative agreement is to establish a North Dakota statewide health information exchange to improve the coordination, efficiency and quality of health care. The ONC requires the development of a strategic and operational plan which must be developed and submitted to the ONC for their approval by September 27, 2010, for implementation funding. A draft strategic and operational plan has been circulated among stakeholders in the state. If you would like to review the draft, you can view it on the NDMA website.

State Issues

NDMA Legislative Agenda

The NDMA Commission on Legislation has developed a preliminary agenda for the 2011 ND Legislative Assembly, focused on physician recruitment and retention strategies, Medicaid payment issues, national health system reform implementation and other issues.

The challenge of physician recruitment will emerge in a proposal now approved as a budget request by the North Dakota State Board of Higher Education to facilitate more “home grown” health professionals in the state. The proposal would increase medical student and health sciences students class sizes and establish additional residency positions. The proposal would also include the construction of a new UNDSMHS health sciences building. A broader physician recruitment and retention strategy will be considered by the Commission on Legislation prior to the session.

The challenge of additional rebase for Medicaid physician payments, on top of last session’s substantial partial rebase of over 45%, is more daunting with the prospect of a lower federal share coming to North Dakota for Medicaid funding. The ND Department of Human Services expects reductions for ND in the Federal Medical Assistance Percentage (FMAP), the federal government’s share of Medicaid reimbursement, which will be in place beginning January 2011. Applying this reduced FMAP for federal FY 2012 and FY 2013, *\$186 -188 million in state funds is necessary simply to hold even on Medicaid spending.*

The challenge of health system reform implementation in our state will emerge in continuing advocacy for amendments and modifications to the federal *Patient Protection and Affordable Care Act* regarding those provisions that are inconsistent with NDMA policy. NDMA, AAFP and all our physician organizations will

need to assist physicians in evaluating opportunities to participate in demonstration programs and other opportunities under the health system reform law.

We will continue to monitor and participate in the 2009 -10 interim committees of the ND Legislative Council as those interim committees conclude their work. In particular, the Industry, Business & Labor Committee is studying factors impacting the cost of health insurance coverage and impacts of federal health system reform. NDMA testified on several occasions before the committee on a variety of issues. The committee has likely concluded its work which includes a document highlighting financial impacts of the reform law on ND agencies. The debate has only just begun.

The Judicial Process Committee is studying access to psychiatric care and mental health commitment procedures and costs. The ND Psychiatric Society has been very involved in that study with concerns, among others, that the committee not take the approach of recommending that psychologists be allowed to prescribe psychotropic medications as was defeated last session. The Health & Human Services Committee is studying unmet healthcare needs. This committee has requested NDMA testimony on general topics and is considering a bill draft that would allow pharmacists to administer flu shots and immunizations to children, which is opposed by pediatricians.

NDMA also monitors the Budget Section meetings which recently included a presentation by the Department of Human Services indicating another delay in implementation of the Medicaid computer system (MMIS). The first part of the new system, provider enrollment, will begin December 1, 2011 and the MMIS will now not “go live” until June 1, 2012.

The Legislative Council’s Procedures & Arrangements Committee approved the NDMA Doctor of the Day Program for the 2011 session. As the ND AFP has approved an incentive payment for its members to participate in the Doctor of the Day program, we encourage you to step up and spend a day at the legislature!

Federal Issues

National Health System Reform

Certainly, the issue this past year was national health system reform, and the roles of our medical societies in it as well as our current commitment to refine the law that passed, with all its imperfections, as best to ensure the primacy of the physician-patient relationship and to reduce the administrative burdens of practicing medicine as much as possible. A resolution adopted by the

NDMA House of Delegates last year provided guiding principles for NDMA in addressing issues with national health system reform alternatives and Medicare payment reform. This principled decision making guided the crafting of several letters and other documents throughout the course of the process used in Congress to debate health system reform. While not all physicians agree with the letters and positions NDMA conveyed in regard to health system reform, the decisions made by the Council were principled and consistent with NDMA policy and mission.

AMA Policy Issues

Dr. Robert Beattie serves as NDMA alternate delegate to the AMA. This past June at the AMA annual meeting there were a number of issues discussed with direct implications for North Dakota. For example, the AMA House of Delegates adopted policies aimed at increasing the physician work force and staving off shortages. The policies call for promoting physician practice in underserved areas, expanding residency training, encouraging more people to become primary care physicians, and addressing a severe shortage of child and adolescent psychiatrists.

In June the six states of our North Central Medical Conference also joined in offering a resolution to address a draconian CMS “clarification” of the Outpatient Prospective Payment System rules that would have reversed long-standing general supervision of outpatient therapeutic services and required direct physician supervision, even in critical access hospitals. While CMS put a “hold” on the new clarification, it is moving forward with new proposals that are not helpful. Our resolution in June was referred to the AMA Board of Trustees for decision and we will be encouraging the AMA to weigh in on our behalf. Recently, Rep. Earl Pomeroy brought CMS Deputy Administrator Jonathan Blum to the state to discuss this issue with ND critical access hospitals and physicians.

Medicare Sustainable Growth Rate Cuts

And of course, we are not done in fighting off proposed cuts in Medicare payments. The federal Balanced Budget Act of 1997 enacted Medicare’s sustainable growth rate formula (SGR). The formula calculates an annual target for Medicare spending on physician services based in part on changes in the gross domestic product. If actual spending exceeds the target, Medicare is supposed to make up the difference by lowering physician reimbursement the following year, despite the reality of rising practice expenses. For almost a decade, the SGR formula has triggered a pay cut and every year Congress has postponed it, except once. However,

the difference between actual and targeted spending accumulates year to year, making each cut bigger than the last. Even while cuts have been largely averted, the largest payment increase in any year has been 1.5%. Many years have seen a 0% to 0.5% increase. With health care costs exceeding the rate of inflation, the SGR has resulted in a sharp decline in payments for physician services for Medicare-related care.

On June 25, President Obama signed H.R. 3962, called the “*Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010*” which provides a 2.2 percent Medicare physician payment update for six months, from June 1 through November 30, 2010, in lieu of the current 21 percent cut. On December 1, we will face another payment cut of 23 percent.

Every U.S. state medical society including NDMA and more than 35 specialty societies including the AAFP signed a statement on June 16 urging Congress in harsh terms to deal permanently with Medicare’s SGR formula.

Congress could have permanently solved the problem five years ago at an estimated 10-year cost of \$49 billion, according to the AMA. The price tag now, according to a recent score from the Congressional Budget Office, would be \$276 billion over 10 years. Congress’ inaction on permanently solving this issue is now tied to concern for increasing government financial debt. As a result, the myriad patchwork fixes continue, with no plans in sight for overhauling the system.

Your attention to policy will be critical in the coming months. Talk to your legislators now and keep NDMA informed of issues or concerns. If we look ahead strategically and take actions based on those strategies, we can better help ourselves and your patients.



Faculty Position - Family Medicine physician faculty position. We are recruiting for a full-time Faculty member who is ABFM certified or eligible. The chosen applicant will be an Assistant or Associate (depending upon experience) Director in a fully accredited, 15 resident, university administered, community-based family medicine residency program in Minot, North Dakota.

The successful applicant will be expected to participate in clinical care, teaching, and scholarly activity. Competitive salary and benefit package for the right candidate. Send a letter of interest with CV and 3 letters of recommendation to Robert W. Beattie, M.D., Chair, Department of Family & Community Medicine, University of North Dakota School of Medicine and Health Sciences, 501 N. Columbia Road, Stop 9037, Grand Forks, ND 58202-9037 email: beattie@medicine.nodak.edu fax: 701-777-3849 call: 701-777-3200. **UND is an equal opportunity affirmative action employer.**



Program Director – The University of North Dakota Center for Family Medicine-Bismarck is seeking a Program Director to lead a FM residency program with an emphasis on rural family medicine. The applicant must be an ABFM certified family physician with experience in residency education and administration. Academic rank commensurate with experience. The program is a fully accredited 5-5-5 program located in the upper Great Plains. Please send letter of interest, CV, and 3 letters of recommendation to Robert W. Beattie, MD, Chair, Department of Family & Community Medicine University of North Dakota School of Medicine and Health Sciences, 501 N Columbia Road, P.O. Box 9037, Grand Forks, ND 58202-9037 email: beattie@medicine.nodak.edu fax: 701-777-3849 call:701-777-3200. **UND is an EO/AA employer.**

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Address all correspondence and ads as follows: Co-Editors: Roger W. Schauer, M.D. (rschauer@medicine.nodak.edu) and Brandy Jo Frei, (Brandy@ndafp.org) for the NDAFP, *Family Medicine Quarterly*, UNDSMHS, 501 N Columbia Rd Stop 9037, Grand Forks, ND 58203, (701) 777-3200.
