

IDAHO ACADEMY OF FAMILY PHYSICIANS



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To access the IAFP Web Page, log on to

www.idahofamilyphysicians.org,

for resources and information.

FEATURES:

PRESIDENT'S MESSAGE: Idaho and the Patient-Centered Medical Home: An Opportunity for Idaho

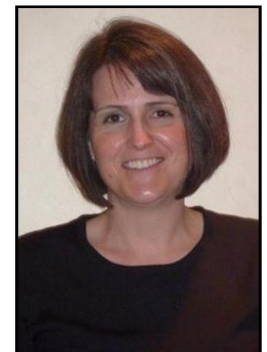
The Newsletter for Idaho's Family Doctors

PRESIDENT'S MESSAGE

Idaho and the Patient Centered Medical Home: An Opportunity for Idaho Practices

By: Mary Barinaga, MD

Since the release of the *Joint Principles of the Patient-Centered Medical Home (PCMH)* by the four primary care physician organizations (AAFP, AAP, ACP and AOA) in 2007, the PCMH concept has spread across the United States as an innovative model for providing high quality, cost-effective, and comprehensive primary care to all patients. The PCMH model consists of a number of core elements: personal physicians, physician-directed and team-based medical practices, orientation towards the whole patient, coordinated and/or integrated



Practices

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care, high quality care and excellent safety standards, enhanced access to care, and a payment system reflecting the added value of comprehensive and patient-centered care. Numerous states, including Idaho, are actively working towards bringing the PCMH model to our communities and practices. Read more about the opportunity your practice may have in receiving enhanced payments for the work you do...

http://www.idahofamilyphysicians.org/Newsletter%2012-11/President%20AFP_newsletter_Dec_2011%20_1_.pdf

Idaho Suicide Prevention Hotline; Offering Hope to Idahoans

Suicide in Idaho

An increasing number of Idahoans have lost hope and their sense of belonging, and feel that they are a burden to others and subsequently take their own lives.

More people per capita die in Idaho by suicide than in 39 other states in the nation. Those at a higher risk include military veterans, National Guard soldiers and their families, persons dealing with job loss or home foreclosure, teenage boys, farmers, Native Americans, and Idaho's elder males. However, others at elevated risk include people with mental illnesses and substance use disorders, people who have experienced a suicide in their families and those who previously attempted suicide. In the past five years through 2010 1,286 Idahoans have died by suicide. Idaho's suicide rate is now 18.5 people per 100,000 population compared with a national rate of 11.8. In 2008, Idaho's suicide rate ranked 6th in the Nation. The Substance Abuse and Mental Health Services Administration has found that 90 percent of people who die by suicide have an underlying mental

Idaho Academy of Family Physicians

May 18-20, 2012

Shore Lodge, McCall, Idaho



Thank you to the Doctors Company for supporting the IAFP's mission of fostering family medicine by promoting the understanding of our specialty as the foundation of a higher performing health system, and facilitating student interest and recruitment of family physicians to Idaho.



health disorder, usually depression, or a substance use disorder, or both. The tragedy of these deaths is that these lives lost to suicide may have been saved through increased awareness, education, prevention and intervention strategies. To read more...

http://www.idahofamilyphysicians.org/Newsletter%2011/2011_Report_Moving_Forward%20Suicide.pdf



On Tuesday, October 15, 2011, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the routine vaccination of males 11 and 12* years with 3 doses of quadrivalent human papillomavirus (HPV4) vaccine (Gardasil®). ACIP also recommends the vaccination could begin as young as 9 years of age and that boys and young men 13 to 21 years of age who have not already received the vaccine should be vaccinated.

HPV4 (Gardasil®) male permissive recommendation was added to the Vaccines for Children (VFC) program in October 2009. In Idaho, all state-supplied Gardasil® vaccine should be used to vaccinate VFC-only eligible males 9 through 18 years of age (generally at age 11 or 12 years of age). If a male patient is non-VFC eligible you may not use your state-supplied HPV vaccine (Gardasil®). [To read more...](#)

<http://www.idahofamilyphysicians.org/Newsletter%2011/Immunization%20Update%20-%20November%202011-DRAFT%20v3.pdf>



The Idaho Health Data Exchange was awarded an ARRA grant in 2010 for 5.9 million dollars. IHDE is currently working with providers and hospitals statewide to assist with connection to the health exchange. IHDE has the opportunity to waive the first year IHDE fees for access for providers or hospitals. IHDE is using the grant funding on a first come, first serve basis to assist providers and hospitals in Idaho. IHDE is also working closely with third-party EMR's to create interface connections to enhance interoperability statewide. With the grant funding we are able to assist practices with third party interface fees, monthly fees, or provider fees. We also waive the first year annual fees from IHDE. To see if you qualify...

<http://www.idahofamilyphysicians.org/Newsletter%2012-11/IHDE%20Article.pdf>



Good Health Club

As you most likely know, the number of overweight children has more than tripled in the United States in the last three decades and Idaho's family physicians are on the front line in the effort to reduce obesity.

The Blue Cross of Idaho Foundation for Health, a non-profit foundation dedicated to improving the health of all Idahoans, is launching a program called the *Good Health Club* that addresses the childhood obesity epidemic in Idaho. More information...

<http://www.idahofamilyphysicians.org/Newsletter%2012-11/Good%20Health%20Club.pdf>

States Slash Funding for Tobacco Prevention Programs by 36 Percent

Less Than Two Cents of Every Tobacco Dollar Spent to Fight Tobacco Use

States have slashed funding for programs to reduce tobacco use by 12 percent in the past year and by 36 percent over the past four years, threatening the nation's progress against tobacco, according to a report released today by a coalition of public health organizations including the Robert Wood Johnson Foundation.

The states this year will collect \$25.6 billion in revenue from the 1998 state tobacco settlement and tobacco taxes, but will spend only 1.8 percent of it—\$456.7 million—on programs to prevent kids from smoking and help smokers quit. This means the states are spending less than two cents of every dollar in tobacco revenue to fight tobacco use. Both the total amounts states are spending on tobacco prevention programs and the percentage of tobacco revenue spent on these programs are the lowest since 1999, when the states first received tobacco settlement funds.

The report, titled "A Broken Promise to Our Children: The 1998 State Tobacco Settlement 13 Years Later," comes as recent surveys have found that smoking declines in the United States have slowed. With nearly 20 percent of Americans still smoking, it warns that continued progress against tobacco use—the nation's number one cause of preventable death—is at risk unless states increase funding for tobacco prevention and cessation programs. To read more...

<http://www.idahofamilyphysicians.org/Newsletter%2012-11/States%20Slash%20Tobacco%20Prevention%20Funding.pdf>



Sand in the City

Hawaiian Party

Friday, April 20th, 2012

5:30-8:30 pm

<http://www.fmidaho.org/home/alumni-and-friends.aspx>

for more details.

Family Medicine Residency of Idaho

Sand in the City—Hawaiian Party

Proceeds will benefit Rural Medical Education



Indoor Environment: **Radon**
Know the facts

JANUARY IS RADON AWARENESS MONTH

Radon gas has been identified as the second leading cause of lung cancer, second only to cigarette smoke, and is estimated to be responsible for over 60 deaths from lung cancer in the U.S. each day.

Radon is a radioactive gas that comes from the natural breakdown of uranium found in most rocks and soil. You cannot see, smell or taste it. When

outdoors, radon mixes with fresh air and is usually not harmful. However, inside a house or enclosed building radon can build up to high levels and become harmful. To read more...

http://www.idahofamilyphysicians.org/Newsletter%2012-11/Radon_Article_Jan_2012.pdf

WELCOME NEW MEMBERS

Active Members:

Robert Buxton, DO Nampa

David Dansie, DO Jerome

Robert Holland, MD, FAAFP Boise

Cheryl Mallory, MD Grangeville

Erik Richardson, DO Caldwell

Dale Ross, MD St. Maries

Catherine Whinnery, MD Ketchum

Student Members:

Codi Fitzgerald Moscow

Caleb Hopwood Moscow

David Jenkins Meridian

Curt Lindley Moscow

Ignacio Morales-Carillo Moscow

Anna Ohlsson Moscow

Kana Silvas Pullman, WA

Educational Opportunities

Idaho WWAMI 10th Annual Mini Medical School

Geriatrics: 'Caring for Our Aging Population'

The Idaho WWAMI Medical Education Program is offering a series of evening lectures during February for the general public focused on the theme '*Geriatrics-Caring for Our Aging Population.*'

Topics:

- Living Long? Living Well!
- Pharmacologic Considerations in the Elderly: Common Concerns with the use of Medications
- Dementia
- Osteoporosis
- Key Concepts Palliative Medicine
- Management of Urinary Incontinence in OLDER Person
- Depression-Over the Years
- Injury Prevention

Date: Wednesday - February 1, 8, 15, and 22

Time: 7:00pm – 9:00pm

Location: St. Luke's Regional Medical Center Anderson Center, Room Ada 2&3, Boise ID

Cost: \$25.00

For more information and to register online, please go to: <http://www.uidaho.edu/boise/wwami/mini-medicalschool2012>

INFANT TODDLER PROGRAM

The Idaho Infant Toddler Program serves children birth to 3 that have or are at a high risk of developing a delay in their development. Offering evaluations at no charge to families. Services include but are not limited to Speech, Occupational, Physical, and Developmental Therapies. These services are provided in the home with the parents/caregivers participating so they can continue to stimulate their child's development when the therapist is not present. Referral to the Infant Toddler Program is as easy as a phone call to (208) 334-6530

HAPPY HOLIDAYS

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