Family Medicine Quarterly

Volume 32, No. 3 **Winter 2006**

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Roger W. Schauer, MD

Brandy and I extend Christmas greetings to all of you, and forward our best wishes as we look to 2007. As we close 2006 we celebrate the changes in the Department of Family & Community Medicine, including Rob Beattie as our new chair, Kimberly Krohn as the new Director of the Minot Center for Family Medicine, and Jeff Hostetter as the recently named Director of the Bismarck Center for Family Medicine (see article), as well as the merging of the Community Medicine department into our department. So too we celebrate the Academy as second generation family physicians are assuming leadership positions (Chuck Breen & Andy Wilder), and younger members on the Board of Directors accept the challenge of addressing emerging issues as we further define our role in delivery of health care.

We call your attention to a number of enclosed articles, beginning with Dr. Beattie's comments about the North Dakota Health Care Workforce Summit planning meeting. We need to heed comments about the importance of the workforce "pipeline", and begin to consider how we can contribute. In addition to searching for your own opportunities to talk to high school students about health care careers, consider this an opportunity for your 3rd year Family Medicine students to talk to high school groups. Current 3rd year students have told me they would love such opportunities. With the presentation experiences common to all our students (in the renewed curriculum each student has prepared at least 128 brief presentations during their first two years), they could present virtually any topic that might be of interest, especially to high school students or similar groups, plus answer questions about health-care careers.

In his article Dr. Breen brings us up to date on some AAFP effort, but also challenges us to be more involved in the activities of the Academy. Regarding the latter, you will note that Dale Klein (2006 North Dakota Family Physician of the Year) has accepted an appointment to serve on the AAFP Commission on Finance and Insurance. Also note that the Dakota Foundation continues to provide significant financial support for the Breen Externship.

I want to call your attention to excerpts of an article about Dr. Pat Moore, printed recently in the quarterly publication by Altru, *Everyday*. They recognize Pat for his long-time commitment to Special Olympics. I am happy to report that about 20 first and second year medical students volunteered to participate in the Special Olympics State Bocce Ball tournament held in Grand Forks in September.

Because we neglected to include author information about Mark LoMurray in the Fall issue of the FMQ where we print his article about suicide prevention in adolescents, we elected to inform you about another valuable resource in our own state. You may be hearing more about his work in the future.

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As we have for the past few years, we continue to reprint articles from "The Teaching Physician". We hope these articles stimulate thought about how and what you can teach our students in your practice (the 2-minute mini-lecture addressing patient drinking is one focused example). A number of you have commented about the helpful hints and pearls provided in some of the articles regarding precepting Family Medicine clerks.

Dave Peske brings us up to date regarding health care legislative issues for both the past session and the upcoming session. We also call your attention to upcoming educational meetings, including the 30th Annual Family Medicine Update at Big Sky, January 15-19, 2007, and our 52nd Annual Academy meeting at Medora, in the Badlands of North Dakota, June 28-30, 2007. We also provide a press release which discusses the "Dakota Conference on Rural and Public Health", to be held March 20-22, 2007 at the Seven Seas Hotel & Conference Center in Mandan. Included in that meeting are sessions addressing rabies and other zoonotic diseases, agriculture respiratory health, agriculture safety, and sessions to address the healthcare workforce in North Dakota (again, see Dr. Beattie's article).

Best wishes for a great 2007.
Roger W. Schauer, MD

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A Message from The President
Chuck Breen, M.D.

Merry Christmas and Happy Holidays to all of our members and their families! This is a great time of year to reflect on all the blessings we have been given. I am so thankful for the profession we have chosen. The people we work with and the patients we serve are daily opportunities to practice the Golden Rule and feel great about our efforts at the end of the day. With the stress of keeping up our production, despite the increasing constraints of regulations and frozen reimbursements, it is easy to start feeling sorry for ourselves. However, a quick glance at the world around us reveals that we are still a part of the best gig in town.

We were able to meet with all committees by phone last month and the state academy seems to be heading in the right direction through the efforts of so many of you. We have so many who are willing to go the extra mile to help the family physicians and patients in our state. We would really like to see more involvement from our new members. We are putting together lists of those who are willing to serve on a committee or the board. If you or someone you know is at all interested, please let us know. The actual time commitment is not that bad. It is an opportunity to work with some great physicians who also want to help patients, students and other physicians of North Dakota.

On a national level, our AAFP is still putting a lot of effort into correcting the current plan of a 5.1 percent decrease in our Medicare payments as of January 2007. With the shift in party control, the lame duck 109th Congress will probably not overturn or update the physician payment decrease so our Academy will work hard with the 110th Congress to come up with a comprehensive physician Medicare payment reform plan. We all need to take on the responsibility of letting our US Congressmen know that built in Medicare physician payment decreases are never acceptable if we are to keep up with all of the new documentation and patient care mandates. We cannot provide the excellent care our patients expect if physicians are unable to keep their doors open due to this obvious reimbursement problem.

I hope to see you at the Big Sky meeting next month and don't forget to mark June 28-30 2007 for a great Medora state meeting.

Chuck

Executive Excerpt
Brandy Jo Frei, Co-Editor

The snow is falling, the presents are wrapped and under the tree, and the holiday music can be heard everywhere we go. I love this time of year. It is the time to be thankful—for being happy, healthy, and remembering the highlights of the year about to end and looking forward to the year to come. The year ahead has so many possibilities that I am anxious for it to begin.

This time of year is also a little hard to handle as well. Things are busy at work; the Big Sky Conference is just around the corner. Students are applying for Don Breen Externships. This issue of the Family Medicine Quarterly needs to be done. The Annual Meeting planning is starting to pick up speed. At home; my daughter is sure that any girl toy that comes on tv, she needs to have on her list. Any boy thing, she is sure her brother wants it on his list. Being 6 months old, I'm sure he is glad to have his big sister speaking up for him. It is this time of year that we miss our loved ones that have passed. This will be the 10th Anniversary of my husband's father passing on Christmas Eve. It was his favorite holiday. He did all the shopping and baking. My husband and I had gotten engaged shortly before his father passed away. He would have loved spending time with his grandkids.

In all of the things that have overtaken our lives and made us very busy, rushing from one things to the next, please take some time to step back and be thankful for what you have, make a few plans for the future, and enjoy your ride of life.

It is also at this time that we make our resolutions. My resolutions are as follows:
Personal
1. Lose the rest of the baby weight and a few more pounds;
2. try recipes that encourage healthy eating for my family;
3. spend more time with "my girls". Friendships last a lifetime.

Business
1. Encourage members to become more involved in AAFP and NDAFP events;
2. Encourage more interaction with the community and promotion community health, through AIM, Tar Wars, etc.
3. Provide more opportunities for NDAFP members to share, learn, and develop necessary skills to provide outstanding service for North Dakota patients.

I wish you all the best. Please let me know how I can help you with your resolutions. - Brandy Jo Frei

A View From UND

Robert Beattie, M.D.
Chairman, Department of Family and Community Medicine

I recently attended the North Dakota Health Care Workforce Summit: Planning Together to Meet North Dakota's Future Health Care Needs. The meeting was sponsored by the Center for Rural Health and the Dakota Medical Foundation. The jam-packed event was well attended by many from across North Dakota. Representatives from large hospitals, K through 12 education, Critical Access Hospitals, higher education, clinic systems, vocational education, the associations, and medical education participated in breakout sessions, identifying key issues for change.

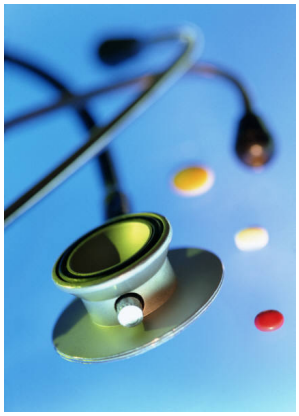
The Summit provided an opportunity to realize there are many troubles on the horizon. The American Academy of Family Physicians estimates that North Dakota will need 24% more Family Physicians by the year 2020. That's only 13 years from now. Where will they come from? Nursing shortages are familiar in several regions of the state and it's not just rural facilities that have needs for OT,PT, RNs, Rad-Techs, and CNAs. The workforce requirements of the state will not be solved without cooperation among all stakeholders. Those responsible for education of professionals will need to partner with professionals and K through 12 educators to find solutions to these looming concerns.

The agenda of the meeting focused on building workforce "pipeline" to feed the needs of North Dakota in the coming years. The pipeline is an excellent symbol, representing not only the source of our workforce, but also the process of education and preparation that our youth need to be ready for careers in health care. Without a solid foundation of science and math, young people interested in health care will struggle to be successful. But where are the interested young people?

One of the realities identified during this meeting is that health care, compared to other industries, has failed to introduce their opportunities to students through the K through 12 continuum. I think we as Family Physicians share some of the responsibility for this. When was the last time you went to school and interacted with students as a role model? How many times have you been approached to give the STD talk to the freshman class and declined? We're too busy to accept the invitation from the 5th grade teacher to talk to students about the changes their bodies are about to go through during puberty. These are opportunities missed.

So the next time you get a request to interact in some way with an impressionable student or a classroom full of kids, please try and find time to your schedule to help all of us make North Dakota a better place to live.

Rob Beattie, MD



Dale Klein Appointed to AAFP Commission

AAFP press Release

Dale Klein, MD, family physician in Mandan, has been appointed to the AAFP Commission on Finance and Insurance. This action was taken during the November 27-December 2, 2006 Board of Directors' meeting following the recommendation of the Subcommittee on Screening. His tern of service began on December 15, 2006 and ends December 14, 2010.

The mission of the American Academy of Family Physicians is to improve the health of patients, families, and communities by serving the needs of its members. It is through the hard work of dedicated members who accept leadership roles that they are able to accomplish their goals.

2007 DAKOTA CONFERENCE TO BE HELD IN MANDAN MARCH 20-22

GRAND FORKS, N.D. -- The 22nd 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 20-22 at the Seven Seas Hotel and Conference Center in Mandan, N.D.

This year's conference themed "Horizons in Health Care: Innovation and Success," 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 (UND) 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 **Michael Olesen**, infection prevention and epidemiology manager at the University of Minnesota; **Julie Nelson**, marketing manager at the Utah Health Information Network, **Dr. Mary Wakefield,** associate dean and director of the UND Center for Rural Health, and **Terry Fleck**, who will present on his cure for the bad attitude virus.

For more information contact Bismarck State College, conference coordinator, at 1-800-852-5685 or go to 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. Additional sponsors are Altru Health System; North Dakota Public Health Association; UND College of Nursing, the UND School of Medicine and Health Sciences, and the Department of Family and Community Medicine.

Contact: Amanda Scurry, Center for Rural Health Public Affairs, 701-777-0871, ascurry@medicine.nodak.edu.

Dr. Jeff Hostetter named Program Director

Jeff Hostetter, MD, assumed the role of Program Director for the UND Center for Family Medicine Residency in Bismarck, effective December 1, 2006. Dr. Hostetter is a graduate of Montana State University and the University of Washington School of Medicine, Seattle, Washington, where he received special training in Indian Health Pathway and wound care. He completed his Family Medicine Residency at the UND Center for Family Medicine in Bismarck, where he was the recipient of the "Buckingham Award" as the Outstanding Family Medicine Resident for North Dakota in 2003. He subsequently practiced at Standing Rock Indian Health Services Hospital in Fort Yates.

In addition to caring for his patients at the Center, Dr. Hostetter has provided coverage of emergency rooms and hospital services on weekends in rural underserved communities such as Garrison and Fort Yates. He has served as an Assistant Professor and Community Faculty Preceptor during his tenure at UND's Center for Family Medicine.

His research includes work on Hepatitis C treatment and on Resident Education. He has presented at the Centers for Disease Control Hepatitis C conference in Washington, D.C. and the American Corrections Association national conference. Dr. Hostetter is currently serving as an Investigator for a study of an investigational medication for obese patients, as well as an investigational study to evaluate the long-term pulmonary and cardiovascular safety of EXUBERA® in patients with diabetes mellitus. Dr. Hostetter, a former teacher, has an extensive background in education.

His other interests include Native American health, cultural awareness, fly fishing, woodworking, motorcycling, writing poetry, reading science fiction, traveling, plus playing hockey and guitar (not simultaneously). He enjoys coaching little league baseball and spending time with his family— especially outdoors.

Dr. Guy Tangedahl, who served as Program Director for the Bismarck Family Medicine Residency for twelve years (1994-2006) is looking forward to continuing on a part-time contract as an Assistant Professor with UND Center for Family Medicine in Bismarck.

The NDMA Lobby Report

David Peske, NDMA Director of Governmental Relations

Election Revises ND Legislature

Voters spoke on Election Day, bringing change to both the ND House and Senate by increasing the number of Democrats in each chamber. Republican Senators still outnumber Democrats by a margin of 26 to 21, and control the House by a margin of 61 to 33. Two physicians were seeking office this year, and incumbent Senator Ralph Kilzer of Bismarck was returned, while challenger David Humphrey of Fargo was not successful. Of the 141 legislative office holders, twenty-four will be new in the position in 2007. NDMA's Political Action Committee reviewed the legislative races in October, and allocated campaign contributions to many successful candidates.

Legislators came to Bismarck in early December for a three-day Organizational Session, and their committee assignments were finalized. Both parties have re-elected their floor leaders, Republican Senator Bob Stenehjem of Bismarck and Representative Rick Berg of Fargo, and Democrat Representative Merle Boucher of Rolette and Senator David O'Connell of Lansford. Many of the healthcare bills are heard in the two Human Services Committees, which will again be chaired by Sen. Judy Lee of West Fargo, and Rep. Clara Sue Price of Minot. New Chairman of the Human Services Division of the House Appropriations Committee will be Rep. Chet Pollert of Carrington, replacing Rep. Jeff Delzer, who was elected Speaker of the House.

Tracking Legislation

Many physicians have expressed an increased interest in following bills during the state Legislative Session, and NDMA will again provide a comprehensive listing of all health-related bills being tracked on the Association's website, www.ndmed.org. This site will also link to the state's official website, providing full access to all bills introduced, committee hearing schedules, journals with the daily vote tallies, legislator contacts, and fiscal data.

The NDMA House of Delegates has approved introduction of two key healthcare bills designed to improve patient care and the healthcare environment in North Dakota:

1. A consent to care bill would allow minors to provide informed consent for pregnancy-related care. This proposal encourages positive interaction between pregnant teenagers, their parents, and physicians, while better assuring early pre-natal care for mother and baby; and
2. A medical liability reform bill would allow physicians to express their empathy with patients or families in the event of an unanticipated result of the care provided, without that expression being used negatively in a subsequent legal action. This "I'm Sorry" legislation has already been adopted in a majority of states. The proposal would allow physicians and patients to communicate frankly during times when the threat of litigation might otherwise prevent it.

In addition, NDMA representatives will again focus this session on addressing physician and hospital reimbursement issues. The Governor's proposed budget included annual adjustments of only 3% for Medicaid provider reimbursements, which will serve as the starting point for deliberations with legislators. The Department of Human Services had proposed 3.8% annual increases, and NDMA had requested a commitment to larger increases that would cover the actual cost of providing care to our most vulnerable patient population.

2007 Doctor of the Day

The 2007 Legislative Assembly will convene the first Wednesday in January, and the NDMA Doctor of the Day program will commence a week later, on January 10. The key to sustaining this well-received program is participation by primary care physicians from across the state.

Physicians who volunteer in the program will typically see from 5 to 10 legislators during the day for common and routine ailments, perhaps write a prescription or dispense sample drugs, and facilitate further referral when appropriate. A bonus for participating physicians is the opportunity for an inside look at the legislative process, including attendance at bill hearings and visiting with their local legislators. The Bismarck Family Medicine Residency program has again agreed to provide coverage for each Wednesday throughout the Session. Family Medicine specialists are encouraged to contact NDMA to reserve a date.

Medicare Reductions Averted

The U.S. House and Senate reached agreement on a compromise bill in the waning hours of the December lame duck session that eliminates a scheduled 5% Medicare rate cut for physicians in 2007 and establishes a 1.5% incentive increase for physicians who voluntarily report on quality measures. The bill also extends the 1.0 floor on the Medicare work geographic adjustment for physician services through December 31, 2007, which averts another 3.16% cut for North Dakota physicians. Under the Tax Relief and Health Care Act of 2006 (HR 6111), the freeze is fully funded for 2007 using the Medicare

Stabilization Fund created to fund Medicare Advantage Plans. The HHS Secretary is also allocated $1.35 billion to use for physician services in 2008, which can be used to help avert the 2008 cut.

The legislation also: 1) extends the wage index reclassifications for Section 508 hospitals through October 1, 2007, and requires a study on Medicare's wage index classification system and alternative methodologies to compute the wage index; 2) extends the Medicare reasonable cost payments clinical diagnostic laboratory tests covered under Part B for an additional year through June 30, 2007; and 3) continues direct billing for the technical component for pathology services by certain independent laboratories. Other provisions include payment for administration of Part D vaccines, not currently covered at all.

The House passed the legislation by a vote of 367-45, with ND Rep. Earl Pomeroy voting in favor. The Senate then passed the bill by a vote of 79-9, with both Senators Kent Conrad and Byron Dorgan also in favor. Many of the extension provisions came from language in legislation co-sponsored by our Congressional Delegation. The legislation is expected to be signed by President Bush.

To contact Mr. Peske, send e-mail to dpeske@ndmed.com.

North Dakota Academy of Family Physicians Foundation Receives $9500 in Grants From Dakota Medical Foundation

North Dakota Academy of Family Physicians has received a two grants totaling $9500 from Dakota Medical Foundation to support the Don Breen Externship Program. This program allows first year medical students to work with a family physician in North Dakota for 4 weeks.

The North Dakota Academy of Family Physicians is a non-profit organization serving family physicians within the state of North Dakota and focusing on a number of Community Health Programs. These Programs include Tar Wars, AIM, and providing CME opportunities for family physicians in the state.

Dakota Medical Foundation, based in Fargo, North Dakota, focuses its efforts on improving access to medical and dental care. Since its inception in 1995, the Foundation has invested nearly $27 million in more than 275 non-profit organizations to help them measurably improve health and access to healthcare. For more information, see www.dakmed.org.

Mark LoMurray - A ND Resource

In our Fall 2006 issue of the FMQ we published an article by Mark LoMurray titled "Suicide Prevention and Physician Care", but failed to tell you anything about Mr. LoMurray. We include the information in this issue in the event that you are working with high risk adolescents but are unaware of a valuable resource in our own state.

Mark LoMurray, LSW, has thirty years experience working with adolescents and families related to health risk behaviors, especially suicide, substance abuse, violence, and incidents of trauma. He specializes in development of rural and tribal prevention efforts and has designed and implemented cutting edge approaches toward using mentoring, teen leadership, education curriculums, and small group supports with communities, schools, cultural, and faith groups. He is the co-founder of the North Dakota Suicide Prevention Task Force and presently the project director for the North Dakota Adolescent Suicide Prevention Project which has won the American Public Health Association's national Public Health Practice Award for 2005. He is also the director of the North Dakota Tribal/Rural Mentoring Partnership, one of the nation's largest tribal/rural mentoring efforts with over 475 mentor-matches meeting with youth. He also founded and directed designed and implemented the OJJDP national award winning Anger/Conflict Program. A Central CAPT (Center for Applied Prevention Technologies) Associate and an Adjunct Professor for the University of North Dakota School of Medicine, Mark brings a broad background in crisis intervention, family counseling, community development, and adventure based programs. He has been highly regarded for building bridges between evidence based practice and work in tribal, rural, and faith-based settings.

Mr. LoMurray has provided significant leadership and direction in the development of the "mentoring" program for 3rd year medical students on the Bismarck campus. The mentoring program pairs medical students with at risk youth in the Bismarck area. There is emerging evidence for positive outcomes for the at-risk young people involved, but the additional benefit of the not-so-hidden agenda of such activities is to provide our medical students with new tools and experience

Serving Special Olympics

(Reprinted by permission from Altru's Everyday magazine from Altru Health System's Corporate Development.)

Let me win, but if I cannot win, let me be brave in the attempt.

- Athlete Oath

Special Olympics is an international organization dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports training and competition. Special Olympics offers children and adults year-round training and competition in 26 Olympic-type summer and winter sports.

Currently, Special Olympics serve over 2.25 million persons with intellectual disabilities in more than 150 countries. Children and adults with intellectual disabilities, who participate in Special Olympics, develop improved physical fitness and motor skills, greater self-confidence and a more positive self-image. They grow mentally, socially and spiritually and, through their activities, exhibit boundless courage and enthusiasm, enjoy the rewards of friendship and ultimately discover not only new abilities and talents but "their voices" as well.

However, Special Olympics would not exist today, and could not have been created without the time, energy, commitment and enthusiasm of the more than 500,000 Special Olympics volunteers worldwide. Special Olympics relies on volunteers at all levels of the movement to ensure that every athlete is offered quality sports training and competition experience. The Special Olympics International volunteer pool is dedicated and diverse. Volunteers include: civic and fraternal groups, high school and college students, amateur and professional athletes, healthcare professionals, corporate employees, sports officials, coaches, teachers, parents and retired persons.

Patrick Moore, MD, family medicine physician with Altru Health System, began working with Special Olympics over 20 years ago. "I got involved partly because my nephew," states Dr. Moore. "I started out as a volunteer at different events and was later elected to the North Dakota Board of Directors for nine years." In addition to serving on North Dakota's board, Dr. Moore was involved with Special Olympics International World and looked at medical-related issues from a world-wide prospective.

Kathy Meagher, Executive Director Special Olympics North Dakota, first suggested that Dr. Moore fill out an application to be part of the Team USA's medical team. In 2005, Dr. Moore was appointed to the US team that went to the Special Olympics World Winter Olympic Games in Nagano, Japan. The World Winter Games were the first time Team USA traveled as a group. "I was one of three physicians who provided medical coverage for approximately 150 athletes and 100 staff." The physicians split coverage for certain groups. "I oversaw the downhill skiers and snowshoers." As part of the medical team, Dr. Moore reviewed and identified any concerns or relevant issues that might require special precautions. "Although we had a few cases of pneumonia and bronchitis, every athlete was able to compete."

Dr. Moore admits that the hours were grueling. "We started at 6 a.m. and typically ended our day after midnight." Although his responsibilities allowed him no spare time, Dr. Moore confesses he loved watching the athletes participate. "It makes you appreciate what you've got."

The 2007 Special Olympics World Summer Games will be held in Shanghai, People's Republic of China. Dr. Moore will serve as Team USA's medical director. The event will mark the first time the World Summer Games will be held in Asia, and only the second time they will be held outside the United States. The team will once again travel as a group, and athletes of all ability levels will compete in 21 different Special Olympics and Olympic-type sports: Aquatics, Athletics, Badminton, Basketball, Bocce, Bowling, Cricket, Cycling, Dragon Boat Racing, Equestrian, Football (Soccer), Golf, Gymnastics, Handball, Judo, Kayaking, MATP, Power Lifting, Roller Skating, Sailing, Softball, Table Tennis, Tennis, and Volleyball. Special Olympics athletes not competing in the World Games will play crucial leadership roles off the sports field as officials, assistant coaches, reporters, and spokespeople.

In July, Dr. Moore will attend the athlete's training camp in Nashville, TN. "At the camp we'll get to know an athlete's health issues." Dr. Moore speculates that the increased number of events will present more of a challenge for the medical team. "We expect a very large contingency of nearly 400 athletes and 150 staff and coaches." Under his direction, USA's healthcare team will provide medical coverage for minor issues at the

games; any major health concerns are handled by the host country's healthcare facility. "We'll assist in the process if anyone needs to go to the hospital. However, we are not certified to practice medicine in another country."

Over the past two decades, Dr. Moore has witnessed a change in people's perceptions because of the Special Olympics program. "There is greater acceptance of individuals with intellectual disabilities and more of an interest in integrating these individuals into the community."

Looking forward Dr. Moore says he'll continue to offer his services to Special Olympics for as long as they want him. "I've been asked to look at the 2009 World Winter Games in Boise, Idaho." He states that he could not pursue this passion without the support of his family and partners and Altru Clinic—Family Medicine Center. "Next year I'll be gone for close to four weeks." And he highly encourages people to get involved with Special Olympics. "It's a lot of fun, and you get far more out of it than you put into it."

Dr. Moore (bottom left) with fellow Special Olympic medical team members and Copper Mountain's medical team.

Teaching Points—A 2-minute Mini-lecture
Is My Patient Drinking Too Much?

(Reprinted by permission from the October 2006, The Teaching Physician.)

By Robert Mallin, MD, Medical University of South Carolina

Editor's Note: The process of the 2-minute Mini-lecture is to get a commitment, probe for supporting evidence, reinforce what was right, correct any mistakes, and teach general rules. In this scenario, Dr Mallin (Dr M) works with a third-year student (MS3) who has seen a man who may be drinking too much.

MS3: This is a 42 year-old male whose chief complaint is: "My wife thinks I'm drinking too much." He said that his wife made the appointment and pushed him to come. He does not see drinking as a big problem, though. He drinks three to four beers each evening after dinner and up to 12 a day on weekend days. He says he never gets drunk. On the CAGE (Cut down, Angry, Guilty, Eye-opener) questions, he scored 0 out of 4 at first, but, with a little encouragement, he admitted to getting annoyed with his wife's constant attention to his drinking.
Dr M: OK. Well, what do you think? Does he drink too much?
MS3: Well, it doesn't seem to be causing him any problems.
Dr M: Let me put it another way. What is a safe level of drinking? Or what is "moderate drinking?"
MS3: There is a consensus report that recommends that men drink no more than two drinks daily and women only one.[1]
Dr M: Right. OK. So, is your patient drinking more than that?
MS3: One beer is the same as a glass of wine is the same as a mixed drink?
Dr M: 14 grams of alcohol per drink, right; 12 ounces of beer, 6 ounces of wine, or 1.5 ounces of liquor.
MS3: Well, yes, then he is drinking too much.
Dr M: Is this alcohol abuse?
MS3: He is drinking too much, and I think he needs to have one area of his life affected by the alcohol. I'm not sure, but I think at least his marriage is being affected by his drinking.
Dr M: I agree. How do you know if he is an alcoholic, which means "alcohol dependence?"
MS3: He would have withdrawal symptoms if he were truly addicted to alcohol.
Dr M: That's not actually true. Withdrawal means physical dependence, which is a separate process.
MS3: Oh, OK, then. He would need some consequences in health, social, or job. But he keeps drinking.
Dr M: Yes! There must be consequences in multiple areas of the patient's life: family (marital difficulty), social (isolation), occupational (job loss), health (hepatitis), legal (driving under the influence [DUI]). These consequences provide evidence for a loss of control regarding alcohol consumption and continued use despite these consequences would indicate that alcoholism would be the correct diagnosis.
MS3: So, what are we going to tell him to do?
Dr M: That's what I'm supposed to ask you! (smiles) OK, here's my approach.
If you believe your patient has alcohol abuse, then he should retain control, and you can advise him to cut

down to the recommended two drinks daily. You might tell him that if he is unable to cut down to a safe or moderate level of drinking, you may have to change the diagnosis to alcohol dependence.

If you believe you have sufficient evidence to make the diagnosis of alcoholism (alcohol dependence), it would be best to tell him that he should make a decision to become abstinent from alcohol and that he may need assistance to do that. If your patient is reluctant to accept this advice, you may consider a compromise.

Ask him to show you (and himself) that he still has control over alcohol by remaining abstinent for the next 3 months. If he returns stating that he has been successful in this endeavor, you might revise your diagnosis to alcohol abuse. Very few patients with a correct diagnosis of alcoholism will be able to remain abstinent for 3 months.

Depending on your level of confidence in your patient's honesty level, you may want to monitor him with intermittent carbohydrate deficient transferrin (% CDT) levels or urinary ethyl glucoronide (EtG) to ensure that his reports of abstinence are accurate.

If he has alcoholism and is prepared to accept help, and does not appear to be physically dependent upon alcohol, referral to an outpatient treatment program followed by aftercare and involvement in Alcoholics Anonymous will give him the best chance of recovery.

There are also several medications that have been approved for use in the treatment of alcoholism. Disulfram is the oldest of these but also has the least evidence to support its efficacy. Naltrexone and acamprosate have both been shown to be effective in assisting patients to recover from alcoholism.

REFERENCE

1. US Department of Health and Human Services. Dietary guidelines for Americans. 2005. www.health.gov/DIETARYGUIDELINES/dga2005/documnet/html/chapter9.htm. Accessed September 17, 2006.

IMPORTANT DATES TO MARK ON YOUR CALENDAR

January 15 - 19, 2007
30th Annual Family Medicine Update
Big Sky, MT

June 28-30, 2007
52nd Annual State Meeting & Scientific Assembly
Medora, ND

September 20-21, 2007
NDMA Annual Meeting
Holiday Inn, Fargo, ND

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

Mark your Calendar & Register today

30th Annual Family Medicine Update

Huntley Lodge, Big Sky, Montana
January 15-19, 2007

Sponsored by the North Dakota Academy of Family Physicians

Registration Fee: (Before Dec. 1, 2006)
NDAFP Members—$450.00 **All Others—$525.00**
NDAFP Resident—Free** **Out-of-State Residents—$300.00**
Medical Students—Free**
**Please register for accurate counts.
After Dec. 1st, please add $50.00 late fee to the registration fee.

25+ Prescribed AAFP credits will be offered
& Family Activities

Send to: NDAFP Big Sky, 501 N Columbia Rd, Grand Forks, ND 58203
Fax: 701-777-3849 or **online registration at http://www.ndafp.org**

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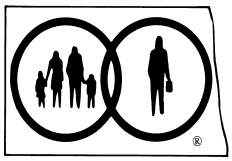

Family Medicine Quarterly

Family Medicine Quarterly
c/o Dept. of Family and Community Medicine
University of North Dakota
School of Medicine & Health Sciences
501 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037
(701) 777-3200

The ***Family Medicine Quarterly*** is published by the University of North Dakota School of Medicine & Health Sciences, Department of Family and Community Medicine, and the North Dakota Academy of Family Physicians. http://www.ndafp.org/fpq-fmq.asp

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University of North Dakota Printing Center

Cover printed on recycled paper.