



# IDAHO FAMILY PHYSICIAN

WWW.idahofamilyphysicians.org

## The President's Message

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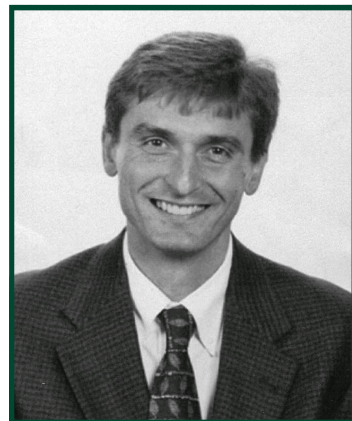


Growing up in a military family, I never really had a family physician. We typically would move every 2 to 4 years either within the United States, or often overseas. With each of our transitions, and many of our summers, we would spend time in my father's hometown of Clarinda, Iowa, a town of 5000, or so, that varied little over the years. By default, our family physician was Dr. Frankl who had emigrated from Germany and practiced in the community for years. Dr. Frankl was short in stature, but a prominent figure in the community. He would spend many evenings playing cards with friends, such as with my grandfather who was a 6<sup>th</sup> grade educated mechanic. He cared for my father, delivered my brother, and gave comfort and care for my grandfather and grandmother while they were in there terminal stages of cancer. He was always available to us while we were spending time in Clarinda, and although I didn't think much of it at the time, likely gave considerable comfort to my parents knowing he was there. His scope of practice was broad, and he appeared to manage the stresses of a rural practice well.

I marvel at the scope of practice within rural communities in modern medicine, and have tremendous

respect for the rural family physician. Medicine has changed, and grown tremendously since the days of Dr. Frankl's busy practice. It would not be unusual to one minute be pushing thrombolytics, another delivering a child, and later performing colonoscopies or even certain surgical procedures, as well as covering emergency rooms for those in their communities and surrounding areas. Despite this, our rural family physicians are likely to see less in reimbursement for all there efforts.

I am often asked by my patients, as I am sure that you are, how the new Health Care Reform will affect them. I am cautiously optimistic that whatever changes eventually will happen, that primary care access will be improved. It is alarming that fewer than 10 percent of our U.S. medical school graduates choose to go into primary care. Primary care reimbursement needs to be improved as we follow this reform so that we can assure that we will have the workforce needed for improved access to care. I applaud those students who are willing to follow their hearts, and have faith in the system. I know that each of their communities will feel the same. ♦



**2009-2010  
IAFP PRESIDENT  
ERIC MAIER, MD, BOISE**

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## THE TRIALS AND TRIBULATIONS OF HEALTH CARE REFORM IN THE UNITED STATES

Ted Epperly, MD, Immediate Past President  
Board Chair, American Academy of Family Physicians

What a roller coaster ride health care reform has taken in the United States. After over a year and a half of debate, on March 23, 2010 President Barack

Obama signed into law the *Patient Protection and Affordability Care Act (Public Law 111-148)*. This new public law is the largest change to our American health care system since the signing of Medicare and Medicaid in 1965. I have never seen a more rancorous debate in my life in our country. In many ways, it polarized our entire nation. It polarized our government, our states, our people, and yes, even our medical organizations.

The American Academy of Family Physicians supported the majority of the issues in health care reform based on policy that has been conceived over the last 20 years from our Congress of Delegates. Those policies spoke strongly of a reformed and revamped health care system in which there was expanded coverage for all the people of the United States. Our policies call for this new system of health care being based on family physicians and other primary care physicians positioned at the epicenter of health care for the good of this country. The Patient Centered Medical Home became the model of change, both from a delivery and financial side, but from a political side as well. It was with this vision of the Patient Centered Medical Home and what it could do to integrate and coordinate care and reduce the fragmentation of care, that could then be aligned to payment reform incentives that would support and value the importance of this care.

There is way too much in the health care reform bill to go into in this short report, but suffice it to say

health care reform can be looked at as being restructured around six important pillars. The first is expanded coverage, which will bring 32 million more people health insurance over the next six years. The individual mandate, which is being challenged by 14 states, starts to kick in in 2014 and is phased in to the end of 2016. The second important pillar is on workforce and delivery reform. This is the piece that starts to increase the family physician workforce for the future by increasing payment in Medicare by 10% and by bringing Medicaid payment to equal with Medicare for two years. This coupled with the CMS increase in pay for primary care of 4% this year is a good start towards the 30% increased payment that must happen for family physicians over time. The AAFP and others are calling for family doctors to make at least 70% of what the average sub-specialist makes to stop the workforce drift of medical students into higher paying sub-specialty areas. In the new public law are increased scholarships and loan repayment for those who choose to go into family medicine and into primary care areas. There are also increased pilots and models in both Medicaid and Medicare for the Patient Centered Medical Home. Finally, there is the creation of a National Workforce Committee to proactively work and plan the nation's medical workforce of the future. The third major pillar of reform is around cost and financing. The ten year projected cost of this bill is roughly \$980 billion, which is about \$98 billion a year. However, the bill has been priced out by the Congressional Budget Office (CBO) to save \$138 billion over the first ten years, and \$1 trillion over the next ten years after that. Therefore, at \$98 billion a year, which only represents 3-4% of current health care spending in this country, we can start to bend the cost curve to finally rein in health care **(Continued on Page 5)**

# IDAHO DOCTORS LOSE A DEAR FRIEND

It is with deep sadness that we convey the news of the passing of Robert Seehusen (Bob) on Friday, March 26, 2010. Bob was doing what he loved best, riding a bicycle along the beautiful Monterey coast with good friends and colleagues when he suffered a fatal heart attack.

Bob was hired as the Assistant Director of the Idaho Medical Association in 1984, and he later became the Chief Executive Officer of that excellent organization after his close friend and predecessor, Don Sower, retired. During the years that Bob served as CEO he was a strong advocate and eloquent voice for the issues and concerns of physicians in Idaho. In late 2007, Bob retired from the IMA and was hired part-time by a physician-owned malpractice insurance company (MIEC) where he worked as the Marketing Manager for Idaho. Bob so believed in this company and its outstanding leaders and Board members, that he put his passion into advocacy for Idaho physicians to become part of the MIEC family. It is sad but perhaps fitting that the bike tour Bob was on at the time of his passing was part of a company meeting in Monterey.

Bob successfully coped with the challenges of managing Type 1 Diabetes since he was twenty. He was actively involved with and served on the Board of Directors for the Humphreys Diabetes Center. He also volunteered with the Idaho Diabetes Youth Programs, Camp Hodia for kids who are coping with Type 1 Diabetes. More recently, Bob found a great

deal of joy and satisfaction in his volunteer work assisting in providing free dental care to children in various schools through "Miles of Smiles" a mobile dental clinic for children who would not otherwise have dental care.



Being quite amiable and gregarious, Bob loved to spend time with his family and friends, talking, telling stories and laughing. He never hesitated to share his pride, delight and love for his kids and grandkids. Bob enjoyed the many outdoor activities and beautiful areas of Idaho, but perhaps was most content when relaxing with Candice, family and friends at their cabin in Garden Valley. Bob is survived by his wife, Candice Crow, of whom Bob frequently spoke with love, admiration and affection. Bob is also survived by his daughter, Julie Seehusen Agena and her husband Bryan Agena, and by Bob's son, Rob Seehusen and Rob's wife, Melissa and their delightful daughters, Hailee, Kiana and Ava. These kids and grandkids brought much love, laughter, pride and joy to Bob over the years.

Bob, we will miss your charming smile and always consider you a true advocate for the citizens and physicians of Idaho. Thank you for all of your dedication, we will not forget you. ♦

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## The IAFP Web Site has a new look.

Log on to [www.idahofamilyphysicians.org](http://www.idahofamilyphysicians.org) to view the new colorful Web page of the Idaho Academy of Family Physicians with more up to date information and resources available to you.

# FAMILY MEDICINE RESIDENCY OF IDAHO UPDATE

TED EPPERLY, M.D., CEO AND PROGRAM DIRECTOR



There are six things I would like to update the IAFP members about in regards to the Family Medicine Residency of Idaho (FMRI).

1. Resident Recruitment – FMRI had an outstanding Match for our program and we filled all ten spots at our Boise program, all two spots at our Caldwell Rural Training Track, and the one spot at our Magic Valley Rural Training Track with outstanding applicants. Please see the attached photo sheet of our new Interns for the Boise, Caldwell, and Magic Valley programs.

2. Intern Orientation – We will be orienting our thirteen new interns for Boise, Caldwell, and Magic Valley on June 17, 2010 through June 25, 2010, where we will end with a raft trip down the Payette River and an intern picnic that evening.

3. Graduation Update – We will be graduating our eleven third-year residents on Saturday, June 26, 2010. Of the eleven graduating residents: four will remain in Idaho (two will be FMRI Faculty, one will be the Sport Medicine Fellow, and one will be the HIV/Primary Care Fellow); one will go to Massachusetts, one will go to Montana, two will go to Oregon, one will go to Utah, one will go to Washington, and one is undecided at this time. We will include this

photo in the summer edition of the IAFP newsletter.

4. Patient Centered Medical Home – The team continues to work on all clinics to become a NCOA designated Patient Centered Medical Home. The committee has scheduled a conference call the first week in January with TransforMED. They are focused on practice redesign and affiliated with the American Academy of Family Physicians (AAFP) and is studying and implementing transformed models of high performance practices that meet the needs of both patients and practices.

5. Further Rural Training Tracks – The FMRI and Kootenai Medical Center has stopped further discussions around a Rural Training Track in Northern Idaho at this time. The FMRI will continue to explore further RTT options as we go forward that would serve the rural communities of Idaho.

6. Idaho State Legislature – This was a brutal year for budget cuts in the Idaho State Legislature. Jonathan Cree and I were both very surprised but pleased that our two residency programs did not have any reductions in State support. We had anticipated a 10% reduction. We both believe this represents the importance the State Legislature and the Governor's office has placed on our family medicine programs on producing much needed and excellent family physicians for our state. The State has come to realize how valuable family physicians are to their communities. ♦

## NEW FEATURE ON [www.Idahofamilyphysicians.org](http://www.Idahofamilyphysicians.org)

*To keep our members informed on state and national issues, the IAFP web site will feature a Government Relations link. To access current information about governmental issues, log on to [www.Idahofamilyphysicians.org](http://www.Idahofamilyphysicians.org) and click on the Government Relations button. The site will give you current information on state and national issues that affect your practice and Family Medicine.*

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### Continued from page 2 – The Trials and Tribulations of Health Care Reform in the United States

spending in this country. Pillar number four will be on health insurance reform. This will start within the next six months to start the discriminatory practices of denying patients health insurance coverage for pre-existing conditions, putting annual and lifetime caps on the amount of health care spending, stopping rescissions for medical conditions that now preclude you from being further covered by an insurance policy, stop gender discrimination for being a women with higher health care expenditures, adding children to parent policy up to the age of 26, and reporting transparently to the American public for any company that has payments for clinical care being less than 85 cents on the dollar. That money must be paid back to patients that have health insurance policies in that company as a rebate. Pillar number five deals with improved quality measures. There will be more pay-for-performance and pay-for-reporting of quality metrics at both the practice and hospital-based level. Additionally, a national quality strategy will be produced. Pillar number six focuses on wellness and prevention. This is long overdue in our country to provide a health care system versus a reactive, high priced, sick care system. In here will be the development of a national strategy on health prevention and wellness.

There are also areas of health care reform that will cover long term care and prescription medication management and Part D Medicare. Sadly, there were two major areas that were not included in this massive health care reform bill that affect all physicians across the United States. The first was

comprehensive medical liability tort reform changes that could have helped immensely in stopping the practice or ameliorating the practice of defensive medicine, which costs our country billions of dollars a year. The other was the SGR doctor fix, which is still rattling around in Congress with temporary freezes.

All in all, while not a perfect bill, this is a much needed step in the right direction. It will provide more people coverage, it will start to right a broken and out of balance workforce, it will start meaningful cost reform of the American health system, it will overhaul a wildly out of control health insurance system, which is aimed more at making profit than providing health care payment, and it will focus on quality, wellness, and health promotion. I believe on balance this will be good for the people of this country and its impact will be measured over time. It matters to me less if you are a Democrat or a Republican, from a Blue State or a Red State, that this becomes more importantly an American issue focused on providing the people of our country a quality health care system that will be there for them and their children for the next hundred years to come. What stands in the balance for us as family physicians is to be valued, respected, and paid for the services that we render while administrative simplification of this process occurs to help us do our jobs of delivering health care in our communities and to our patients in a more efficient and effective manner. I would like to ask you all to keep the faith and help make this work for the good of our patients and the communities we all serve. **Onward!** ♦

$$\begin{array}{c}
 \text{Nutrient-Rich Foods} \\
 + \text{Physical Activity} \\
 = \\
 \text{Healthy Lifestyle!}
 \end{array}$$



Imagine a world where children and adolescents are physically active every day, eat a balanced, nutrient-rich diet, and learn lifelong healthy habits. Unfortunately, that is not the world in which today's children live. Far too many grow up in environments where sedentary lifestyles and an excess of nutrient-poor, calorie-dense foods are the norm. Most children and adolescents are falling short on nutrient intake and rates of overweight and obesity continue to rise.

**As health professionals, how can you help?**

Health and Nutrition professionals play an invaluable role in developing the kind of environments that make it easier to make healthy choices. Recommending nutrient-rich foods and beverages—like low-fat and fat-free milk and milk products, fruits, vegetables, whole grains, and lean meats that provide many nutrients for relatively few calories—can help children to meet their nutrient requirements while reducing consumption of empty calories.

**Even more needs to be done.**



Beyond your practice, we need your help to educate your colleagues and increase attention and time in assisting schools in a manner that helps them to foster the development of lifelong habits in sound nutrition and good physical activity in each and every student. Schools offer tremendous opportunities to model and teach healthful eating and physical activity, both in theory and in practice.

Nutrient-rich dairy is critical to child health and wellness and to child nutrition programs. Three daily servings of low-fat or fat-free milk, cheese, or yogurt provide a nutritionally unique source of nutrients children need for healthy growth and development. As a good or excellent source of nutrients, milk also supplies the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.

In the fight against childhood obesity, we can do more than just teach families how to count calories—we can teach them how to make those calories count by making nutrient-rich decisions at home, at school, and on the go.

For more information and tools on how you can

**impact change**

within your practice and community, go to [www.nationaldairycouncil.org/childnutrition](http://www.nationaldairycouncil.org/childnutrition)

These health and nutrition organizations support the nutrient-rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.

**American Academy of Pediatrics, American Dietetic Association, American Academy of Family Physicians, Action for Healthy Kids, National Hispanic Medical Association, National Medical Association, School Nutrition Association.**



# BE OUTSIDE

IDAHO CHILDREN IN NATURE



**BE OUTSIDE**  
IDAHO CHILDREN IN NATURE

*Be Outside* is a collaborative effort among Idaho organizations, whose mission, “connecting children with nature in Idaho, from backyards to mountaintops” is helping children and families across Idaho become more engaged with nature.

The prevalence of childhood obesity has tripled in the past 30 years. This generation of American children may be the first to have lower life expectancy than their parents and it is largely because of a sedentary lifestyle. *Be Outside* encourages children and families to get outside and be active. As a coalition of diverse agencies, organizations and private citizens, *Be Outside* is united in the common cause of empowering all Idahoans to lead healthy lives by developing a sense of place in Idaho’s outdoors.

As a physician, patients seek your guidance in establishing habits that can improve their individual and family health. During office visits you have the ability to promote opportunities for families to improve their health by going outside and getting active. You might share with patients some of the things you yourself enjoy doing when you’re outside and encourage families to take advantage of local recreation opportunities. *Be Outside* has also developed materials such as brochures, posters, stickers, bookmarks and “101 Things To Do Outside” fliers that you can post throughout your office or distribute directly to patients. You could even issue them a “prescription” to get outside and increase physical activity by giving them *Be Outside* Materials. If you are interested in learning more about the *Be Outside* network visit our website at <http://www.visitidaho.org/children-in-nature/>. Or if you would like to request materials for your office please email [beoutsideidaho@gmail.com](mailto:beoutsideidaho@gmail.com). ♦

## ***FDA Licenses New Influenza Vaccine Designed Specifically for People 65 Years of Age and Older***

*Fluzone® High-Dose (Influenza Virus Vaccine) strengthens immune response in the 65+ population, an age group that suffers disproportionately from influenza and its complications.* “In 2011, the first baby boomers will turn 65 and, by the year 2030, the number of adults over age 65 is anticipated to double and surpass 70 million people, or 20 percent of the U.S. population. Fluzone High-Dose vaccine will provide health-care professionals with a new vaccine to help prevent influenza in their patients over the age of 65.” Fluzone High-Dose vaccine was specifically designed to generate a more robust immune response in people 65 years of age and older. This age group typically does not respond as well to the standard dose of influenza virus vaccines as younger individuals because they have weakened immune systems.

***About Influenza Disease in People 65+ Years of Age***—Influenza vaccines have been shown to offer public health benefits in reducing influenza-related morbidity and mortality in older adults. However, as people age, research has shown that the immune system weakens. Older adults are not only more susceptible to infections, but also less responsive to vaccination. When infected with the influenza virus, they are less able to mount an effective immune response to neutralize the attack. Compared to younger adults, people 65 years of age and older suffer disproportionately from seasonal influenza and its complications, including severe illness leading to hospitalization and death. Although this group comprises only 15 percent of the U.S. population, it accounts for 65 percent of the estimated 226,000 hospitalizations and 90 percent of the 36,000 deaths attributed to seasonal influenza and its complications on average each year.

For more information on prescribing information for Fluzone, log on to [www.vaccineplace.com/products](http://www.vaccineplace.com/products). ♦



**2010 First Place,  
Brandon Hausladen  
Southside Elementary,  
Cocolalla, Idaho  
Teacher: Jan Vann**

## IDAHO TAR WARS HAS THE MOST SUCCESSFUL YEAR EVER!!!! THANK YOU!!!

Thanks to all of the wonderful volunteers and to Idaho's Tar War coordinator, Peggy Drzayich, the Tar Wars tobacco-free message reached 190 schools and over 12,000 Idaho students this school year. Idaho has a new poster winner, Brandon Hausladen from Cocolalla, Idaho. Brandon vied for the title of the 2010 Idaho Tar Wars Poster Winner against more than 35 other artists from schools all around the state. Teachers were invited to submit one winning poster from their school for the state contest. The competition was robust which means that there are many wonderful posters for the 2011 Idaho Tar Wars Calendar.

Again, thank you to the many wonderful Tar Wars volunteer presenters who make Tar Wars a success in Idaho.

Suzanne Allen, MD, Boise  
 Brian Anderson, DO, Soda Springs  
 Molly Armijo, MD, Kuna  
 Heather Bagley, NP, Victor  
 Scott A. Baldrige, DO, Mt. Home  
 Penny Beach, MD, Boise  
 Mikael Bedell, MD, Cascade  
 Barry Bennett, MD, Idaho Falls  
 Joel R. Bingham, DDS, Nampa  
 Stephanie M. Brower, MD, St. Maries  
 Vanessa Brown, MD, Orofino  
 Dia Bryne, Boise  
 Dan Buchin, PA-C, Blackfoot  
 Patrice Burgess, MD, Boise  
 Ashley Burt, Moscow  
 Faunda Butler, Kamiah  
 Clay Campbell, MD, Montpelier  
 Don Chisholm, MD, Coeur d'Alene  
 Anne Church, DNP, NP, Boise  
 Mary Curtis, Orofino  
 Jim Dardis, MD, McCall  
 Terry Davenport, DO, St. Maries  
 Keith Davis, MD, Shoshone  
 Ron Dorchuck, MD, Osburn  
 Scott Dunn, MD, Sandpoint  
 Becky Elder, FNP, Boise  
 Kathrine Elstun, MD, Kuna  
 Ted Epperly, MD, Boise  
 T. Barry Eschen, MD, Boise  
 Holly Taniguchi, Fam. Med. Res.-Boise  
 Lisa Redford-Prince, Fam. Med. Res.-ISU,  
 Pocatello  
 Mo FitzMaurice, McCall  
 Michael Foutz, MD, Kuna  
 Autumn Freeland, Meridian

Jacque Freudenthal and the students of the  
 ISU-Dental Hygiene/IDEP, Pocatello  
 Jim Gardner, MD, Caldwell  
 Michelle Gardner, MD, Caldwell  
 Andrew Gilbert, MD, Cottonwood  
 Jeanette Gorman, Orofino  
 Matthew Grimes, Moscow  
 Lane Hansen, DO, Rupert  
 Jeff Hansen, MD, Nampa  
 Kristine Hayes, PAC, Parma  
 Sunday Henry, MD & Kevin Henry, DDS,  
 Moscow  
 Richard C. Hill, MD, Blackfoot  
 Kathy Hite, NP, Boise  
 Bess Isaacson, Lewiston  
 Glenn Jefferson, MD, Lewiston  
 Christopher Jenkins, Pierce  
 Paul W. Johns, MD, Blackfoot  
 John J. Johnson, DDS, Lewiston  
 Evan O. Johnson, DMD, Idaho Falls  
 Andrew Jones, DO, Cottonwood  
 Sean Jones, PAC, Boise  
 Mike Kaylor, MD, Boise  
 Kim Keller, DDS, Nampa  
 Lisa Kern, MD, Boise  
 Mitch Kiester, Caldwell  
 Amy Klingler, PAC, Stanley  
 Daniel Knorpp, DO, Caldwell  
 Michael Lounsbury, PAC, Orofino  
 Tim McHugh, MD, Meridian  
 Brandon Mickelsen, DO, Pocatello  
 Dave Miller, PAC, Rigby  
 John Mullins, Nampa  
 Matthew Nelson, MD, Cottonwood  
 Dee Dee Nielsen, PA-C, Idaho Falls

Sabrina Oldfield, Moscow  
 Flint Packer, DO, Idaho Falls  
 Linda Penwarden, Boise  
 John Peterson, Boise  
 Scott Reed, MD, Kellogg  
 Morgan Renner, RDH, Orofino  
 Kevin Rich, MD, Boise  
 Rosalia Richardson, MD, Boise  
 Misty Robertson, RDH, Council  
 Brad Robertson, DDS, Boise  
 Jennifer Robinson, PA-C, Pocatello  
 Kourtney Romine, Caldwell  
 Timothy Ruth, MD, Boise  
 Shannon Schantz, MD, Emmett  
 Brad Schwartz, MD, Sandpoint  
 Lacy Sheets, Boise  
 Gary W. Soucie, MD, Blackfoot  
 Boyd K. Southwick, DO, Idaho Falls  
 Marvin Sparrell, PA, Boise  
 Nathan Spencer, Boise  
 David Spritzer, MD, Twin Falls  
 Daron Stevens, DDS, Nampa  
 Jeff Swenson, MD, Rupert  
 Jordan Taylor, ARNP, Coeur d'Alene  
 Rick Thurston, MD, St. Maries  
 Bret Timmons, DO, American Falls  
 Gary Tubbs, MD, Boise  
 Neal Webster, DDS, Caldwell  
 Kent Whitaker, PA-C, Lava Hot Springs  
 Scott White, Moscow  
 Troy Williams, DDS, Twin Falls  
 Lore Wootton, MD, Weiser  
 Dustin Worth, MD, Moscow  
 Tammy Wynecoop, Plummer

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# MEDICAL STUDENT SHADOW PROGRAM INCREASES TO 5 DAYS TO HELP IDAHO STUDENTS

Since 2002, the Idaho WWAMI Medical Education Program and the Idaho Academy of Family Physicians (IAFP) have offered a three-day shadowing opportunity with an Idaho primary care physician to Idaho's pre-medical students. Each spring, qualified students apply to participate in the program and are then matched with interested Idaho physicians. This may be the only experience with a primary care physician the student has had up to this point in their education. This introduction to primary care assists the students when making career decisions. We want to persuade Idaho students to choose a career in primary care. With every opportunity comes a challenge.

medical school prerequisite structure and now the majority of **medical schools require students to participate in at least 40 hours of shadowing experience prior to enrolling to medical school.** With the added requirements, we have decided to increase the shadow experience from three to five days. The flexibility of the experience will remain the same, only the timeframe has changed.

If you are interested in participating in the premed shadow program, please contact **Neva Santos at (208) 323-1156 or Idahoafp@aol.com.** Don't let a talented student in your community miss the chance to apply to medical school,

**SIGN UP TODAY ♦**

## THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE NAMES NEW VICE DEAN FOR REGIONAL AFFAIRS

Suzanne Allen, M.D., M.P.H. has been appointed as Vice Dean for Regional Affairs for the University of Washington School of Medicine, effective December 1, 2009.

and fellowship training), regional research networks, and clinical activities. Dr. Allen has been the Assistant Dean of Regional Affairs and Rural Health in the Idaho WWAMI Medical Education Program for more than three years. She has more than 10 years of experience working with medical students education programs and graduate medical education (residency) training programs. ♦

Dr. Allen will have executive leadership responsibility for development and oversight of strategies, policies, procedures, and initiatives to enhance regional medical student education, physician assist education, graduate medical education (residency

### **PRACTICE OPPORTUNITIES**

**The IAFP maintains a list of practice opportunities on our web site at [www.idahofamilyphysicians.org](http://www.idahofamilyphysicians.org). Visit the IAFP web page for current practice openings and other useful resources. If you would like your practice included on this list, contact Neva Santos at the IAFP office at 208-323-1156; FAX 208-323-9661; email to: [IdahoAFP@aol.com](mailto:IdahoAFP@aol.com)**

## **HEALTHWAYS' QUITNET® PROGRAM DEMONSTRATES HIGH TOBACCO QUIT RATES FOR IDAHO PROGRAM PARTICIPANTS UTILIZING NICOTINE REPLACEMENT THERAPY**

*Provided by Project Filter*



### **HEALTHWAYS**

More than one third of Idaho QuitNet Online tobacco cessation program participants have successfully quit tobacco products, according to a recent Healthways, Inc. (NASDAQ: HWAY) survey. QuitNet Online is offered to all Idaho residents through an agreement between Healthways and the Idaho Department of Health and Welfare and provides participants with online professional counseling and access to a comprehensive online tobacco cessation support network.

Healthways surveyed 241 QuitNet participants who registered for the program between Dec. 1, 2008 and Jan. 31, 2009 and engaged in nicotine replacement therapy as part of their cessation plan. Thirty-eight percent of survey respondents indicated that they were not using tobacco products at the time of the survey.

"Only about three percent of people who try to quit tobacco on their own succeed, which is why services such as QuitNet are so important to public health," said Jim Purvis, vice president of product optimization, Healthways. "We are pleased to receive this confirmation that the QuitNet Online program has made such a positive impact in the lives of Idaho residents."

QuitNet Online helps individuals quit smoking and stay tobacco-free through proven scientific methods and online support services. Its services are built on the approaches and practices recommended by the U.S. Surgeon General: personalized content, expert counseling, social support and help selecting and using FDA-approved smoking-cessation medications.

QuitNet's website hosts a thriving online community of thousands of smokers and former smokers who support each other with practical tips and

celebrations of milestones. In addition to this global community, the website provides a suite of interactive tools and features members can use 24 hours a day, seven days a week, for as long as they need it.

Registration is free to all Idaho residents and is available at [Idaho.quitnet.com](http://Idaho.quitnet.com). Starting July 1, 2010, funding to provide 4 weeks of free nicotine replacement therapy will be restored. Patches, gum, or lozenges will be available and will be shipped directly to the smoker's home.

#### **About Healthways**

Healthways is the leading provider of specialized, comprehensive solutions to help millions of people maintain or improve their health and well-being and, as a result, reduce overall costs. Healthways' solutions are designed to help healthy individuals stay healthy, mitigate and slow the progression to disease associated with family or lifestyle risk factors and promote the best possible health for those already affected by disease. Our proven, evidence-based programs provide highly specific and personalized interventions for each individual in a population, irrespective of age or health status, and are delivered to consumers by phone, mail, internet and face-to-face interactions, both domestically and internationally. Healthways also provides a national, fully accredited complementary and alternative Health Provider Network, offering convenient access to individuals who seek health services outside of, and in conjunction with, the traditional healthcare system. For more information, please visit [www.healthways.com](http://www.healthways.com).

Contact: Bruce Middlebrooks  
615-614-4463 or  
[bruce.middlebrooks@healthways.com](mailto:bruce.middlebrooks@healthways.com)

## ***5 MINUTE PARENTING CONSULT: INTEGRATING PRACTICAL AND MEANINGFUL PARENTING ADVICE INTO YOUR BUSY PRACTICE WITH THE MCDANIEL DISCIPLINE SYSTEM***

**SUBMITTED BY LISA DOCKTER MD, BOISE FAMILY PHYSICIANS**

Parenting is like investing in a 401K. Parents need to begin investing early, continue investing even during hard times and remember that it takes years to really reap the rewards. I believe we've all seen parents during the hard times. How much time do you have to spend counseling powerless parents and their out of control children?

The McDaniel Discipline system can be introduced during an office visit to give parents immediate help:

- *To stop temper tantrums, arguing, fighting and defiant behavior*
- *To do homework, chores and follow instructions*

To empower kids to make better choices and rebuild parents' confidence in their own ability to parent.

This novel discipline system was developed by Sandy Spurgeon McDaniel. McDaniel is an educator with 48 years of experience teaching, working with at-risk kids and educating teachers and parents about discipline and child development. She understands that a child is constantly asking, "is this how I use power"? And too many parents allow their children to misuse power. The two parts of the McDaniel Discipline system can be taught in 5 minutes. It's so simple, even stressed out, overwhelmed, exhausted and angry parents can remember to use it and improve consistency.

The Penalty Box-(age 2 and older) a modified time-out; the child sits in a quiet place for as many minutes as his or her age. If the child makes noise, the time starts over. This boring consequence gives immediate feedback that a specific behavior is not acceptable. If the consequence (time) is inadequate to discourage the behavior, then the time in the penalty box is doubled.

The Minute Drill; (age 3 to 18) a unique tool empowers the child by giving the child a minute to

make a better choice. Kids on the minute drill have one minute to do what you asked them to do or get the consequence. The minute drill can also be used as a countdown clock (5-4-3-2-1) to stop unwanted behaviors, such as temper tantrums, or get the consequence.

The consequence is represented by an object such as a penny. Each penny costs minutes off a fun activity... lost time playing video games, time with friends, playing at park, swimming in the



pool, watching TV etc. For example, a 10 year old won't get dressed for school; parent states, "You are on the minute drill." Kid still refuses to get dressed in first minute; 1 penny. The clock continues and he gets "pennies" until he gets dressed. That night, he wants to watch his favorite TV show. He misses the first 20 minutes because he has 2 pennies from earlier that day. Advantages of the minute drill:

- *Easy- training to a single consequence... 'a penny'*
- *Convenience- the penny goes into a jar to be served at a time convenient for the parent (great for working parents)*
- *Fair- the parent doesn't even have to think about what the consequence will be in the heat of the moment so they are less likely to use overkill*

Fast- incentive for the child to make better choices... losing part of fun activities is more effective than taking away whole things.

References:

Don't Feed the Dragon by Sandy Spurgeon McDaniel  
ParentingSOS.com ◆



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