

# Family Medicine Quarterly

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## ISSUES IN THIS ISSUE

Roger W. Schauer, M.D., Co-Editor

The co-editors of the *Family Medicine Quarterly* wish you a Merry Christmas and a Happy New Year. Best wishes for a great holiday season.

The message from our president sets her agenda for NDAFP for the next year. Dr. Bittner challenges us to consider the future of healthcare in North Dakota. Her message also relates to the challenge of the Department of Family Medicine and our clinical faculty - to provide an excellent educational opportunity for our medical students. To this end we are reprinting, by permission from the editors of *Family Medicine*, an article<sup>1</sup> addressing how office-based teachers of medical students can utilize the recommendations from the national Future of Family Medicine Report. Dr. Spann<sup>1</sup>, from the Department of Family and Community Medicine at Baylor College of Medicine, collaborated on the Future of Family Medicine Project which investigated how our specialty can adapt to provide quality healthcare in a changing environment.

We call your attention to upcoming educational opportunities. Of priority is the Annual Family Medicine Update at Big Sky, Montana. Two meetings in March coincide somewhat, including the Dakota Conference on Public and Rural Health, held at the Holiday Inn in Fargo March 22<sup>nd</sup> to 24<sup>th</sup>, and the 51<sup>st</sup> Annual State Meeting & Scientific Assembly of the North Dakota Academy of Family Physicians, to begin on March 23<sup>rd</sup> at the Ramada Plaza Suites in Fargo. One focus of the Dakota Conference this year is bio-emergencies. The bio-emergency sessions will occur on Thursday afternoon, just prior to the NDAFP Board of Directors meeting that evening. Those presentations will include a plenary address by Captain B. Kevin Molloy, RES, MSEH, from the US Public Health Service (entitled "My Neighbor's Tree Knows No Boundaries - Emergency Preparedness for Where You Live"), and a two-hour intensive session (Bio-emergencies Core Concept: What You Need to Know), led by Dr. James Hargreaves, MD (Infectious Disease), and Don Shields, MHA, CHE, for the Grand Forks Public Health Department. For more information and to register visit: <<http://www.bismarckstate.edu/ccce/ruralhealth/>>.

Mr. Peske's report of the NDMA House of Delegates resolutions addresses a number of items pertinent to your practice. He also provides a web link to on-line resources for the Medicare D program. The AAFP *Family Practice Management* has posted an online-only version of its January issue cover story, "Are You Ready for Medicare Part D?" by Holly Biola, MD. View that article online at <http://www.aafp.org/fpm/20060100/biola.html>. After having spent some time at those sites I can only hope that my parents, in their upper 80's and both visually and hearing impaired, can learn more than I did regarding what plan is best for them. Oh, they also cannot use a computer. The program still faces challenges.

On a positive note - congratulations to Dr. Clayton Jensen, recipient of the NDMA 2005 Physician Community and Professional Services Award. Dr. Jensen, certainly a worthy recipient, was recognized during the recent annual meeting of the NDMA.

1] A New Model of Practice: Implication for Medical Student Teaching in Family Medicine, Stephen J. Spann, MD, MBA, *Family Medicine*, November-December 2005, Vol 37, #10, pp 690-92.

Roger W. Schauer, MD

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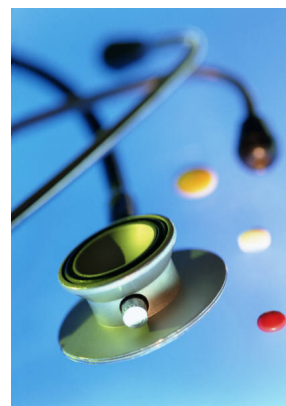
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## A Message from The President

**Heidi Bittner, M.D.**



Happy Holidays, y'all!!

I just returned from a Thanksgiving trip to Mountain View, Arkansas, to visit my grandpa. I'm happy to report that family medicine is alive and well in the Ozarks. Dr. Ron Simpson has cared for my nearly 90-year old grandpa for years; he and his partners provide excellent full spectrum care. This is in sharp contrast to what I found while visiting my two California brothers in September. My sister-in-law has seen only an OB/GYN, and was about to deliver their first baby when I was there; I looked through her patient hand-outs and saw many references to "your obstetrician" and "your pediatrician" \* but not one comment about a family practitioner. They weren't even sure if there were any in their whole group of providers. My youngest brother doesn't have a regular doctor, and my other brother has a PCP but doesn't know what type of provider he is: he was only to the office once (to get a referral to ortho for a broken wrist, which was done without him ever meeting his PCP).

My brother Hank teaches high school at Crawford High, the most culturally diverse school in the United States. I spent an afternoon with 100+ of his students doing an informal symposium on being a doctor and answering their questions; again, I was amazed at the lack of knowledge about family medicine. I realize how fortunate we are to have the presence we do in our great state of North Dakota. However, I think we have our work cut out in preserving it!

In the November MDNetGuide, a survey of nearly 1200 docs showed that more than half were considering giving up their practice altogether, one third would NOT go into medicine if they could go back and do it all over, and nearly two thirds would not encourage their children to become doctors. This does not bode well for the future of the workforce. Is there something we can do as an Academy to help ensure that the fine folks of North Dakota will have the health care opportunities they need and deserve? Lately, we have been considering our Don Breen Externship program--is it doing what we had hoped? Is it increasing the growth of family medicine in the state? I think it is worth researching, but I think it is only a small piece of a big puzzle! The mission of the UND School of Medicine and Health Sciences includes "conducting medical education programs for the express purpose of training physicians needed for the practice of medicine and of maintaining and improving the quality of medical care in the state of North Dakota..." I think the NDAFP and UNDSMHS have our work cut out for us in coming up with a plan that will help ensure the future of healthcare in North Dakota. What might help? Early identification of promising candidates, selective admissions geared toward this purpose, Don Breen externship, ROME, active FMIG, mentoring AMSA students, sending attendees to Kansas City as student and resident reps, shadowing successful optimistic providers--- we should research which of these

ideas or others might be effective. Certainly we should research our Don Breen program--but let's look at the whole picture; and let's start NOW so we can be standing with big fire extinguishers when the problems start, instead of stamping out wild prairie grass fires! (Please contact Brandy if you are interested in being on a task force to look at this.)

Signing out from the Lake Region--

Heidi

## A Message from the Executive Director

**Brandy Jo Frei, Co-Editor**

Merry Christmas, Happy Holidays, and Season's Greetings to all! 'Tis the season to try to accomplish everything that didn't get done this past year. And then some.

Big Sky 2006 is looking to be a great year, and 2007 should be even better. 2007 will be the 30th Anniversary for the Family Medicine Update in Big Sky, MT. We have secured a top notch faculty list and look forward to lots of activities throughout the week. Register now for 2006 and the 2007 conferences.

The Annual Meeting will be held in Fargo, March 23-25th at the Ramada Plaza Suites. Chuck Breen, MD has lined up an excellent variety of talks. The 2007 Annual Meeting is already in the planning stages as well. June 28-30th, 2007 in Medora, ND will be a memorable event for the entire family to attend. Keep watching for more information to come.

On a personal note, my husband and I are happy to announce the expected arrival of our second child in June of 2006. As the time gets closer we will address how things will be covered during my maternity leave.

As always, feel free to contact me with any questions or concerns that you may have. Please remember that the *Family Medicine Quarterly* can be accessed online at <http://www.ndafp.org>.

I wish everyone the best this holiday season and only better things to come next year.

Brandy Jo

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## A New Model of Practice: Implications for Medical Student Teaching in Family Medicine

Stephen J. Spann, MD, MBA

The leadership of the seven national family medicine organizations collaborated from 2002 to 2004 in the Future of Family Medicine project. This project was a major strategic planning effort that was dedicated to providing a framework for transforming and renewing the specialty to meet the needs of patients and society in a changing environment.<sup>1</sup> Initially, five task forces studied various aspects of the specialty and made recommendations in a number of areas. After a report summarizing the findings of the five task forces was finalized, a sixth task force was named that provided additional important information.<sup>2</sup>

The first of 10 recommendations in the Future of Family Medicine report states that "Family Medicine will design the work and workplaces of family physicians. This redesign will foster a New Model of care based on a relationship-centered personal medical home . . ."<sup>1</sup> The project leadership envisioned that the New Model of Family Medicine care will be one centerpiece of change that will result in numerous enhancements to patient care. Characteristics of the New Model of care are summarized in Table 1.

Table 1

### Characteristics of the New Model of Family Medicine

- Personal medical home
- Patient-centered care
- Team approach
- Elimination of barriers to access
- Advanced information systems
- Redesigned offices
- Whole-person orientation
- Care provided within a community context
- Emphasis on quality and safety
- Enhanced practice finance
- Commitment to provide family medicine's basket of services

The report also recommends that each New Model practice offer a complete spectrum of clinical services through its own physicians or by direct associations with physicians and clinical organizations outside the practice. These services are summarized in Table 2.

Table 2

### Basket of Services in the New Model of Family Medicine

- Health care provided to children and adults
- Integration of personal health care (coordinate and facilitate care)
- Health assessment (evaluate health and risk status)

\* This faculty development article is reprinted by permission from *Family Medicine*, Vol. 37, No. 10 — Page#690-692

- Disease prevention (early detection of asymptomatic disease)
- Health promotion (primary prevention and health behavior/lifestyle modification)
- Patient education and support for self-care
- Diagnosis and management of acute injuries and illnesses
- Diagnosis and management of chronic diseases
- Supportive care, including end-of-life care
- Maternity care; hospital care
- Primary mental health care
- Consultation and referral services as necessary
- Advocacy for the patient within the health care system
- Quality improvement and practice-based research

Since the report discusses in detail the changes that family medicine residencies will undergo to provide the New Model of care,<sup>3</sup> this article will focus on how the New Model may change the office based teaching of medical students. As family physicians involved in medical student teaching redesign their practices, they should carefully consider the roles that the students can potentially play in those new care processes. Students will be able to assume new and expanded responsibilities compared to their roles in the current model of care.

Since one emphasis of the New Model is a team approach to patient care, medical students can assume many roles on the office practice team. As practices adopt open-access scheduling, they can assign a few same-day appointment patients for advanced medical students to see under the supervision of the preceptor. As group visits for chronic disease management are offered, medical students can actively participate by taking on specific patient education roles. As patient e-mail becomes an accepted form of physician-patient communication, advanced medical students can work with the nursing staff or the preceptor to respond to certain types of patient e-mail.

Medical students' computer skills can make them valuable assets to the practice in enhancing the use of advanced information systems. Students will be able to gather and record patient history using the electronic health record, record physical examination findings, utilize embedded clinical practice guidelines, order diagnostic studies and patient referrals under the supervision of their preceptors, enter medication prescriptions, print patient education materials, and utilize just-in-time information systems to answer questions regarding optimal patient management at the point of care. Examples of their participation in more-specific visit types and practice responsibilities include the following:

- In disease prevention and health promotion, students can utilize the electronic health record to conduct health risk appraisals and order appropriate screening tests under the supervision of their preceptors. They also will be able to educate patients regarding lifestyle modifications to enhance their health and help patients utilize computer programs with embedded decision support tools to enhance shared medical decision making in preventive or screening situations.
- In chronic disease management, medical students will be able to utilize the electronic health record and its embedded clinical prac-

time guidelines to ensure the appropriate management of patients with chronic diseases such as diabetes and hypertension. They also can educate patients about disease self-management and use chronic disease registries to identify patients who need additional care.

- In primary mental health care, students will be able to help patients complete computerized screening questionnaires for the purpose of detecting mental health conditions such as anxiety and depression.
- In the area of quality improvement, students can help the preceptor and office staff conduct electronic chart audits utilizing the electronic health record and associated clinical data repository. From the review of the data, students will be able to participate in continuous quality improvement projects as well as practice-based research studies.

These are some examples of the expanded role medical students will have by training in New Model practices compared to the current model of practice. This expanded role will help them achieve a number of the target competencies for medical students, including those described in the Family Medicine Curriculum Resource Project.<sup>4</sup> In addition, by exposing medical students to the New Model of Family Medicine practice, the core attributes and values of the discipline, and the basket of services provided by family physicians, the unstated hope is that such exposure will enhance student interest in the specialty, resulting in increasing numbers of US medical students matching in family medicine residencies.

The next step is active testing of New Model concepts and changes in residency-based and office-based family medicine practices. As the New Model of Family Medicine care evolves into a reality, office-based teachers will be able to provide high quality care to their patients and give new learning opportunities to their medical students.

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## AAFP Outreach Pairs Young Students with Family Medicine Residents

By AAFP [News Staff](#)  
12/12/2005

Thanks to two partnering opportunities -- one new and one tried-and-true -- the AAFP is boosting its efforts to attract students to family medicine by pairing young people with family medicine residents who will serve as mentors.

The effort grows from an AAFP partnership with the [Ventures Scholars](#), a national information clearinghouse and outreach program that recruits underrepresented minority and first-generation college-bound students into science and math-based studies. The Academy also is working with the Association of Family Medicine Residency Directors, which has recruited 30 participating residency training programs.

With the names of participating residency training programs in hand and a track record of providing information to participants of Ventures Scholars, the Academy began contacting students and their academic counselors to let them know about the role of family medicine in resolving medical problems facing individuals, families and communities. A September communication explained the role family physicians play in helping reduce health care disparities in medically underserved areas.

"We had a tremendous response," said Amy McGaha, M.D., assistant director of the AAFP Division of Medical Education. "We had 40 high school and undergraduate students write back to us wanting more information about family medicine."

Each student then received an individual response that included the name of a participating family medicine residency training program that will pair a resident mentor with the student.

Resident mentors have several options in working with their students, said McGaha. Each resident can tailor the mentoring experience to his or her own schedule, the student's calendar and their mutual interests. Some mentoring relationships rely heavily on e-mail correspondence; others include shadowing experiences.

"This program is good for the residents as well, because they get the chance to become a role model," said McGaha.

Ventures Scholars promotes access to higher education for young adults interested in math or science-based careers. The program focuses on students from underrepresented communities or families whose parents or guardians did not continue education beyond high school. Currently, 4,921 undergraduate students and 14,419 high school students from all 50 states, Puerto Rico, the Virgin Islands and in U.S. military families overseas participate in Ventures Scholars.

The Academy's efforts stem from data that demonstrate students who hail from minority or underserved rural or urban communities are more likely to return to those communities to provide health care, said McGaha.

## A 2005 Fall Wrap Up

David Peske, NDMA Director of Governmental Relations

### NDMA House Adopts Policies

Several resolutions were adopted by the NDMA House of Delegates during the September meeting in Grand Forks. The resolutions:

Urge the ND Congressional Delegation to support a permanent fix or replacement to the Medicare sustainable growth rate (SGR) formula that would begin in 2006, instead of having to annually address a proposed physician payment cut caused by the flawed SGR. Congress will reconvene in early December to again address, during the budget reconciliation process, whether to consider making changes to the Medicare program as requested by NDMA and many other medical organizations. In conference committee, there will be consideration of whether to adopt the Senate's proposal for a 1% increase in physician payments rather than the 4.4% cut. If no changes are made, the 4.4% reduction will take effect on January 1, 2006.

Call on the Governor and legislative leaders to take steps to address the unfairness of state Medicaid rates that do not cover practice costs for physicians and hospitals.

Urge the BlueCross BlueShield of North Dakota Board of Directors to make 2006 payment adjustments that recognize increasing physician practice costs and the value of physician services, and to fully disclose how other methodology adjustments diminish 2006 updates on a statewide basis. (BCBSND has since provided a 3% payment increase for 2006, as well as a number of payment methodology changes.)

Express NDMA support for the American Medical Association Principles and Guidelines for the formation and implementation of pay-for-performance programs.

Urge the ND Department of Human Services to follow various principles in implementing a ND prescription drug monitoring program that achieves the balanced goals of providing adequate pain management and preventing diversion and abuse of prescription controlled substances.

Direct an ad hoc committee to address the current NDMA annual meeting and report back to the House next year.

### Medicare Drug Program

By now, we've all seen the enormous amount of information urging all Medicare recipients (more than 100,000 in North Dakota) to sign up for the new Medicare Part D prescription drug program. Physicians should be prepared to respond to patient inquiries and guide them to the resources that can help answer their questions. It is important that patients are told they will first need to prepare a list of the medicines they take (name, dosage, cost), and then should ask their pharmacy with which plans (of the 17 available) they are participating. At a minimum, patients can be referred to the toll-

free number of either the Medicare program (1-800-MEDICARE) or the ND Insurance Department's Health Insurance Counseling program (1-800-247-0560). On the Internet, patients (and physicians) can find helpful information at [www.medicare.gov](http://www.medicare.gov). Physicians should also note that they may not help patients actually enroll, but *may advise* them about their plan choices and whether the plan formularies cover the drugs they are taking. And, physicians may be requested to assist their patients with coverage issues: a 'formulary exception' permits a patient or the prescribing physician to request an exception to a plan's quantity or dose limit or trial/fail requirement; and a 'tiering' exception request allows the patient to receive a medically necessary non-preferred drug, consistent with a physician's statement, at the same price as the plan's preferred drug.

### State Health Council

NDMA's representative on the State Health Council, family physician **Dennis Wolf, MD**, was recently elected vice chairman of the body which governs ND Department of Health policy. The Council has recently reviewed a variety of issues, including:

*Physician Loan Repayment.* Three additional physicians are now practicing in rural ND communities under the revised state loan repayment program, with a portion of their student loans repaid in exchange for a minimum two year practice agreement with the community. NDMA was instrumental in passing revisions to the state law raising the repayment limit from \$40,000 to \$90,000.

*X-ray Services.* The Department is developing rules, as required by legislation enacted in 2003, to implement minimum standards for limited diagnostic x-ray operators who wish to perform pediatric exams, along with continuing education requirements for all x-ray operators. In addition, the Department is preparing rules to increase the fees charged to license x-ray machines and radioactive materials.

*Public Health Competencies.* The Department reported that many states are reviewing the core functions provided by their public health units, with some states requiring that 10 standard levels of competency be met. The Department is also participating in an interim legislative committee study of the capabilities of the state's 28 health units, especially related to performance in disasters and emergencies.

*Data Collection.* The Council has agreed to review an existing statute requiring the Department to collect broad health care claims data. Staff has agreed to involve physicians and hospitals in the review, intending to re-focus the law on researching the long-term health of North Dakotans and using the data to improve healthcare in the state.

### Physician Advice to Pregnant Women

Recent national statistics indicate that North Dakota ranked last in terms of the percentage of pregnant women receiving smoking cessation advice from their physician. Nationally, 61% received cessation advice, while in ND only 43.8% reported they

were counseled by their physician. In 2003, 17% of pregnant ND women reported they smoked during pregnancy, compared to 12% nationally. In the fall of 2004, 44 ND obstetrician-gynecologists returned surveys that assessed their smoking prevention and cessation practices with their patients of reproductive age. Over 80% reported that, during the visits, they always or usually asked about and recorded smoking status, advised smokers to stop, and explained the benefits of quitting, while only 3% said they actually referred patients to a quit line. The report is available at [www.ndtobaccoprevention.net/Facts.htm](http://www.ndtobaccoprevention.net/Facts.htm), or by contacting the ND Division of Tobacco Prevention and Control at 1-800-280-5512. The ND Tobacco Quitline is 1-800-388-7848. Posters and patient handouts are also available at no charge through the Quitline, along with a listing of ND cessation programs.

#### **Family Physician Receives NDMA Award**

The North Dakota Medical Association presented its 2005 Physician Community and Professional Services Award to **Clayton Jensen, MD**, long-time Valley City family medicine physician. The award recognizes outstanding members of the Association who serve as role models, active in both their profession and in their community.

Dr. Jensen practiced family medicine in Valley City for 25 years prior to serving as Chair of the UNDSMHS Department of Family Medicine, Associate Dean of Clinical Affairs, and later as Interim Dean of the Medical School. After leaving active practice in 1996, he began a vigorous retirement serving from 1998 to 2003 as lead investigator in the Matters of Life and Death project to improve end-of-life care in North Dakota.

Dr. Jensen has also been active in the community, serving on the Valley City School Board for eleven years, as President of the Family Health Care Center of Fargo, and on the Concordia College National Alumni Board, the Board of the Hospice of the Red River Valley, the BlueCross BlueShield of North Dakota Caring Program for Children board, and the University of Mary Harold Schafer Leadership Institute. He is also Immediate Past President of the Evangelical Lutheran Good Samaritan Society Foundation. Dr. Jensen was recently named a Delegate to the White House Conference on Aging, scheduled to meet the end of this year.

Dr. Jensen was presented the award by NDMA's President, **Robert Beattie, MD**, a family medicine physician from Hettinger, during the state convention in Grand Forks.

To contact Mr. Peske, send e-mail to [dpeske@ndmed.com](mailto:dpeske@ndmed.com).

#### **2006 DAKOTA CONFERENCE FOCUSES ON STRENGTHENING COMMUNITIES**

GRAND FORKS, N.D. -- The 21<sup>st</sup> annual Dakota Conference on Rural and Public Health, an interdisciplinary forum for sharing strategies for building and sustaining healthy rural communities, is set for March 22-24 at the Holiday Inn, Fargo, N.D.

This year's conference themed "Emerging Health Issues: Preparing for Tomorrow," will offer participants a chance to hear from some of the most knowledgeable people in the areas of rural and public health. Oral and poster presentations will address health care administration, health promotion and disease prevention, environmental health and occupational health, and diverse populations and health disparities.

"The purpose of an annual statewide health care conference, such as Dakota Conference on Rural and Public Health, is not only to instill newfound skills, knowledge and resources," said Lynette Dickson, project director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences and chair of the Dakota Conference committee, "but also to challenge and motivate people to integrate what they have learned in to their individual program, organization or facility."

This year's **keynote speakers** include **Dr. Patricia Mail**, president of the American Public Health Association; **Alan Morgan**, president of the National Rural Health Association, **Captain, B. Kevin Molloy** of the U.S. Public Health Service; and **Dr. Sarah Patrick**, director of the Center of Excellence in Women's Health Demonstration Project for Region VIII, University of South Dakota School of Medicine and Health Sciences.

For more information contact Bismarck State College, conference coordinator, at 1-800-852-5685 or go to [www.bismarckstate.edu/cce/ruralhealth/](http://www.bismarckstate.edu/cce/ruralhealth/). Continuing education hours are available for those who qualify.

The Dakota Conference is facilitated and sponsored by the Center for Rural Health, UND School of Medicine and Health Sciences. Additional sponsors are Altru Health System, Grand Forks; North Dakota Public Health Association; UND College of Nursing, and the UND School of Medicine and Health Sciences' Department of Community Medicine, and the Department of Family Medicine.

## BIG SKY MEETING AGENDA

### Sunday, January 15, 2006

- 3:00pm Registration in the Firehole Lounge-  
until 6:00pm  
5:30 p.m. Welcome Reception: Conference Center  
Lobby

### Monday, January 16, 2006

- 7:00 a.m. Interpreting the Interpretation: A Practical  
Guide to Cardiac Procedures  
*Joshua Wynne, M.D.*,  
7:40 a.m. Low Fat, Low Carb Diets  
*Daniel Hurley, M.D.*  
8:20 a.m. AAFP Update  
*Larry Fields, M.D.*  
9:00 a.m. The Diagnosis and Treatment of Common  
Outpatient Foot and Ankle Problems  
*Jon Robinson, MD*,  
10:00 a.m. **Optional Workshop**  
4:30 p.m. Preoperative Evaluation of Noncardiac  
Surgical Patients  
*Joshua Wynne, M.D.*  
5:10 p.m. Treating Normal Pressure Hydrocephalus  
*Jerry Ryan, M.D.*  
5:50 p.m. Osteoporosis  
*Daniel Hurley, M.D.*

### Tuesday, January 17, 2006

- 7:00 a.m. Primary Care Treatment of Depression and  
Anxiety  
*Jerry Ryan, M.D.*  
7:40 a.m. Perspectives on Vitamin D  
*Daniel Hurley, M.D.*  
8:20 a.m. Preemptive Analgesia in Surgical Patients:  
What a Primary Care Provider Should  
Know  
*Constantin Starchook, M.D.*  
9:00 a.m. COPD-Current Management Principles  
*Avi Nahum, M.D.*  
4:30 p.m. Insulin Resistance  
*Jerry Ryan, M.D.*  
5:10 p.m. Burden of Chronic Pain Management  
*Constantin Starchook, M.D.*,  
5:50 p.m. Stroke Prevention  
*Alfred Callahan, M.D.*

### Wednesday, January 18, 2006

- 7:00 a.m. Diagnosis of Asthma in the young child  
and adult  
*Brenda Guyer, M.D.*  
7:40 a.m. Acute Stroke Treatment  
*Alfred Callahan, M.D.*  
8:20 a.m. Early Management of Sepsis  
*Avi Nahum, M.D.*  
9:00 a.m. TO BE DETERMINED  
4:30 p.m. Pleotropic Effects of Statins  
*Alfred Callahan, M.D.*  
5:10 p.m. How aggressively should we treat patients

in light of the JNC7 Guidelines?

*Philip Van Reken, M.D.*

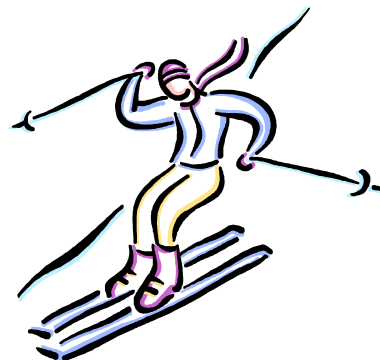
- 5:50 p.m. Hives: Workup, Management, and Masque-  
raders  
*Brenda Guyer, M.D.*,

### Thursday, January 19, 2006

- 7:00 a.m. Update on current medical treatment of  
BPH.  
*Philip Van Reken, M.D.*  
7:40 a.m. Recognition and treatment of pigmented,  
Precancerous, and cancerous cutaneous  
lesions.  
*Steven Prawer, M.D.*  
8:20 a.m. Clinical Evaluation and Treatment of  
Insomnias  
*Martin Reite, M.D.*  
9:00 a.m. Asthma Management: Current Guidelines  
and Treatment Options  
*Brenda Guyer, M.D.*  
4:30 p.m. Anemia Management in Chronic Kidney  
Disease  
*K. Rabadi, M.D.*  
5:10 p.m. New Drugs and Therapeutics Update  
*Rick Clarens, PharmD*  
5:50 p.m. Parasomnia disorders in childhood and adults  
*Martin Reite, M.D.*

### Friday, January 20, 2006

- 7:00 a.m. Functional Neuroimaging in children with  
behavioral disorders: Is it helpful?  
*Martin Reite, M.D.*  
7:40 a.m. Osteoarthritis  
*Philip Van Reken, M.D.*  
8:20 a.m. Preventing Type 2 Diabetes—Is it possible?  
*Rick Clarens, PharmD*  
9:15 a.m. Clinical Practice for Chronic Kidney  
Disease.  
*Rabadi, M.D.*  
9:55 a.m. Cutaneous manifestations of internal  
diseases.  
*Steven Prawer, M.D.*  
10:35 a.m. How many agents in the Management of  
Heart Failure—4,5,6?  
*Rick Clarens, PharmD*  
11:15 a.m. Adjourn





## **TENTATIVE ANNUAL MEETING AGENDA**

March 23—25th, 2006

Ramada Plaza Suites, Fargo, ND

*“A Little Bit of Everything”*

### **Thursday, March 23, 2006**

- 5:00 p.m. NDAFP Foundation Board of Directors Meeting with dinner  
7:00 p.m. Welcome Social for Dr. Robert Beattie  
7:30 p.m. NDAFP Board of Directors Meeting

### **Friday, March 24, 2006**

- 7:00 a.m. Registration/Breakfast/Exhibits Open  
8:00 a.m. **Management of Migraines in Primary Care**  
**James Banks, III, MD**  
Roanoke, VA  
8:45 a.m. **Strep Throat: Muddying the Waters?**  
**Aaron Jost, MD**  
Fargo, ND  
9:30 a.m. Refreshment Break/Exhibit Visiting.  
10:00 a.m. **Issues and Answers in Type 2 Diabetes**  
**Speaker to be announced**  
Location to be announced  
10:45 a.m. **Primary Care Orthopedics**  
**Howard Berglund, MD**  
Fargo, ND  
11:30 a.m. **North Dakota Tobacco Quitline**  
**Erik Johnson**  
Grand Forks, ND  
11:45 a.m. **Annual Business Luncheon**  
Sponsored by the  
**North Dakota Beef Commission**  
Bismarck, ND  
1:15 p.m. **Pain Management**  
**Dr. Hess, MD**  
Fargo, ND  
2:00 p.m. **The Hidden Disorder: Practical Approaches to Proper Diagnosis and Treatment of Adult ADHD**  
**Thomas Bent, MD**  
Laguna Beach, CA  
2:45 p.m. Refreshment Break/Exhibit Visiting 3:15  
**Primary Care Urology Problems**  
**Ted Sawchuk, MD**  
Fargo, ND  
4:00 p.m. **Gastric Bypass Surgery**  
**Tim Monson, MD**  
Fargo, ND

### **Friday Evening Banquet**

- 6:00 pm **Social**  
**Youth Dinner/Entertainment**  
7:00 pm **Dinner**  
8:00 pm **Program**  
**- With Special Guest: Dr. Larry Fields**  
**President - AAFP**



### **Saturday, March 25, 2005**

- 7:00 a.m. Breakfast / Past President's Breakfast  
8:00 a.m. **Treating Opioid Addiction**  
**Kent Diehl, MD**  
Bismarck, ND  
8:45 a.m. **Psych**  
**Andrew McLean, MD**  
Fargo, ND  
9:30 a.m. **Clearing the Confusion: Osteoarthritis, Family Medicine Physicians & Their Patients: A Case Based Approach**  
**Thomas Bent, MD**  
Laguna Beach, CA  
10:15 a.m. Break  
10:30 a.m. **Cardiology**  
**Philip Hoffsten, MD**  
Pierre, SD  
11:15 a.m. **Gynecology**  
**Dr. Bro**  
Fargo, ND  
12:00 Noon Meeting adjourns

### **Welcome** to the 51<sup>st</sup> Annual Meeting and

Scientific Assembly of the North Dakota Academy of Family Physicians. Active, life, resident and student members along with other medical professionals are invited to join us. This will be an excellent opportunity for all in attendance to combine quality CME with enjoyable family time.

**OBJECTIVES:** This program will provide current information on a diversity of medical subjects pertinent to patient care in daily practice.

**RESERVATIONS:** A block of rooms has been reserved at the Ramada Plaza Suites. The rate is \$89.00 for a conventional room and \$99.00 for a two room suite. The cut off date for the block of rooms is **March 3rd**. Telephone number is **(701) 277-9000**. After this date, reservations will be made strictly on a space available basis.

**CREDITS:** This activity has been submitted to the AAFP for up to 9.75 prescribed credits.

## Outstanding Family Medicine Opportunity with Mayo Health System

You'll find it right here at Fairmont Medical Center, a Mayo Clinic-affiliated, 40-physician, multi-specialty group located in Fairmont, MN. Fairmont, the city of five lakes, is 12,000 people strong and offers an exceptional lifestyle. You'll



appreciate our safe, friendly, small-town atmosphere with amenities truly unique for a city of our size, including first-rate schools, recreation and world-class cultural activities.

### Family Medicine with OB opportunity

We continue to expand services for patients and seek a Family Medicine physician who is willing to do OB. OB call: 1:7; general FP call: 1:13.

Fairmont Medical Center offers an attractive and comprehensive personal security and fringe benefits program, including a two-year salary guarantee with liability insurance fully paid. For additional information, contact: John Shonyo: [shonyo.john@mayo.edu](mailto:shonyo.john@mayo.edu); Mayo Health System Administration, 200 1st St. SW, Rochester, MN 55905; 1-888-577-5660 or 507-284-9114; Fax: 507-266-3153.

[www.mayohealthsystem.org](http://www.mayohealthsystem.org)

**Fairmont Medical Center**  
*Mayo Health System*

## IMPORTANT DATES TO MARK ON YOUR CALENDAR

**January 16 – 20, 2006**

**29<sup>th</sup> Annual Family Medicine Update  
Big Sky, MT**

**March 22—24, 2006**

**21st Annual Dakota Conference on  
Rural and Public Health  
Holiday Inn, Fargo**

**March 23 – 25, 2006**

**51<sup>st</sup> Annual State Meeting & Scientific  
Assembly  
Ramada Plaza Suites, Fargo**

**January 15 - 19, 2007**

**30th Annual Family Medicine Update  
Big Sky, MT**

**June 28-30, 2007**

**52nd Annual State Meeting & Scientific  
Assembly  
Medora, ND**

## Winter Wonderland





# Mark Your Calendar

## 29th ANNUAL

### Family Medicine Update

Huntley Lodge  
BIG SKY, MONTANA  
January 16-20, 2006

*Sponsored by the North Dakota Academy of Family Physicians*

Registration Fee - \$500.00\*  
NDAFP Members—\$425.00\*  
Out-of-State Medical Residents - \$275.00\*  
ND Medical Residents—Free\*  
\*By December 1, 2005  
(Add a \$75 late fee for registrations after  
December 1, 2005)

Spouse and Children's Activities  
Networking Opportunities  
Family Events  
For information on Housing Reservations, Daycare Services and  
Kid's Club, call Huntley Lodge 800-548-4486

Workshops will be offered.

\*Agenda will be available soon—please visit our website at [www.ndafp.org](http://www.ndafp.org)

25+ Prescribed AAFP credits will be available.

Send to: NDAFP Big Sky, UND, P.O. Box 9037,  
Grand Forks, ND 58202-9037

For further information: (701)777-3276 FAX (701)777-3849 or email: [Brandy@ndafp.org](mailto:Brandy@ndafp.org) or visit our website at [www.ndafp.org](http://www.ndafp.org).

#### Registration Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

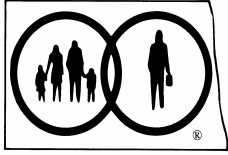
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

I prefer to receive a CD-Rom of conference materials  I prefer to receive a paper copy of conference materials

If you will bringing guests / family, please indicate:

Number of Adults  Number of Children



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