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Issues In This Issue

Roger W. Schauer, MD

Welcome to our premier paperless issue of the NDAFP *Family Medicine Quarterly*. Hard copy of the *FMQ* will be provided on request from either Brandy Frei or me. We hope to modernize the *FMQ* in future issues to include the ability to search by subject, key word, or theme, and to provide hotlinks to resources such as “*The Teaching Physician*”, NDAFP Board and Commission minutes, as well as other articles listed in the ‘Table of Contents’ or noted in ‘Issues in This Issue’.

Congratulations to then president-elect, now NDAFP President Wade Talley, MD, for the great CME during the recent **56th Annual Meeting Scientific Session of the NDAFP**. Dr. Talley et al, including the faculty at the Minot Center for Family Medicine, provided an intensive and comprehensive update for the care of those with diabetes mellitus, with primary focus on the ever growing population of people with Type 2 DM. The content, beginning with “Insulin Made Easy” and closing with “Putting It All Together” was well orchestrated as the speakers addressed management of the various co-morbid problems that complicate the clinical course. Because this is an editorial page I feel free to say that this was the most integrated, focused but comprehensive, continuing medical education meetings I have attended in years, and I have attended many. For more information about the meeting, see Brandy’s “Executive Excerpt”.

MARK YOUR CALENDARS!!

October 28, 2011
Fall CME
Grand Forks, ND

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

April 19-21, 2012
NDAFP Annual Mtg
Fargo, ND

Congratulations to **Dr. Paul Olson**, who was named **Family Physician of the Year** at the Annual Meeting. Paul is only the second 2nd-generation North Dakota family physician to receive that award in our state. Paul’s father, Dr. M. Jerome Olson, was named Family Physician of the Year 14 years ago, in 1997. Chuck Breen was the first, receiving that recognition 21 years after his father, Don Breen, MD (2008 & 1987, respectively). While several children of those Family Physician of the Year recipients pursued medicine as a vocation, to the best of my knowledge, only one other is currently practicing Family Medicine in North Dakota.

Dr. Jane Ostlie was named **Buckingham Award Outstanding Resident of the Year** - congratulations. Dr. Ostlie is a second generation Family Physician (daughter of Dr. Jonathan Berg, Northwood). We also extend congratulations and our thanks to **Dr. Dave Billings**, who was named **Friend of Family Medicine**. See Brandy’s article for more information regarding these honorees.

Learn where the student(s) you taught are pursuing their residency in **The Residency Match for the Class of 2011**. By the time you can access this issue those new graduates will have already received their MD degrees (May 15). Also note the **Don Breen Externship** participant list provided by Brandy.

Dermoscopes for assessment of skin lesions in the office, reprinted from the April 2011 issue of *The Teaching Physician*. Drs. Usatine & Marghoob’s article calls attention to the recent availability of dermoscopy workshops at 2010 AAFP Assembly. If any one of you has attended one of those workshops, please provide some comments to us at

the *FMQ*. If anyone is interested in pursuing dermoscopy, the 2011 AAFP Assembly has four 3-hour workshops on the schedule. Perhaps someone in our membership will attend a workshop and offer, or arrange to offer, teaching a similar workshop at our 2012 NDAFP Annual Meeting and Scientific Assembly. I believe many physicians in rural facilities may already have that technology available wherever the Telemedicine equipment is housed in their facility.

I want to remind everyone of the extended opportunity to have their contributions to the **Endowment Fund** matched by the NDAFP through 2011. The Endowment Fund was established by the NDAFP Foundation and approved by the NDAFP during our Annual Meeting in 2007. The overall goal of that enduring fund is to provide support for medical students and residents interested in pursuing Family Medicine. To date, including the Academy match, the fund total stands at \$32,700, with a goal of \$50,000 before proceeds distributions begin.

My wish for you all is that you are recovering from the challenges of this past winter storms and the spring flooding. Even the Sheyenne River appears to be receding, although the expansion of Devils Lake may ultimately again provide challenges through the Sheyenne River Valley and ultimately the Red River Valley.

The *Family Medicine Quarterly* is published by the North Dakota Academy of Family Physicians and the Department of Family and Community Medicine. Except official reports and announcements, no material in the *Family Medicine Quarterly* is to be construed as representing the policies or views of the North Dakota Academy or Department of Family and Community Medicine. The Editors reserve the right to accept or reject any article or advertisement matter.

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Executive Excerpt

Brandy Jo Frei, Executive Director

Annual Meeting Wrap Up

We had another great Annual Meeting. Minot played a great host to our group with an excellent turnout of 46 attendees. Of these were 22 residents and faculty from the Minot Residency Program. Thank you to Kim Krohn and Wade Talley for arranging for the residents to participate in the annual meeting.

The following officers were elected and installed:

President - Wade Talley, M.D., Minot
President - Elect - Robert Wells, M.D., Jamestown
Vice President - Hayley Svedjan, M.D., Grand Forks
Secretary/Treasurer - Jeff Hostetter, M.D., Bismarck
Chairman of the Board - Jacinta Klindworth, M.D., Beulah

Newly elected members of the Board of Directors for three year terms are:

Charles Nyhus, M.D., Harvey
Josh Deere, M.D., Grand Forks
Lisa Jamsa, M.D., Wahpeton

Also serving on the Board of Directors are:

R.J. Moen, M.D., Williston
Heidi Philpot, M.D., Grand Forks
Derek Wayman, M.D., Devils Lake
Todd Schaffer, M.D., Carrington
Aaron Garman, M.D., Beulah
Jason Moe, M.D., Jamestown

In addition, the **North Dakota Academy of Family Physicians Foundation** held their annual meeting at the same time. The following physicians were elected to serve in the following offices:

President - Roger Schauer, M.D., Grand Forks
Vice President - Kimberly Krohn, M.D., Minot
Secretary/Treasurer - Charles Breen, M.D., Hillsboro

Also serving of the Board of Directors are:

Heidi Bittner, M.D., Devils Lake
Russ Emery, M.D., Bismarck
Rup Nagala, M.D., Oakes
Charlie Christianson, M.D.,
Grand Forks
Steven Glunberg, M.D., Fargo
Richard Vetter, M.D., Fargo

The following awards were presented at the Annual Meeting as well.

**William Buckingham Outstanding
Resident of the Year**

Jane Ostlie, M.D., from Grand Forks was selected as the 2011 recipient of the William Buckingham Outstanding Resident Award. Dr. Ostlie is currently completing her residency at the Grand Forks Family Medicine Residency Program. She is a graduate of the University of North Dakota School of Medicine and Health Sciences. Upon entering residency on July 1, 2008, it was obvious that Dr. Ostlie was an intelligent, caring individual that would go the extra mile to help her patients and to learn as much as she could about their problems in order to optimize their management. Jane has a tremendous pedigree, as her father, Dr. Jon Berg, has practiced for 26 years in Northwood and has been a role model for Jane in what it takes to be a well rounded physician in a rural community and still balance family life. Jane has done this very well as a resident, caring for her patients well but also finding time for her husband, Richie and their children Hannah and Lydia. Jane has signed a contract to practice in Mayville, North Dakota upon completing her residency.

Friend of Family Medicine

Dave Billings, M.D., from Minot was selected as the 2011 Recipient of the Friend of Family Medicine Award. Dr. Billings is well-known to many medical and non-medical people throughout the state. He has a widespread reputation for an extreme amount of energy, an extreme commitment to medicine, and an extreme commitment to and supporter of our medical school. He has trained every resident in Minot, North Dakota in his field and he has a significant understanding of family medicine because of his longtime association with the residency, his work as a full-time faculty member, and also because of his training and his years of work as a physician assistant which make him a much broader physician specialist than many.

ND Family Physician of the Year

Dr. Paul Olson, M.D., from Minot was selected as the 2011 ND Family Physician of the Year. His ongoing dedication to teaching and to the practice of family medicine is such a blessing for North Dakota and Minot. Paul is a graduate of the University of North Dakota with a BS in biology, graduated from the University of Iowa College of Medicine, and is a graduate of the family medicine residency in Bismarck, ND. He grew up in Williston and his father is a former recipient of the North Dakota Family Physician of the Year award. His compassion to patients, medical learners, colleagues, and staff members is widely known. He has an immense amount of patience and empathy in dealing with all around him. As far as being in good

standing in the medical community, Dr. Olson is widely known as one of the best physicians with the greatest clinical judgment in our community. It is such a pleasure for any patient to have him as their doctor in the Emergency Room, at TriLife, or at any of the other settings where he practices. As far as his dedication to the ideals of family medicine, Dr. Paul Olson is an outstanding role model for residents, medical students, and young physicians in the state.

We look forward to another great meeting next year, April 19-21 in Fargo.

Big Sky—Family Medicine Update

Turn in your time-off request now for the 35th Anniversary of the Family Medicine Update Conference in Big Sky, MT. The conference will be held January 16-20, 2012. To think that this started 35 years ago with a handful of docs and has grown to such a successful meeting attended by representatives from 25 other states. It will be a wonderful time and I hope to see you all there.

Academy Opportunities

There is always an opportunity to get involved in the NDAFP. There are committees with work to be done, student activities, Don Breen precepting, resident training through the ALSO program, community health projects, and numerous other activities to get involved with. Please do not hesitate to contact me if you are interested in getting more involved.

Happy Spring & I wish everyone a Wonderful Summer!!!



**NORTH DAKOTA ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR NORTH DAKOTA

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UND Ranks #1 Nationally for Percentage of Grads Choosing Family Medicine

Denis MacLeod, assistant director, Office of Alumni and Community Relations, UND School of Medicine and Health Sciences

Ten medical schools that have contributed the most to the pipeline of family physicians were honored when the American Academy of Family Physicians (AAFP) presented its Top Ten Awards during the Society of Teachers of Family Medicine Annual Spring Conference on April 29 in New Orleans. The awards recognize schools that, during a three-year period, graduate the greatest percentage of students who choose first-year family medicine residency positions.

The University of North Dakota (UND) School of Medicine and Health Sciences (SMHS) is the top medical school in the country for producing family medicine physicians, with 19.6 percent. The overall U.S. match rate for family medicine this year is 8.4 percent, according to the AAFP. Other regional schools recognized by the AAFP were the University of Minnesota Medical School, with 15.6 percent, and Sanford School of Medicine of The University of South Dakota, with 15.0 percent.

“This award would not be possible without the tireless efforts of our volunteer faculty throughout the state. It is the modeling of their dedication to patients that makes the biggest impact on students,” said Robert Beattie, M.D., chair of the UND SMHS’s Department of Family and Community Medicine. “The relationships established between community preceptors and students, many times, last a lifetime and greatly influence their future role as physician. Thank you to all of our faculty members.”

At a time when the United States is facing a shortage of primary care physicians, filling the pipeline is vital to the health of America, according to AAFP President Roland Goertz, M.D.

“Family physicians are the bedrock of primary care, and primary care is the foundation of a health care system that provides high quality, effective and efficient care to patients,” he said. “It all begins with the medical schools and their faculty’s commitment to family medicine. Increasingly, medical schools are working toward building the primary care physician workforce, and we applaud their efforts. The Top 10 Awards recognize schools’ consistent effort made over time.”

Family medicine physicians are the most sought after

specialty in rural North Dakota; 92 percent of the counties in North Dakota are partially or fully designated by the federal government as a primary care physician shortage area.

“We are very pleased to be recognized as the nation’s most effective medical school in encouraging students to pursue the specialty of family medicine,” said Joshua Wynne, M.D., M.B.A., M.P.H., UND vice president for health affairs and dean of the UND SMHS. “We are working hard to address North Dakota’s need for physicians and other health care workers, especially those in the field of family medicine. Although our percentage is the best in the country, the small size of our class means that we still don’t produce enough family physicians for the needs of the region. That’s why we are so pleased that the Legislature has funded an increase in our class size, which will enable us to produce even more of the health care providers that North Dakota needs.”

The UND medical school has several unique programs designed to educate students about the benefits of family medicine. The nationally recognized Rural Opportunities in Medical Education (ROME) program places third-year medical students in several rural communities in North Dakota for a seven-month rotation.

For more than 16 years, the Students/Resident Experiences and Rotations in Community Health (SEARCH) program has provided health profession students an opportunity to spend a month working in interdisciplinary teams in rural North Dakota communities.

In 2010, UND’s SMHS signed its first RuralMed Scholar. The goal of the RuralMed Scholarship Program is to recruit, educate and retain physicians who will practice family medicine in rural North Dakota. The program absorbs the tuition costs for all four years of medical school for students who agree to practice family medicine in a rural area of North Dakota for five years.

RESIDENCY MATCH CLASS OF 2011

NAME/ PROGRAM	LOCATION
Bagan, Michael Emergency Medicine	William Beaumont Hospital Program, Royal Oak, Michigan
Bolinske, Tyson Radiology-Diagnostic	University of New Mexico Program, Albuquerque, New Mexico
Brolin, Tyler Orthopaedic Surgery	University of Tennessee Program, Memphis, Tennessee
Brown, David General Surgery	Swedish Medical Center/ First Hill Program Seattle, Washington
Buhr, Christian Psychiatry	University of Minnesota Program Minneapolis, Minnesota
Burgard, Andrew Family Medicine	Utah Healthcare Institute Salt Lake City, Utah
Charchenko, Cameron Surg- Prelim/Urology	Mayo School of Graduate Medical Education, Rochester, Minnesota
Edwards, Cory Med-Prelim/Neurology	University of Iowa Hospitals and Clinics Iowa City, Iowa
Eichele, Derrick Internal Medicine	University of Nebraska Medical Center College of Medicine Program, Omaha, Nebraska
Ericson, Eric Transitional Radiology-Diagnostic	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota University of Iowa Hospitals and Clinics, Iowa City, Iowa
Ernst, Zachary Surg-Prelim	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota
Feierabend, Siegfried Orthopaedic Surgery	Wayne State University Program, Taylor, Michigan
Fish, Jacob Pediatrics	University of Wisconsin Hospitals and Clinics, Madison Wisconsin

Flatt, Shan Family Medicine	Altru Health System Program Grand Forks, North Dakota
Forward, Brennan Pediatrics	University of Minnesota Program, Minneapolis, Minnesota
Gerde, Matthew Emergency Medicine	William Beaumont Hospital Program Royal Oak, Michigan
Gores, Kathryn Internal Medicine	University of Iowa Hospitals and Clinics, Iowa City, Iowa
Greenwood, Michael Transitional Ophthalmology	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota Case Western Reserve University (MetroHealth Program), Cleveland, Ohio
Gustafson, Jean Family Medicine	University of North Dakota School of Medicine and Health Sciences, Bismarck, North Dakota
Hagen, Ashley Family Medicine	Altru Health System Program Grand Forks, North Dakota
Haus, Carolyn Pathology	University of Michigan Hospitals, Ann Arbor, Michigan
Henderson, Chris Family Medicine	Altru Health System Program Grand Forks, North Dakota
Hilfer, Alexis Obstetrics/Gynecology	Mayo School of Graduate Medical Education, Rochester, Minnesota
Hokenstad, Erik Obstetrics/Gynecology	Mayo School of Graduate Medical Education, Rochester, Minnesota
Hoverson, Fallon Family Medicine	Altru Health System Program, Grand Forks, North Dakota
Jacobson, Tamara Obstetrics/Gynecology	University of Kansas School of Medicine Program – Wichita, Wichita, Kansas
Kemp, Evan Pediatrics	University of Wisconsin Hospitals and Clinics, Madison, Wisconsin

Landgren, Shanna Family Medicine	University of Minnesota – Duluth Program, Duluth, Minnesota	Picard, Melinda Internal Medicine	Central Iowa Health System (Iowa Methodist/Iowa Lutheran), Des Moines, Iowa
Lundin, Ashley Transitional	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota	Pribula, Christopher Internal Medicine	Moses H. Cone Memorial Hospital Program, Greensboro, North Carolina
Ophthalmology	University of Wisconsin Hospitals and Clinics, Madison, Wisconsin	Rau, Elizabeth Family Medicine	Providence Sacred Heart Medical Center/ University of Washington School of Medicine Program, Spokane, Washington
Mahylis, Jared Orthopaedic Surgery	Oregon Health and Science University Program, Portland, Oregon	Reisenauer, Chris Transitional	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota
Marthaller, Kyle General Surgery	Exempla St. Joseph Hospital Program, Denver, Colorado	Radiology-Diagnostic	Mayo School of Graduate Medical Education, Rochester, Minnesota
Mees, Christopher Family Medicine	Altru Health System Program Grand Forks, North Dakota	Sauer, Brian Orthopaedic Surgery	University of Missouri/ Kansas City Program, Kansas City, Missouri,
Mertz, Taylor Family Medicine	Medical College of Wisconsin Affiliated Hospitals Program Waukesha, Wisconsin	Schmitz, Casey Radiology-Diagnostic	Texas A&M College of Medicine - Scott and White Program, Temple, Texas
Midboe, Brian Anesthesiology	University of Iowa Hospitals and Clinics, Iowa City, Iowa	Schulz, Samantha Pediatrics	University of Wisconsin Hospitals and Clinics, Madison, Wisconsin
Miller, Andrew Transitional	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota	Siewert, Ryan Family Medicine	University of North Dakota School of Medicine and Health Sciences, Bismarck, North Dakota
Radiology-Diagnostic	Mayo School of Graduate Medical Education, Rochester, Minnesota	Skalsky, Morgan Obstetrics/Gynecology	University of Nebraska Affiliated Hospitals Omaha, Nebraska
Morgan, Daniel Family Medicine	O'Connor Hospital Program San Jose, California	Smith, Jessica Transitional	University of South Dakota School of Medicine Program Sioux Falls, South Dakota
Norrie, Brock Orthopaedic Surgery	Grand Rapids Medical Education and Research Center/Michigan State University Program, Grand Rapids, Michigan	Radiology-Diagnostic	Indiana University School of Medicine Program, Indianapolis, Indiana
Ottmar, Jeffrey Transitional	Grand Rapids Medical Education and Research Center/Michigan State University Program, Grand Rapids, Michigan	Sondag, Cindy Psychiatry	University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota
Anesthesiology	University of Nebraska Medical Center College of Medicine Program, Omaha, Nebraska		

Stinton, Aaron University of Missouri/
Emergency Medicine Kansas City Program, Kansas
City, Missouri

Streifel, Kristin St. Joseph Mercy Hospital
Obstetrics/Gynecology Program Ann Arbor,
Michigan

Turman, Nicholas University of North Dakota
Transitional School of Medicine and
Health Sciences Fargo,
North Dakota

Radiology-Diagnostic University of Iowa Hospitals
and Clinics, Iowa City, Iowa

Van Valkenburg, Jason Regions Hospital/Health
Emergency Medicine Partners Institute for Medical
Education Program, St. Paul,
Minnesota

Welle, Emily University of Minnesota
Pathology Program, Minneapolis,
Minnesota

Zimmermann, Kevin Virginia Mason Medical
Anesthesiology Center Program, Seattle,
Washington

GRADUATES:

Gross, Justin Akron General Medical
Obstetrics/Gynecology Center/(2010) NEOUCOM
Program, Akron, Ohio

Leigh, Dustin Mayo School of Graduate
Emergency Medicine (2010) Medical Education
Rochester, Minnesota

Singh, Priyanka University of Missouri/(2010)
Obstetrics/Gynecology Kansas City Program,
Kansas City, Missouri

2011 Don Breen Participants

Brandy Jo Frei

The following students will be participating in the Don Breen Externship during the summer of 2011. These students will be able to work with a North Dakota Family Physician for 4 weeks and see what the life of a family physician is like. This program started in 1991 and is sponsored by the NDAFP Foundation. It has provided so many students with an amazing experience. Some of the students have returned to these locations for ROME during their 3rd year, clerkships during 3rd and 4th year, and to practice upon completion of residency.

Student	Site	Preceptor
Mamie Knutson	Beulah	Aaron Garman
Jerdan Ruff	Bismarck	Jeff Hostetter
Natalie Lichter	Devils Lake	Heidi Bittner
Jared Marquardt	Devils Lake	Heidi Bittner
Michael Schwalbe	Grand Forks	Heidi Philpot
Brittany Snustad	Grand Forks	Heidi Philpot
Stephanie Porter	Grand Forks	Heidi Philpot
Elizabeth Hoff	Hillsboro	Chuck Breen
Sergey Kulikov	Hillsboro	Chuck Breen
Laura Johnson	Jamestown	Mandy Sorlie
Eric Jacobson	Minot	Kim Krohn
Tara Mertz	Oakes	Rup Nagala
Caleb Skipper	Rugby	Brian Selland

If you are interested in being a preceptor for this program, please contact Brandy Frei at the NDAFP office.

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Information Technology and Teaching in the Office *Dermoscopy as a Clinical and Teaching Tool*

By Richard P. Usatine, MD, University of Texas Health Science Center at San Antonio. and Ashfaq A. Marghoob, MD, Memorial Sloan Kettering Cancer Center, Stony Brook, NY

This article reprinted by permission from the *The Teaching Physician* April 2011, Volume 10, Issue 2

It is imperative that all family physicians be aware of the existence of the dermatoscope (dermoscope is a synonym). The light source and magnifying optics within this handheld instrument are designed to minimize light reflection off the skin surface (eliminates glare), thereby allowing the observer to visualize skin structures below the stratum corneum. These dermoscopically observed skin structures are not usually visible to the unaided eye. The presence or absence of specific dermoscopic structures within a skin lesion can greatly improve the clinician's diagnostic accuracy. Not only can this instrument help the family physician to correctly diagnose all types of skin cancer at an early stage, it can also be used to detect the scabies mite, evaluate inflammatory skin diseases, and diagnose nail and hair abnormalities. In a world with limited access to dermatology, family doctors are often the first to diagnose and treat skin disease. The realization of this fact has prompted many family physicians to invest in buying, learning, and using dermoscopes. The increasing interest of family physicians for dermoscopy is also reflected in the growing interest of family physicians in attending dermoscopy courses provided at AAFP meetings. Two years ago, the AAFP added the first dermoscopy workshop to the Scientific Assembly. This proved to be successful and prompted the AAFP to offer the dermoscopy workshop four times at the 2010 Assembly meeting.

As stated above, dermoscopy allows the clinician to observe morphologic structures below the surface of the skin that are otherwise not visible to the naked eye. The presence or absence of dermoscopic structures, their association with each other, and their distribution within a lesion often lead to a specific diagnosis. In two separate meta-analyses, dermoscopy had significantly higher discriminating power than clinical examination without dermoscopy.^{1,2} In another study, the malignant to benign biopsy ratio improved for dermoscopy users from 1:18 to 1:4.³ In addition, it has been shown that dermoscopy improves the ability of PCPs to triage lesions suggestive of skin cancer without increasing the number of unnecessary expert consultations.⁴

Regarding the instruments, dermoscopes illuminate the skin via the use of LED (light emitting diodes) lights with

or without the use of polarizing filters. Although most units are dedicated as either non-polarized (no polarizing filters in place) or as polarized (polarized filters used), a few newer units known as hybrids allow the operator to toggle between polarized and non-polarized light within the same unit. Although most colors and structures in the skin can be seen with either non-polarized dermoscopy or polarized dermoscopy, a few structures can only be seen with one or the other. In other words, non-polarized dermoscopy and polarized dermoscopy provide complementary information. For those interested in capturing images of lesions viewed with dermoscopy, most dermoscopes can easily be attached to cameras via coupling rings. In addition, there are now dermoscopes that can even attach to your iPhone camera, making it much easier to practice teledermatology.

Family doctors can and should learn dermoscopy and teach it to residents and medical students. Family doctors using dermoscopy can serve as role models by embracing new technologies aimed at improving the quality of patient care. Here are some Web sites that can help you get started:

<http://www.dermoscopy-ids.org/>

Web site of the International Dermoscopy Society

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

Web site that includes a free Dermoscopy tutorial

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3. Carli P, De GV, Crocetti E, et al. Improvement of malignant/benign ratio in excised melanocytic lesions in the 'dermoscopy era': a retrospective study 1997-2001. *Br J Dermatol* 2004;150:687-92.
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62nd North Dakota Legislative Assembly

Courtney Koebele

Courtney M. Koebele is the new Director of Advocacy at the North Dakota Medical Association in Bismarck. A Bismarck native, Koebele earned her law degree from the University of North Dakota. Koebele previously was the assistant bar admissions administrator for the North Dakota Board of Law Examiners. Prior to that, Koebele was in private practice with Wheeler Wolf Law Firm of Bismarck.

The 2011 North Dakota Legislative Assembly met for 78 legislative days, adjourning *sine die* on April 28, 2011. NDMA lobbyists tracked and participated in deliberations on many bills and resolutions during the session, and were present every day of the session. Many of our NDAFP member physicians actively participated in the session by providing testimony, contacting legislators or participating in the NDMA Doctor of the Day Program. “Thank you” to all these physicians.

NDMA came to the 2011 session with a membership-driven agenda developed by the Commission on Legislation, chaired by Fadel Nammour of Fargo, approved by the NDMA House of Delegates in September 2010, and refined by both the Council and the Commission on Legislation prior to the start of the session.

1. Medicaid

NDMA priorities with respect to Medicaid reimbursement issues was to work to maintain the proposed Department of Human Services budget maintaining the level of reimbursement achieved last session, with proposed 3% increases in each year of the upcoming biennium.

Last session, NDMA was successful in rebasing physician Medicaid payment through \$39 million in additional state/federal funding to rebase physician payments to 89% of cost, resulting in a substantial increase. This session’s executive budget in SB 2012 maintained that level of reimbursement with proposed 3% increases in each year of the upcoming biennium. NDMA testimony encouraged lawmakers to further rebase physician payments. The Senate Appropriations Committee confirmed the 3% increases. Unfortunately, the House eliminated both the 39 million dollars in funding given last session and the 3% increase in the governor’s budget, despite protests from a number of physicians and administrators throughout the state. Questions were raised in the House of Representatives about the substantial increase from last session. Because of the reduction, the bill went to conference committee with

members from both the House and the Senate.

Through the efforts of NDMA, the North Dakota Hospital Association, the Health Policy Consortium and numerous physician contacts, we were successful in restoring the 39 million dollars in funding from last session. Unfortunately, the physicians did not get the 3% inflationary increase. However, NDMA considered the session a win for physicians in that the previous rebase was maintained and legitimized by the 2011 legislative assembly.

Supplemental Medicaid payments to Critical Access Hospitals:

HB 1152 passed the House which would require the Department of Human Services to provide a Medicaid supplemental payment to critical access hospitals. The Department is required to seek federal Medicaid funding to support the supplemental payments. As amended, the bill would appropriate \$1,527,802 from the state general fund, and \$1,926,259 in federal funds for this purpose for the 2011-13 biennium. The Senate amended the bill to include three studies, to make clear that it is a one-time funding, and the specific the intent of the sixty-second legislative assembly that any future requests for a Medicaid supplemental payment to critical access hospitals include a local funding commitment equal to fifty percent of the nonfederal share of any payments. The conference committee decided to remove one of the studies and the requirement of the local funding commitment.

2. Federal Health System Reform

During this session, there is an environment of partisanship over federal health system reform and efforts, in some cases in conjunction with other states, to undermine or nullify that reform, particularly the individual mandate to purchase health insurance. What some leaders are saying is that many of the issues relating to the state’s implementation efforts, including the need for additional staff for Medicaid and the Insurance Department, will be addressed later in the fall in the special session held for redistricting.

A. Insurance Commissioner Bills

Several bills were passed that would move the state forward, through the office of state insurance commissioner, to implement health system reform.

HB 1125 requires the Insurance Commissioner to administer and enforce the provisions of the Patient Protection and Affordable Care and the provisions of the Health Care and Education Reconciliation Act of 2010 to the extent that the provisions apply to insurance companies subject to the commissioner’s jurisdiction and to the ex-

tent that the provisions are not under the exclusive jurisdiction of any federal agency.

HB 1126 requires the Insurance Commissioner and the Department of Human Services to plan and implement an American health benefit exchange for North Dakota that facilitates the purchase of qualified health benefit plans, provides for the establishment of a small business health options program that is designed to assist qualified small employers in facilitating the enrollment of their employees in qualified health benefit plans offered in the small group market. The Commissioner and the Department would be given discretion to establish one exchange that will provide services to both qualified individuals and qualified small employers. HB 1127 addresses health carrier external appeals and internal claims and appeals procedures under the Patient Protection and Affordable Care Act.

B. Other Health Reform related bills

HB 1165 passed and provides that a resident of North Dakota would not be “required to obtain or maintain a policy of individual health coverage except as may be required by a court or by the Department of Human Services through a court or administrative proceeding.”

HB 1252 establishes a Legislative Management Health Care Reform Review Committee during the 2011-12 interim to monitor the impact of the federal health system reform, rules adopted by federal agencies, and any amendments to the reform legislation. The bill provides that if a special session of the Legislative Assembly is necessary to adopt legislation in response to the federal legislation, the committee will report to the Legislative Management before a special session; otherwise it will report to the next Legislative Assembly.

SB 2309: declared that the federal laws known as the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 likely are not authorized by the United States Constitution. The law further provided that the legislative assembly shall consider enacting any measure necessary to prevent the enforcement of the Patient Protection and Affordable Care Act. Finally, it stated that no provision of the Patient Protection and Affordable Care Act may interfere with an individual's choice of a medical or insurance provider except as otherwise provided by the laws of this state.

3. Post Graduate Residency Training Requirements For International School Graduates

A bill originating with residents at the Minot Center for Family Medicine, HB 1222, introduced at the request of NDMA and supported by the ND Board of Medical

Examiners, reduces the post graduate residency training requirement for graduates of international medical schools from three years to thirty months for purposes of qualifying for a full and unrestricted medical license. This allows the resident to make timely application to take the ABFM certifying examination in the summer, rather than having to seek an unrestricted license in another state or wait until the fall exam. The bill was unopposed and passed both in the House and Senate.

4. Challenges To Physician Scope Of Practice

A. Nurse Practitioners. NDMA and the ND Board of Medical Examiners opposed SB 2148 which eliminated the collaborative prescriptive agreement required of advanced practice registered nurses. NDMA testimony focused on the need to continue the use of the collaborative agreement as a patient safety tool that does not restrict nurse practitioners from their full level of scope of practice. Despite this testimony, the bill passed the Senate and the House.

B. Naturopaths: SB 2271 creates a state “Board of Integrative Health Care” to regulate “naturopaths” and specifies the scope of practice of naturopaths including a naturopathic formulary list. NDMA expressed many concerns regarding the bill. The bill was amended to change references from “naturopathic physician” to “naturopath;” remove references and authority for a formulary list and clearly prohibit a naturopath from prescribing, dispensing or administering any prescription drug; and require that a naturopath may only use the title “naturopath” or “doctor of naturopathic medicine” (N.D.)

C. Pharmacists administer vaccinations: SB 2035 expands the current authority of pharmacists to administer immunizations and vaccinations to children. The bill expands current law authorizing a pharmacist, upon an order by a physician, physician’s assistant or nurse practitioner authorized to prescribe such a drug or by written protocol to administer immunizations and vaccinations by injection. The expansion would be to individuals “at least eleven years of age” rather than the current authorization for individuals more than 18 years of age. The bill also expands administration authority to “influenza vaccination by injection or by live, attenuated influenza vaccine of an individual who is at least five years of age.”

NDMA proposed an amendment to require the immunization to be reported as a childhood immunization and other information if required to be reported to the state’s immunization information system. This amend-

ment was adopted.

D. Midwives: SB 2315 would have required the North Dakota Board of Nursing to license any person providing midwifery services under specific requirements and limitations imposed by the legislation; engaging in midwifery without a license would be a class A misdemeanor. This was a difficult bill, as efforts to prohibit the practice of lay midwifery were not successful in 2007 and a number of physicians worked with the Department of Health during the interim to craft a proposal. The dilemma is that lay midwives are sought by some parents, and the need exists to protect the public which continue to seek those services regardless of whether minimum care standards are met. Several physicians testified in support of doing “something” to educate parents and lay midwives. Other physicians were opposed to any legislation that would “legitimize” lay midwifery. The bill was defeated in the Senate.

E. Pharmacy Ownership:

HB 1434 proposed eliminating the pharmacy ownership law requiring that a pharmacy be owned by a licensed pharmacist in good standing. This bill was defeated 68-26 in the House.

5. Work Force Safety and Insurance (WSI) Issues:

A WSI effort in [HB 1054](#) related to pain management of WSI patients. The bill, opposed by NDMA, set forth extensive new requirements and protocols for physicians in the provision of pain management, relating to both general opiate therapy during the acute stage of treatment and long-term opiate therapy. The bill passed in the house 81 to 8. NDMA worked to defeat it in the Senate and it was defeated 11 to 36.

6. Public Health Initiatives:

A. Trauma System:

HB 1266 puts in place a statewide trauma and EMS medical director and state funding for the state trauma system which NDMA assisted in developing with the state’s Trauma Committee. NDMA supported this bill and the trauma system request for full funding.

The original bill provided for funding of \$726,516, including \$416,000 for contracting for an emergency medical services and trauma medical director. The House reduced the funding to \$50,000 and passed the bill. The Senate put an additional \$50,000 in the bill and changed the language to “shall” when directing the state health officer to appoint an EMS medical director. The conference committee changed the language back to “may” appoint a director and maintained the minimal

level of funding of \$50,000 for the director and \$50,000 for training.

B. Youth Concussion Management:

SB 2281 requires that any student or youth athletic activity that is sponsored or sanctioned by a school be subject to the terms of a concussion management program. NDMA supported the bill as introduced. The bill was amended to remove the requirement that a physician authorize return to practice, training or competition and allows for a licensed health care provider to authorize return. The final amendment involved the authorization being given to the student, who in turn could provide it to the coach, to comply with HIPAA. The bill was also amended to apply the requirements for all schools, including non-public. The bill also contained a mandatory study for the 2011-2012 biennium, to study concussion management with respect to youth athletics, including the nature, scope, and applicability of programs designed to prevent or eliminate concussions.

C. Universal Vaccine Program:

[SB 2276](#) established a program through which the Department of Health purchases vaccines through the federal vaccine purchasing contract. The department shall supply public health units with the purchased vaccines. A public health unit that receives vaccines under this purchasing program may not bill an insurer for the cost of the vaccine but may charge an administration fee. The department shall fund this purchasing program through participation in the vaccines for children program, the federal section 317 vaccine program, and state funds appropriated for this purpose. The legislature provided for a 1.5 million appropriation for this program.

D. Bottle Rockets:

In a win for ophthalmologists trying to reduce eye injuries in children, an effort to bring back bottle rocket sales to the state in [HB 1255](#) was also defeated.

7. UND School of Medicine & Health Sciences

The UND School of Medicine & Health Sciences budget bill, as part of the overall university system budget bill in [HB 1003](#), was granted \$46,783,021 in total general fund appropriation. The controversial [HB 1353](#), which would have used tobacco settlement funds to fund class and position expansions at the medical school and residency programs and the construction of another UNDSMHS building, was defeated. [HB 1003](#) was amended by the Senate to provide for 1.8 million for the purposes of increasing the number of students at the school of medicine and health sciences and increasing the number of medical student residency positions for expansion; and \$100,000

for funds to be used for planning expansion.

The physician loan repayment law was also amended in HB 1003, by eliminating the requirement that to qualify for the plan a physician may not have practiced full time medicine in the state for more than one year before the date of application.

There is also a provision for legislative management chairman to consider appointing a separate committee to study the ability of the University of North Dakota School of Medicine and Health Sciences to meet the health care needs of the state. The study, if conducted, must include a review of the health care needs of the state, options to address the health care needs of the state, and the feasibility and desirability of expanding the school of medicine and health sciences to meet the health care needs of the state.

8. Electronic Prescriptions

[SB 2122](#), introduced by the State Board of Pharmacy, revised the state's prescription laws to incorporate electronic prescriptions. With respect to "brand necessary" prescriptions, the crux of the bill would require the practitioner to take the following steps: If the prescription is created electronically by the prescriber, the required legend must appear on the practitioner's screen. The practitioner must take a specific overt action to include the "brand medically necessary" language with the electronic transmission. NDMA has concerns with the change in the required language to "brand medically necessary."

[HB 1422](#) introduced at the request of Pfizer became quite controversial prior to crossover, engaging many stakeholders in consideration of whether the state should be imposing standards on e-prescribing. Effective August 1, 2013, a drug prior authorization request would be required to be accessible and submitted by a health care provider and be accepted by a group purchaser electronically through a secure electronic transmission (except facsimiles). Effective August 1, 2013, electronic transmission devices used to communicate a prescription to a pharmacist would be prohibited from using any means or permit any other person to use any means, including alerts, advertising, messaging, and popup advertisements, to influence or attempt to influence through economic incentives or otherwise the prescribing decision of a prescribing practitioner at the point of care. The amendment also provides that "such means may not be triggered by or be in specific response to the input, selection, or act of a prescribing practitioner or the prescribing practitioner's staff in prescribing a certain pharmaceutical or directing a patient

to a certain pharmacy." Any alert, advertising, messaging, or popup advertisements would be required to be supported by scientific evidence and be consistent with FDA regulations for advertising pharmaceutical products.

Under HB 1422, during the 2011-12 interim, the Health Information Technology Advisory Committee is required to establish an outline on how best to standardize drug prior authorization request transactions between providers and the payers, insurance companies, and pharmacy benefit managers responsible for adjudicating the authorization or denial of the prescription request. The outline "must be designed with the goal of maximizing administrative simplification and efficiency in preparation for electronic transmissions and alignment with standards that are or will potentially be used nationally."

9. Abortion

There were two bills which addressed different aspects of abortion. [HB 1297](#) creates a prohibition for anyone to prescribe any abortion-inducing drug to a pregnant woman for the purpose of inducing an abortion in that pregnant woman, or enabling another person to induce an abortion in a pregnant woman, unless the person who gives, sells, dispenses, administers, or otherwise provides or prescribes the abortion-inducing drug is a physician, and the provision or prescription of the abortion-inducing drug satisfies the protocol tested and authorized by the federal Food and Drug Administration and as outlined in the label for the abortion-inducing drug. Every pregnant woman to whom a physician gives, sells, dispenses, administers, otherwise provides, or prescribes any abortion-inducing drug would have to be provided with a copy of the drug's label. The bill also provides that any physician who gives, sells, dispenses, administers, prescribes, or otherwise provides an abortion-inducing drug must enter a signed contract with another physician who agrees to handle emergencies associated with the use or ingestion of the abortion-inducing drug. The bill provides that when an abortion-inducing drug or chemical is used for the purpose of inducing an abortion, the drug or chemical must be administered by or in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient.

[HB 1450](#) would have defined a "human being" as "an individual member of the species homo sapiens at every stage of development," and apply that definition to the definition of "person" for purposes of the state's homicide and assault laws.

This bill was determined by the American Society for Reproductive Medicine to threaten the reproductive rights of women and criminalized the actions of the reproductive doctors working to provide women with appropriate medical care.

The bill passed in the House and the Senate “laid it on the table,” prohibiting further consideration without a 2/3 vote of the Senate. There was one attempt to take the bill off of the table, which failed.

Looking to 2013

Many individual legislators took up our various causes and assisted in defeating and passing various bills that concerned physicians. Please let your legislators know that you appreciate their service – and keep them apprised of your concerns.

The work in preparing for the 2013 has already begun. Several studies were proposed for interim ND Legislative Council committees to address health care issues between legislative sessions. Many of these studies will be prioritized by the ND Legislative Council later this month. Possible studies include: 1) the positive and negative impacts of implementation of patient-centered medical homes in the state, including consideration of whether implementation is resulting in North Dakota residents experiencing health care savings and improved medical results as well as whether implementation is impacting North Dakota's critical access hospitals. 2) The future of health care delivery in the state, focusing on the delivery of health care in rural areas of the state and include input from the University of North Dakota School of Medicine and Health Sciences Center for Rural health, hospitals, and the medical community; and 3) ability of the University of North Dakota School of Medicine and Health Sciences to meet the health care needs of the state.

With national health care being debated in Congress and by the legislature, it will be an active interim legislatively. As the work continues, your help in supporting NDAFP and your state medical society are critical in ensuring we have the resources and expertise to continue to be successful.

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