

# Family Medicine Quarterly

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## ISSUES IN THIS ISSUE

Roger W Schauer, M.D.

In spite of January temperatures, the editors of the *Family Medicine Quarterly* extend warmest regards and best wishes for 2008. In this issue of the FMQ we bring greetings and information from our various leaders at the medical school and the NDAFP, news about new and innovative programs, and extend invitations to a number of meetings that might be of interest to you.

In coming weeks and months, as I visit with many of you when you host our students, we should talk about our medical school curriculum, for today's and tomorrow's learners. As we began our 10<sup>th</sup> year in our Patient-Centered Learning curriculum Dean Wilson charged faculty to review the current curriculum and consider ways to improve it. Part of his charge was to extend changes into years 03 and 04, as well as the first two years. Those of you in clinical practice likely have some good ideas that could be forwarded for consideration. If you would like to discuss this matter with me personally, please feel free to contact me by telephone or email to arrange for a meeting time. Also, please be alert for a letter from the DF&CM requesting your time preferences to precept medical students for the 2008-2009 school term. Those letters should be coming out at the end of January or early February.

In this issue Dr. Beattie shares progress in the department and activities of various faculty members. Dr. Tangedah, in his "Message from the President", discusses the importance of teaching, mentoring, and role modeling as he reviews a brief but formative time in his medical education. Guy extends, and I echo, his "thank you" to all of you who so willingly accept and teach our Family Medicine and ROME students. Dr. Klein again shares his Congress of Delegates report, including comments about the vision and future direction of Family Medicine. Printed also are minutes of the NDAFP Foundation and NDAFP Board of Directors meetings at Medora this past July. Please note Dave Peske's article entitled "Let's Talk About Your Prescribing Habits". There are several sections in the article that you may need to become aware of.

I call your attention to "Mission Physician" submitted by Dr. William Mann. This unique program, designed by the Grand Forks Family Medicine Residency faculty, and funded by the Dakota Foundation, seeks to promote health care careers for young people from rural North Dakota. "Mission Physician" could be a partial solution to our health care work force shortages in North Dakota. In the Fall 2007 issue of the *Quarterly* we printed an article about the tasks of the North Dakota Health Workforce Summit (NDHWS). Some information from the NDHWS will be presented at the Dakota Conference on Rural and Public Health in Fargo from March 25-27, 2008. If you have not received a flyer about that meeting, you could check it out at the website for the *Center for Rural Health* via the homepage of UNDSMHS, "Departments and Centers, or directly at <http://ruralhealth.und.edu/projects/sorh/dakotaconf.php> .

Likely you will not receive this *Quarterly* until after the Big Sky meeting, but at the time we go to press there are still open spots at the Big Sky meeting. There will be room for you at the NDAFP meeting April 4<sup>th</sup> and 5<sup>th</sup> in Fargo at the Ramada Plaza Suites. Please keep that meeting on your schedule.

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## **A View from UNDSMHS Dept. of Family and Community Medicine**

Rob Beattie, M.D.

We have reached the time of year for reflection on the events that occurred throughout the year and anticipation of those to come. 2007 was filled with challenges and rewards.

January found Dr. Jeff Hostetter at the reins of the Bismarck Center for Family Medicine. He took over for Dr. Guy Tangedahl who, for family reasons, resigned his directorship. Jeff has done a fantastic job, bringing his "real world" work experience to guide the training of residents and successfully led the program thru the reaccreditation process, receiving a 4 year accreditation. We look for more great things from Bismarck in the future.

Minot Center for Family Medicine, under the leadership of Dr. Kim Krohn, recently added a new faculty member, Dr. Neena Thomas-Eapen. Dr. Thomson-Eapen recently completed a fellowship in Integrative Medicine at the University of Arizona, Tuscon. One of Dr. Krohn's many activities is representing us on the Council of the North Dakota Medical Association. She is in line to be the next President of the organization September of 2010.

The practice based research network NORTHSTAR, under the direction of Dr. Charlie Christianson, is actively recruiting members and developing plans for their first project. The network has great potential for partnering with many different entities involved with health care research, providing a needed conduit to the clinical delivery of health care in the tri-state area.

North Dakota Women's Health CORE, A National Center of Excellence in Women's Health, directed by Dr. Elizabeth Burns, sponsored the very successful program, "Nourishing Your Body and Soul," in September. The event attracted more than 300 participants.

Dr. Roger Schauer continues as Pre-Doc Director for all the Family Medicine clerkships. He, like the Eveready Bunny, just keeps going, and going. He is the "face" of the department throughout the state and I appreciate his dedication to the students, the Medical School and to you and your communities.

The Department remains engaged with the teaching of PA students. This year's class also includes students with health care experience not limited to only nursing. Mary Ann Laxen, the program Director, responsible for

successfully moving the program to a Master degree granting level, will be expanding the program to 70 students, admitting one class every two years.

The Division of Sports Medicine, under the guidance of Steve Westereng, continues preparing undergraduate students in athletic training. The Division will be undergoing an accreditation review this spring. One of the questions that will be addressed in the near future will be if the program will expand to offering a Masters degree.

The Tobacco Quitline, a partnership with ND Department of Health, Mayo Clinic Health Solutions, and the Department, supervised by Dr. Eric Johnson, provides superior tobacco cessation services to the state. The Quitline has demonstrated consistently high rates of success.

The Department of Family and Community Medicine received a "Top Ten" award from the AAFP for our successful encouragement of medical students pursuing a Family Medicine residency. We were 4<sup>th</sup> out of the top ten with a rolling 3 year average of 17.4%.

The Department has had many challenges through the year. We were unsuccessful in our attempts to secure funding from the Legislature for a new building/location for the Bismarck Center for Family Medicine. It is clear, to provide for the needs of the patients we care for, we must continue to pursue options that will allow for improved access to our residents in training.

The Legislative Audit commanded an awful lot of attention for nearly a year, but may prove to have a silver lining. We may have an opportunity to expand our residency numbers as a result of the consultants' recommendations in the audit. There will also be a critical assessment of the needs of the state in regards to post graduate medical education, present and future. In addition to the residencies we support are there other disciplines North Dakota should identify as vital for its citizens.

I look forward the coming years and the opportunities they present. With your help, Family Medicine will continue to thrive in North Dakota.

I wish you the best in the New Year

Rob Beattie, M.D.

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## Message from the President

Guy Tangedahl, MD

"I hope you don't mind" the doctor said as he turned the pickup and headed down a dusty country road, "this should only take a couple of minutes.

"Mind? I should say not." I was having the time of my life! It was the summer of 1981, a beautiful sunny day. Dr Terry Mack and I had just seen fifteen patients at the Lemmon clinic and finished the morning at the nursing home tending to a 100 year old woman born in Dakota Territory. As a fourth year medical student, undecided on a specialty, I couldn't help but be impressed with the variety of patients we had seen that morning. It was inspiring to witness the rapport Dr Mack had with his patients and how he loved his "work".

The pickup stopped on a wooden bridge over a tiny creek. Terry didn't seem particularly upset that his minnow trap was empty--He'd check it again in a few days. Now I knew personally a couple of places where you could buy minnows for a buck a dozen, but resisted the urge to say anything. Desperate to make a good impression, the last thing I wanted to do was to come across as some "high brow city kid" who did his fishing with store bought minnows. We headed back to Hettinger for a scheduled treadmill stress test and late afternoon rounds.

Arriving at the hospital, we were met by a physician in scrubs, grinning ear to ear. "Well, I did it again!" he beamed.

Joe Mattson, too, was a family physician, and this was his first delivery in several weeks. He enjoyed OB and had delivered plenty of babies in his day, but in Adams county there was a greater need for geriatric care, so his partners, Jake and Roger were doing all deliveries for the group. The multip, whose baby Dr Mattson had delivered just an hour ago, had presented unexpectedly while Roger and Jake were both on the road.

I learned from one of his partners that Dr Mattson had scored at the 99th percentile on the ABFM board exam, and while he was too modest to ever discuss his academic accomplishments, he loved detailing his role as the geriatrician on OB backup.

Our son was only 2 months old when we arrived in Hettinger that summer. Until our apartment above the Coast to Coast store was available, Roger and Jan Schauer kindly hosted Brenda, PJ, and me in their

home. I'm sure this meant that one of their kids was sleeping on a couch.

I spent a lot of time with Dr Schauer that summer. He was determined to make sure that I was getting the best experience possible. He took genuine interest in my family, too. The experience was great--suturing, adult medicine, kids, sports physicals, ultrasound, ob including a breech birth, and more.

Though his partners accused Dr Tom Jacobson of living at the hospital, I knew that wasn't entirely true. While his dedication to medicine is legendary, Tom and JoAnn had us to their home for a meal more than once. I saw a couple devoted not only to medicine, but to their family as well.

Gerry Sailer had the vision for establishing Hettinger as a first class regional medical center. In addition to his full time family medical practice, he had wonderful business insights, and was the consummate salesman for rural living and rural medicine. Since he was such a promoter of small town life, I had to confront him about locking his car doors outside the clinic. Sheepishly, he replied "It's the time of year, you know, when nurses and well meaning patients like to fill up my back seat with zucchini, and right now, Jan and I have all the garden produce we can handle!"

The sixth family physician in Hettinger that summer was Bob Grossman, and while I didn't spend a lot of time with him, he always tracked me down if he had an interesting patient or procedure. He showed me how to lance a thrombosed hemorrhoid and enucleate a chalazion. As I recall this was on the same patient, same office visit, but with different instruments.

I saw several hundred patients that summer, and hopefully learned something from each one. More importantly, I had 6 mentors who cared deeply for their patients and their profession. They cared for each other. They loved to teach.

To Gerry Sailer, Tom Jacobson, Terry Mack, Bob Grossman, Joe Mattson, and Roger Schauer I say thanks. Thank you for taking my family and me into your homes and into your lives. Thank you for caring to teach. Thank you for my most memorable summer and for introducing me to the specialty I have loved so much the past 25 years.

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## Thank you for Teaching

Guy Tangedahl, MD

I think we all realize that our specialty faces several challenges. Among US medical grads, interest in Family Medicine has fallen in recent years.

While we may have limited ability to change the financial disparity, many ND Family Docs are playing a crucial role by serving as role models and teachers of Family Medicine.

I want to recognize the physicians who have accepted medical students for this year's FM rotations. Your contribution to our specialty, and our state is HUGE.

Aaron Garman, MD	Beulah
Tom Kaspari, MD	
Jacinta Klinworth, MD	
Orlan Jackson, DO	
Paul Jondahl, MD	Bismarck
Brenda Miller, MD	
Denise McDonough, MD	
Robert Roswick, MD	
Sherry Stein, MD	
Greg Culver, MD	Cando
Russ Petty, MD	
Todd Schaffer, MD	Carrington
Michael Page, MD	
Heidi Bittner, MD	Devils Lake
Paul Fetterly, MD	
Douglas Greves, MD	
Derek Wayman, MD	
Tom Templeton, MD	Dickinson
Kamille Sherman, MD	
Heather Hughes, MD	
Napoleon Espejo, MD	Fargo
Richard Vetter, MD	West Fargo
Richard Lenzmeier, MD	
Abdul Hafeez, MD	Grafton
Joanne Gaul, MD	Grand Forks
Joel Walz, MD	
Hayley Svedjan, MD	
John Joyce, MD	Hettinger
Catherine Houle, MD	
Thomas Jacobsen, MD	
Frank Thorngren, MD	
Laura Walker, MD	
Chuck Breen, MD	Hillsboro
Tim Luithle, MD	
David Muhs, MD	Jamestown
Scott Rowe, MD	
Laura Archeleta, MD	
David Mathison, MD	

William McMillan, MD	
Jason Moe, MD	
Barbara Sheets Olson, MD	Lisbon
Anthony Johnson, MD	Mandan
Marsha Lange, MD	Mayville
Dawn Mattern, MD	Minot
Monica Mayer, MD	New Town
Jon Berg, MD	Northwood
Michael Questell, DO	Rolla
Robert Anderson, MD	Roseau, MN
Robert Ostmo, MD	Wahpeton
Patrick Emery, MD	
William Petersen, MD	Walker, MN
Robert Kemp, MD	Williston
William Brunsman, MD	Williston
Robert Heninger, MD	Stanley
Kent Diehl, MD	Steele
Fred Mitzel, MD	Valley City
Brad Braunagel, MD	
Genevieve Goven, MD	
Tanya Diegel, DO	
David VanEngelenhoven, MD	Bemidji, MN
Tom Seaworth, MD	Detroit Lakes, MN
Jon Larson, MD	Detroit Lakes, MN
Erik Kantan, MD	Crookston, MN
Jon Bradbury, MD	East Grand Forks, MN
Don Martindale, MD	Moorhead, MN
Bryan Delage, MD	Ortonville, MN

## Executive Excerpt

Brandy Jo Frei

The year has come to an end and we are busy preparing for the year ahead. There is still time to register for the Family Medicine Update Conference to be held in Big Sky, Montana January 21-25th. I hope you are able to attend. If not, please make plans now to attend next year January 19-23, 2009.

We will have our Annual Meeting April 3-5th, at the Ramada Plaza Suites in Fargo. Steven Glunberg, M.D. has planned a great lineup of speakers. Reservations need to be made by March 17th.

We hope to do another Fall CME, the ALSO course, as well as many more opportunities for the Family Physicians of North Dakota to get together, learn, and promote family medicine in North Dakota.

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

Best to you and your family in the New Year.

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## Congress of Delegates 2007

Dale Klein, MD

The 2007 Congress of Delegates for the American Academy of Family Physicians convened in Chicago in early October. North Dakota was represented by Heidi Bittner and Dale Klein as delegates and Guy Tangedal and Richard Vetter as alternate delegates. Brandy Jo Frei also attended the many Executive Director events that take part in conjunction with this meeting.

The major announcement at the Congress was a new branding campaign for the Academy. The new slogan will be AAFP Strong Medicine for America. At the time of the Congress they were still looking for a national media figure to head the campaign. This marries with the Academy's push to have everyone in America having a medical home. Over the last one year the Academy has been promoting the concept that all patients should have a personal physician. They have produced data that shows much lower health care costs for patients with a medical home vs. the concept of sub specialists providing fragmented care. This is a financial stretch for the Academy. We started the year 7 million short on an approximate 70 million dollar budget. This branding campaign will cost close to 10 million. The Academy has the reserves but this campaign on top of the financial needs of TranforMed has decreased those reserves. TranforMed is an ongoing campaign to change how our practices work. It is using actual physician practices as models for change including access, EMR and other efficiencies.

There was also a move at the Congress by rural states led by Montana, Idaho, and Alaska to help the rural viewpoint be forwarded in a stronger manner. In the past there has been a committee on rural health that was disbanded. Originally there was a motion to reestablish this committee. That resolution was recommended for referral to the board for further consideration. Subsequently, this resurfaced at the full house for revised resolution to have one member from each commission with a rural background to meet as a caucus at the cluster meetings of all commissions in January. This approach had broad based support as the former committee on rural health was not viewed as effective. My viewpoint is that the problem rural family physician numbers is the tip of the iceberg for family practice. With less doctors choosing family medicine, it shows up first in the rural areas but then will follow in the more populated areas.

Other issues that surfaced included the AAFP endorsing

an EMR or EMR model that would standardize a chronic health care list. Another resolution would have the Academy serve as a transfer agent for medical records in the EMR format. Currently most EMR do not talk to each other requiring printing and then scanning the records.

Jim King from Tennessee took the reigns as our national president. He has visited North Dakota at our meeting in Mandan. Ted Epperly from Idaho was elected as our president-elect. He has spoken at our Big Sky meeting.

We thank you for the opportunity to represent our Academy. Much more happens at the Congress of Delegates and please direct any questions about the meeting to any of our delegates or alternates.

## NDAFP Fall CME

Brandy Jo Frei

The Fall CME event was held November 2nd and 3rd in Grand Forks. Friday evening, 24 attendees and their guests enjoyed a wonderful meal and an exciting University of North Dakota Fighting Sioux hockey game at the Ralph Engelstad Arena. Saturday we had 4 speakers provide some very educational lectures. We also had 10 exhibitors. For being the first time that we have done this in a number of years, we had a great turnout and it was a good event. We hope to do it again next year. We are comparing the UND Football and Hockey schedules along with the NDSU Football schedule to see which weekend might be the best. Keep watching for more information to come.

## North Dakota Academy of Family Physicians Foundation Meeting Minutes

Thursday, June 28, 2007, 7pm Mountain Time  
Medora, ND

The meeting was called to order by Vice-President Kim Krohn. The following members were present: Kim Krohn, Roger Schauer, Rich Vetter, and Heidi Bittner. Executive Director Brandy Frei and AAFP President Rick Kellerman were also participating.

The minutes from the March 21, 2007 meeting of the board were approved.

The Endowment Campaign fund raising will officially commence at the Annual meeting June 29 and 30. The board passed a motion to match donations to the en-

dowment up to \$15,000 from the current Foundation treasury. Individual and corporate donors will be sought, and suitable acknowledgement was discussed. The current goal for the endowment is \$30,000 during the next three years. Only earnings and interest on the endowment funds will ever be spent. The board decided to meet quarterly in order to better track progress of the fund raising campaigns and pursuit of our goals.

Other funding was discussed. The 2006 fall campaign drive raised \$1200. The foundation has had four sources of funds: 1—NDAFP annual meeting registration, 2—silent auction at annual meeting, 3—Other fund raising at annual meeting, and 4—Fall fund-raising campaign. These activities will be continued, and discussion was held in regards to more frequent solicitation mailings.

The income statement was presented and discussed.

Current board members and slate of officers to be presented to the NDAFP Board of Directors for ratification are:

Heidi Bittner, Tracy Martin, Roger Schauer, Greg Greek, President Kim Krohn, Vice President Rup Nagala, and Secretary/Treasurer Rich Vetter. Potential new board members were discussed, and a plan of action was developed to recruit them.

The board approved a motion to participate in an organizational assessment conducted by Novus and supported financially by the Dakota Medical Foundation.

Brandy Jo Frei reported that twelve students are participating in the Don Breen Externships this summer, with remuneration of \$1000 each. The ALSO course will be held September 7 and 8 in Grand Forks, ND. The William M. Buckingham Resident of the Year Award will be presented to Candelaria Martin, MD at the annual meeting.

A discussion of interest in providing scholarships to medical students occurred. The need to track students who have participated in the Don Breen externships was discussed. Rates of entry into family medicine, other primary care specialties, and practice in North Dakota were discussed as important end points.

The website was discussed as a way to recognize donors to the Foundation, and as a way to promote the work of the Foundation. Roger Schauer will develop biographies of Don Breen and William Buckingham to post on the website and in the Family Medicine Quarterly.

Participation in the NDAFP strategic planning sessions was discussed.

A discussion of the Bylaws was held. They have been updated in the past few years.

The next meeting will be held in September.

A motion was passed to make a donation of up to a \$200 value to the AAFP Auction in October. Kim Krohn will gather an auction item.

The members present each made a generous pledge to the Endowment Campaign.

### **NDAFP Board Of Directors Meeting Minutes**

June 28, 2007, 9:00 pm

Present: David Field, Steven Glunberg, Guy Tangedahl, Kim Krohn, Chinyere Njoku, Robert Wells, Jacinta Klindworth, Dale Klein, Heidi Bittner, Chuck Breen, Rich Vetter, Roger Schauer, Fred Mitzel, Rick Kellerman, Brandy Jo Frei

The meeting was called to order.

Introduction of guests and everyone in attendance.

There were no additions to the agenda.

Prior meeting minutes were motioned for approval by David Field. Seconded by Jacinta Klindworth.

Brandy gave a brief report on the Resident and Medical Student Committee. The Don Breen Externship is currently being done by 12 students. The FMIG had a good year with numerous activities and Residents will be invited to participate in presenting materials at the annual meeting.

Fred Mitzel gave a summary of the Continuing Medical Education Committee. The Big Sky conference had a good year. A Fall CME is being planned for November in Grand Forks. The ALSO course will be held in September in Grand Forks.

Dale Klein provided a recap of the ND Legislative Session that just ended. The NDMA contract was renegotiated and approved. We will encourage delegate interaction at the NDMA meetings. Kim Krohn gave a report of the foundation meeting that was held earlier in the evening. She also put forth the names of the offi-

cers to be ratified. The motion to approve was put forth by Guy Tangedahl and seconded by Dale Klein.

Chuck Breen gave a brief report from the Internal Affairs Committee. The membership dues will be increased to \$150. David Field, on behalf of the NDAFP has signed an Investment Management Contract with UBS.

Strategic Planning was addressed. It has been two years since the last strategic planning meeting and we may want to do this again soon.

Meeting adjourned.

### **Mission Physician**

Wm Mann, MD

Few would dispute that the U.S. health care system faces huge challenges amongst which can be included under performance and overpricing. The signs seem obvious to all but ourselves – 30<sup>th</sup> in World standings in the attainment of accepted goals, and the leader by far in expenditure with rising numbers of uninsured and even greater numbers of underinsured

I have chosen to deal with a particular aspect of this disappointment, the dwindling numbers of physicians prepared to offer general practice, a problem exacerbated by the graying of the current generation of family physicians along with their patients.

Without discussing the many reasons why family medicine might now be unattractive to medical students, it is obvious that the percentage of young people motivated by a sense of service has always been small. To the surprise of some, this is not an intellectual problem but a character trait. It is also obvious that the background of a significant number of family physicians is rural and one of less affluence. Consequently, like Willie Sutton before me, I decided to go where 'the money was', high school children in rural areas whose parents might not have a professional background and who might never have considered the possibility of becoming a physician, relying on the demography of such a group to eventually steer them to family medicine.

And so 'Mission Physician' was conceived drawing from what had proven successful by others, generously supported and encouraged by a grant from Dakota Medical Foundation, and by services in kind from Altru Health System, and directed by the family medicine residency program at Grand Forks. But, I should, first

and foremost, pay tribute to the unfailing generosity of countless people, from health occupation counselors and principals in the high schools, to medical professionals providing shadowing experiences, to fire service personnel who willingly climbed into hot protective gear in 90-degree weather to demonstrate the extrication of passengers from motor vehicles.

First, a database that included the principal teachers and health occupation advisors of all North Dakota schools and also those in the contiguous Red River Valley in Minnesota, was created. At this stage, we had no idea whether our plan would interest one or one hundred students. As it transpired, lack of interest was not a problem, and we eventually did not include the Minnesota schools. We later excluded the high schools in Grand Forks, Minot, Bismarck and Fargo, realizing that our capacity, in this pilot year, would be overwhelmed and rationalizing that the students in those schools had fairly significant shadowing opportunities already. The principals and health occupation advisors were asked to recommend the program to bright students who met our broad criteria and the task of developing a database containing significant demographic information about those students was begun.

It was planned to run five consecutive camps, running from Sunday evening until noon the following Friday and the next order of business was to match the students with available vacancies, more complicated than anticipated, as almost all of the students were working at two or three jobs.

A curriculum was developed that included half-day shadowing in most clinical areas, from the surgical and cardiac catheterization suites, to radiology and physical therapy. With a couple of exceptions, all departments donated their time freely, and developed improvements to the initial design. Throughout this, the Human Resources Division of Altru arranged and accepted last minute modifications in stride, while Dakota Medical Foundation reviewed and agreed to changes in the program design. We did not allow students to select rotations but insisted that they get a wide experience. A significant part of the remaining half day was spent teaching students basic procedures such as vision and hearing testing, basic lung function testing, suturing and casting. These were very popular but each skill had a principle of physics which the students had to learn for two reasons. First, to diminish the 'gee-whiz' factor and; second, to emphasize the importance of basic science to allow the students to take advantage of the current educational opportunities at high school or modify their curriculum at college.

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A variety of other experiences took place - resident information panels, patient care with residents and faculty, and sports medicine experiences and pre-participation examinations.

We also provided for the students' recreation. They stayed at the Canad Inn where they used the water park, and had supervised evening visits to a bowling alley, movie and shopping mall. Students were chaperoned at all times and a picnic with residents and faculty was held on the last night. Their week had started with orientation and finally finished with debriefing. All aspects of the experience were evaluated and added to the database while a documentary, commissioned in advance, captured their reactions and will be used to promote future camps.

How did we do? Pretty well, according to the student evaluations. We believe this to have been confirmed by the fact that we have seven registrations for next year, from parents and health occupation advisors, before we have announced or publicized future camps. The next problem will be refining attendance requirements to meet the needs of what seems destined to be more student interest than we will be able to handle.

We are committed to Mission Physician for several reasons. First, it simply feels right. Second, experience from other programs in other states indicates that it is successful. Third, none of us in the residency program nor those associated with us, have lost our enthusiasm for family medicine and general practice, and our conviction is strengthened as we confront in daily practice bloated excesses on one hand together with illogical denials on the other. We also believe that the funding for future camps can be sufficiently controlled to be attainable. Contrary to many grants, almost all of the expenditure, beyond the pilot year, will be spent on the support of the students, and almost none on the administration. Nor is the program in any sense fully developed. The students need to be provided with local mentors, basic science support, and assisted with the transitions ahead as we follow them through the years.

On May 23<sup>rd</sup>, 2007, the world's population became more urban than rural with many possible adverse consequences for the young of the state unless proactively managed. As redistricting takes place, new urban legislatures redraw lines to favor other urban legislators and restructuring education formulas forces consolidation of school districts, while uncon-

solidated rural schools face funding difficulties. In the meantime, all medical schools are admitting fewer students from rural origins and while medical schools with rural mission have had less decline, the medical schools with the greatest decline are those where populations have most recently shifted from rural to urban. Consequently, 'Mission Physician' makes no sense if it simply raises the aspirations of high school students without addressing their ability to enter medical school should they choose. Consequently, it is also our intent to harness local and legislative support, the final stakeholders.

### **Let's Talk About Your Prescribing Habits"**

By David Peske, NDMA Director of Governmental Relations

Stories about prescription drugs are always making headlines, whether the news is positive or negative. And, many regulatory agencies are taking actions to address the use, re-use, and abuse of prescription drugs. North Dakota physicians have been and will be impacted by these actions, and are urged to become familiar with the mandates or changes as noted below.

***Dispensing of Sample Drugs.*** The ND Board of Pharmacy, when queried, interprets state law to prohibit physicians from delegating the dispensing of sample drugs to anyone else. This interpretation may have led to differing impacts in various practice settings, and may have prompted some clinics to prohibit the office nurse from handing a starter supply of sample drugs to patients. To improve the understanding of the dispensing requirements and exemptions, the Pharmacy Board has invited the Board of Medical Examiners and Board of Nursing to prepare a joint policy statement to clarify the intention of the pharmacy law in this regard.

***Treat Your Patient, AND Their Partner.*** The ND Department of Health, in an effort to address the increasing incidence of Chlamydia cases across the state, has asked the Boards of Medicine, Nursing, and Pharmacy to prepare a new practice rule which would allow a physician or nurse with prescriptive authority to prescribe drug treatment for their patient, and in addition, for the index patient's partner, without an intervening clinical assessment. The practice of Expedited Partner Treatment is being accepted in other states as a more efficient means to combat diseases of this nature, while easing the extended process for a public health worker to seek out the patient's partner and provide the drug. Staff of the Boards are supportive of the concept, and

are drafting a rule for consideration. The rule may also address the ability to treat other non-STD conditions, such as pin worm, by allowing medication to be prescribed and sent home for other family members.

**Monitoring Controlled Substances.** The new North Dakota Prescription Drug Monitoring Program (PDMP), requiring all ND pharmacies to report the dispensing of every prescription for controlled substances to the ND Board of Pharmacy, has been in operation for several months now. Physicians now are able to contact the Board of Pharmacy at 701-328-9535 to request information on the acquisition of the drugs by their patients. A PDMP Advisory Council, consisting of four prescribers (selected by NDMA, the Boards of Medical Examiners and Nursing, and the ND Nurses Association), a pharmacist, and representatives of DHS and the Attorney General's office, is in place to guide the operation of the program. As the program matures, prescribers may be assigned a password so they can directly access the on-line data for their patients. Licensing and law enforcement agencies are also able to access the controlled substances data when conducting investigations.

**Donate Unused Drugs and Devices.** A new state law now allows unused legend drugs and medical devices or supplies to be returned and re-dispensed through participating pharmacies and practitioners. The ND Board of Pharmacy will register participants to serve as repository sites for the unaltered products, donated by patients who were unable to use them as planned. The Board will inventory and track the availability of the drugs and supplies, and the products are to be re-dispensed to any patient who requests them. A small dispensing fee may be charged. Information on the program is on the Pharmacy Board's website at [www.nodakpharmacy.com](http://www.nodakpharmacy.com).

**Tamper-Resistant Deadline Extended.** On September 29, 2007, President Bush signed legislation delaying the implementation date when all paper Medicaid prescriptions must be written on tamper-resistant paper from October 1 to April 1, 2008. CMS guidance, set forth in an August letter to state Medicaid directors, requires that by the April deadline a prescription must contain at least one of three characteristics in order to be considered "tamper resistant." For the second deadline of October 1, 2008, the written prescription must contain all three characteristics. There has been no extension of the second compliance date. Prescriptions which are phoned, faxed, or sent to a pharmacy electronically are exempt from the Medicaid requirement. All other guidance that CMS has issued on this require-

ment will still apply once it is implemented. More information can be found on the CMS website, [www.cms.hhs.gov](http://www.cms.hhs.gov).

**Medicaid Drug Carve-outs.** The ND Medicaid Drug Utilization Review (DUR) Board has been discussing the continued statutory protection of three classes of drugs. The Board is to bring any recommendations to the legislature, which may remove or continue some or all of the protections in the law. Two of the six physician Board members are family medicine specialists.

On HIV/AIDS drugs, the Board has reached consensus that they are being dispensed to only a few patients, and in compliance with formulary guidelines of the national Ryan White AIDS program. The prescribing physicians were consulted and agreed that there would be no need to retain this class of drugs in the carve-out statute. The Board agreed that the protection of this antiviral class could be allowed to sunset, with confirmation that the DUR Board does not intend to subject this class to prior authorization restrictions. The second drug class now protected in the statute, antineoplastic drugs, is also undergoing a similar review by seeking further input from oncologists.

The Board has also discussed the third category, behavioral health drugs, beginning with the ADHD drugs. During the review, physicians noted that there should not be restrictions placed on these drugs which would interfere with the patient-physician relationship. The Board concluded that it should have the ability to manage ADHD drugs through the prior authorization process if necessary. Review of the antidepressant drug classes has begun, but no recommendation has been finalized. No changes can be made until the 2009 legislature acts to address the statutory carve-out protections and the Board adopts the revisions.

The Governor's office has suggested that the DUR Board adopt a conflict of interest policy, requiring members to declare financial relationships they may have or have had with pharmaceutical companies. The move was likely precipitated by media reports on drug company payments received by some members of Minnesota's Medicaid Formulary Committee. NDMA staff has provided input and drafted a form for consideration.

**New WSI Drug Formulary.** ND Workforce Safety and Insurance, the state's workers compensation agency, now has a drug formulary posted on its website. To check the drugs approved for injured workers being treated under WSI, access [www.workforcesafety.com](http://www.workforcesafety.com),

Medical Providers, Pharmacy Benefit Management, Drug/Product Restrictions.

WSI plans to change its provider reimbursement methodology from the St. Anthony's Relative Values fee schedule to a Medicare-based DRG system. Most of Medicare's reimbursement features and policies will be adopted, with a proposed payment conversion factor set at \$56.50 to maintain the current budget neutrality for most providers. The proposed conversion factor was of great concern to NDMA and other providers, who have submitted comments calling for reimbursement at least equivalent to the commercial market in this region. Providers also reiterated the need for WSI to improve its policies and payment levels to provide a meaningful incentive to participate in the WSI program and assure adequate access to care. The NDMA House of Delegates had adopted a resolution in September calling on the agency to "fully recognize the importance of their partner physicians, clinics and hospitals in ensuring continued access to quality medical care for injured workers, and to consider the use of WSI surplus reserves to support a more equitable physician payment system."

Mr. Peske may be contacted at: [dpeske@ndmed.com](mailto:dpeske@ndmed.com). Your comments are welcomed.

### **NDAFP Family Physician of the Year Nominations Now Being Accepted**

Submit your nominations now for the 2008 NDAFP Family Physician of the Year. This award is given once a year to a physician in North Dakota who shows pride in practicing family medicine.

The criteria include: 1) being a member of the NDAFP and AAFP; 2) a compassionate family physician; 3) in good standing in the medical community; 4) involved in community activities, 5) dedicated to the ideals of Family Medicine; and 5) a role model for the residents, medical students, and young physicians in the state.

The winning name will be submitted to the American Academy of Family Physicians for consideration at the national level. The national award will be presented in September.

To submit your nomination letter please email [brandy@ndafp.org](mailto:brandy@ndafp.org), fax to 701-777-3849, or mail to Brandy Jo Frei, NDAFP, 501 N Columbia Rd Grand Forks, ND 58203

### **2008 NDAFP Annual Meeting**

Brandy Jo Frei

Welcome to the 53rd Annual Meeting and Scientific Assembly of the North Dakota Academy of Family Physicians to be held **April 4-5, 2008 in Fargo, ND at the Ramada Plaza Suites**. 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.

**RESERVATIONS:** A block of rooms has been reserved at the Ramada Plaza Suites in Fargo. The rate for a Conventional Room is \$89.00 and for a Two Room Suite \$99.00. The cut off date for the block of rooms is **March 17th**. Please call **(701) 277-900** and reference the **PHYS** group. After this date, reservations will be made strictly on a space available basis.

#### **Tentative Agenda**

Friday, April 4th

- 8:00-8:15 Welcome and Announcements
- 8:15-9:00 Update on the Evaluation and Treatment of Asthma—Dr. Don Matthees
- 9:00-9:45 Advances in the Management of Type 2 Diabetes - Dr. Eric Johnson
- 9:45-10:15 Break
- 10:15-11:00 Advances in Cardiac Imaging - Dr. Wallace Radtke
- 11:00-11:45 Update on Child and Adolescent Immunizations—Dr. Bill Geiger
- 12:00-1:15 Annual Business Meeting
- 1:30-2:15 Diagnosis and Treatment of Common Shoulder Problems—Dr. Phil Johnson
- 2:15-3:00 Infectious Disease Pearls—Dr. Paul Carson
- 3:00-3:15 Break
- 3:15-4:00 TBA
- 4:00-4:45 Migraine Headache Diagnosis and Treatment—Dr. Cynthia Knutson
- 6:00 Social, Kids Pizza/Pool Party

Saturday, April 5th

- 8:15-9:00 Insomnia-How to Put Your Patients to Sleep—Dr. Samy Karaz
- 9:00-9:45 Hot Topics in Public Health: 2008—Dr. Terry Dwelle
- 9:45-10:00 Break
- 10:00-11:00 Resident's Presentations—Speakers and Topics TBA
- 11:00-11:45 NORTHSTAR Practice Based Research Network—Speaker TBA
- 12:00 Adjourn



### Open Faculty Position in Bismarck

Bismarck, North Dakota. Opening for a full-time family physician faculty member. Rank and salary commensurate with experience. University of North Dakota School of Medicine and Health Sciences is a community based medical school with statewide educational programs for medical students and residents.

Send letter of interest, along with three recommendation letters, and CV, to Robert Beattie, MD, Chair, Family & Community Medicine, UNDSM&HS, Stop 9037, Grand Forks, ND 58202-9037, e-mail, [beattie@medicine.nodak.edu](mailto:beattie@medicine.nodak.edu). UND is an equal opportunity affirmative action employer.

### NDAFP Contact Info

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701-772-1730 (cell)  
701-777-3276 (office)  
701-777-3849 (fax)

### IMPORTANT DATES TO MARK ON YOUR CALENDAR

**January 21-25, 2008**  
**31st Annual Family Medicine Update**  
**Big Sky, MT**

**April 4-5, 2008**  
**53rd Annual State Meeting & CME**  
**Fargo, ND**

**May 1-4, 2008**  
**AAFP ALF/NCSC** **Kansas City, MO**

**September 5-6, 2008**  
**ALSO** **Location TBA**

**January 19 - 23, 2009**  
**32nd Annual Family Medicine Update**  
**Big Sky, MT**

### North Dakota Academy of Family Physicians

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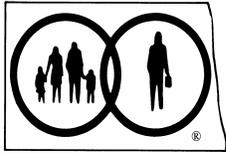
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