



# SOUTH DAKOTA ACADEMY OF FAMILY PHYSICIANS NEWS

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## Presidential Ponderings



Aaron Shives, MD  
SDAFP President

By the time you read this, two months will have passed since we had our fantastic Winter Conference in Spearfish. Each year it continues to expand. I was very pleased this year that we had so many students and residents that were able to attend. The board has looked at all the comments that have come in and we will take every one of them into consideration as we plan for the future.

An idea that was discussed recently was the plan for a short summer conference in the eastern part of the state. Most likely it will be held in Sioux Falls as it offers more for families that might want

to come along. We are still in the infant stages of that process, but some very good ideas have been brought forward. Keep a watch on your emails for more information as it becomes available.

I read the other day that the match numbers for family medicine have increased by about 70 residents this year. I believe we are going to see a significant change over the next 3-5 years as those who control the medical purse strings see that the most efficient care is in primary care. We will continue to work closely with our colleagues in pediatrics and internal medicine to make sure this fact is heard by not only our patients but also by the people in Washington. Everyone hears the word crisis, it is actually used too much but looking at the number of students going into primary care and then comparing that to the individuals that are going to

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Several Students and Residents who attended the SDAFP Winter Seminar!



President continued from page 1

need increased health care this is one crisis that is not going to go away quickly. The sooner it is addressed the sooner we can begin working on a solution.

One of the major things I would like to accomplish this year is to get more involved in the pre-med organizations that are established in the universities. I know USD has one, SDSU also has one that I am trying to work with and offer our help in the form of getting together and meeting the students that are interested in medicine; answering their questions etc. I feel we need to get the best and brightest students involved in medicine and what better place to catch them than in the pre-med classes. On a similar note, I hope you are keeping an eye open for students that you see, primarily in high school, who would be good physicians and let them follow you around for half a day and let them see what family medicine is really like. There have been some concerns that this would be a HIPPA violation, that is absolutely not true, as long as the student signs a confidentiality paper and the patient is aware of and agrees to have the student present, there should be no problem what-so-ever. When I have students with me I do not have them in for breast or pelvic exams, however they get to see a lot of other aspects of medicine. I would encourage you to seek out those students you think would be great physicians and encourage them to check into family medicine as a career.

I know that I speak for the board in that we are representing the family physicians across the state and if there is anything we can do to help you with any special concerns please, by all means, let us know! We have Carletta as our Executive Director who does a fantastic job and makes our life so much easier!

Here is my email address so that if you would like to contact me directly, you can. [Aaron.Shives@brownclinic.org](mailto:Aaron.Shives@brownclinic.org)  
Have a GREAT SPRING!

**Aaron Shives, MD, FAAP**

## South Dakota to Apply for Innovative Electronic Health Record Demonstration

South Dakota eHealth Collaborative along with other healthcare stakeholders will be working together to submit a statewide application for the Innovative Electronic Health Record Demonstration project through Centers for Medicare/Medicaid Services (CMS). During a recent visit to South Dakota acting Administrator Kerry Weems encouraged SD to apply for this innovative opportunity. The demonstration project will provide incentives to Medicare participating primary care providers to implement an electronic medical record (EMR) in their practice.

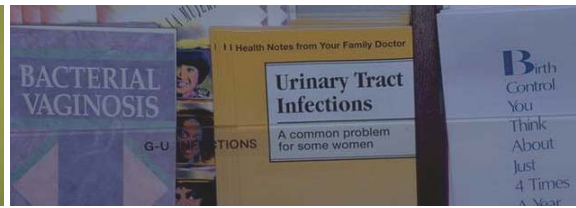
Under this five year project providers would be eligible to receive up to \$58,000 per provider or \$290,000 per practice to implement a certified EMR. For this demonstration nearly 200 practices will be sought to participate and it is the goal of South Dakota's application to include providers from all areas of the state including our rural and frontier regions. The intent of the demonstration project is advance the adoption of health information technology in primary care physician practices.

Applications for this project are due by May 13, 2008 and the 12 projects that will be funded will be notified in early June 2008. If chosen, South Dakota and CMS will begin to recruit primary care practices from around the state to participate. The demonstration is targeted at small to medium primary care practices consisting of one to 20 physicians. Offices that are chosen for this project will be expected to have implemented a certified EMR by the end of the second year of the five year project. South Dakota will need to assist in recruiting a minimum of 150 small –medium sized primary care practices to participate. Once the practices are identified CMS will administer the remainder of the demonstration project. Of the 150-200 sites participating half will be a control group that will not receive funding but may move forward with implementation on their own.

For more information about this demonstration project please visit the CMS website at <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1204776>.

### Thank you to the following Sponsors of the 2008 SDAFP Winter Seminar!

Abbott; Amgen; Ask and Act/Tar Wars; Astellas Pharma US; Astra Zeneca; Avera Health; Bohringer Ingelheim; SD Beef Industry; Bristol, Myers Squibb; Dakota Care; Daiichi Sankye, Inc.; SD Oral Health Coalition; Forest Pharamceutical; Glaxo, Smith, Kline; Huot Intruments; Indian Health Services; Eli Lilly; Midwest Dairy; Myloyke Healthcare; Novartis; Ortho McNeil; Partnership for Rx Assistance; Pfizer; Proctor and Gamble; RC Regional Rehab; Sanford Health; Sanofi Aventis; Schering Plough; SD Department of Health Disaster Preparedness; Sepracor; SD Army National Guard; SD Voices for Children; Takeda; Tap; Wellmark Blue Cross and Blue Sheild; Wergner Health Science Center; Wyeth!



## News from the Rapid City Regional Hospital Family Medicine Residency Program



**Sarah Schatz, MD**

The residents from the **RCRH Family Medicine Residency Program** would like to thank the SDAFP Board and planning committee for the financial support that allowed them to attend the SDAFP Winter Meeting in February.

2008 represents the 10-year anniversary of our first full class of Family Medicine graduates. There are 59 graduates of our program with 28 currently practicing in South Dakota and another 18 in our 5-State Region.

Our Residency Program recently received a full 5-year accreditation from the ACGME with zero concerns or citations.

The residents we would like to introduce this quarter are **Dr. Sarah Schatz** and **Dr. Derrick Dvorak**.

**Dr. Schatz** grew up in **New England, North Dakota**, a farming community located on the southwestern corner of the state. She earned **Bachelors Degrees in Political Science and Forensic Science from the University of North Dakota**. Sarah continued her studies there, and earned her **Doctor of Medicine Degree in 2005**. She joined our program that same year.

During Medical School Sarah participated in the ROME (Rural Opportunities in Medical Education) in Hettinger, ND and also traveled to Honduras for a medical mission trip. She is currently a third-year resident and has been chosen by her peers to represent them as one of their two chief residents during this academic year. After graduation in June Sarah plans to practice in a small community in either North or South Dakota.



**Derrick Dvorak, MD**

**Dr. Derrick Dvorak** spent his childhood in **Minnesota and South Dakota**. He attended **Black Hills State University** then the **University of South Dakota** where he earned a **Bachelor's Degree in English with a minor in music**. During college he worked as the associate director of the Baptist Campus Ministries and was part of the South Dakota National Guard Army Band.

**Derrick** graduated from the **USD School of Medicine in 2002** and went on to complete a **general surgery internship at the University of Minnesota**. After completion of his PGY1 year he accepted a **House Officer** position in an **orthopedic surgery program at St. Vincent's Hospital in New York City**. Realizing that the surgical suite was not where he wanted to spend his career, Derrick gave up his House Officer position and began working as a musician in New York City. He joined our program in 2006. After graduation Derrick plans to practice in South Dakota.

### **Partnership for Prevention**

Despite being overwhelmingly preventable, tooth decay is the most common chronic infectious disease in children today. As a result thousands of South Dakota kids suffer needlessly from pain caused by cavities and dental disease.

While parents may not know it, they may unintentionally be spreading cavity-causing germs to their babies by sharing utensils, cups, or toothbrushes or by "cleaning" a

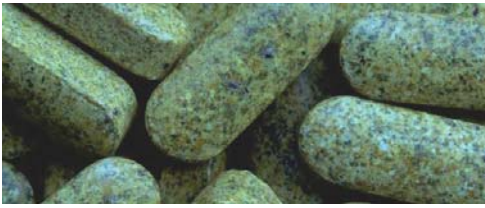
baby's pacifier by putting it in the parent's mouth "Babies are not born with the bacteria (germs) that cause tooth decay," says Dr. Thane Crump, a pediatric dentist from Watertown, South Dakota. "Parents and caregivers alone are responsible for passing the germs to their children through the exchange of saliva,"

The good news is that parents can help prevent tooth decay by stopping the spread of germs, brushing a child's teeth daily beginning as soon as the first tooth appears, and looking in their child's mouth for signs of cavities or swollen or bleeding gums. **Family physicians can also help parents improve their child's oral health with two new tools.**

**First**, providers can take a **one-hour CME course** on how to do oral health risk assessments, provide anticipatory guidance, and how to apply fluoride varnish. **The South Dakota Oral Health Coalition will provide this presentation for you and your staff at your clinic** if you invite them to do so. If you would like to have the presentation provided at your clinic contact the South Dakota Dental Association by telephone at: 605-224-9133; or, by email at [paul@sddental.org](mailto:paul@sddental.org).

**Second**, providers can apply fluoride varnish. The Department of Social Services provides reimbursement to medical providers in South Dakota for applying fluoride varnish on the teeth of young children in the Medicaid Program. **The Medicaid program will reimburse \$18 for a fluoride varnish application on children under the age of six, up to three times per year.** Providers must use the HCPC procedure code D1203.

While dental offices have been reimbursed for this procedure for several years, reimbursing medical providers for the procedure is a recognition that children under the age of three are much more likely to be seen by medical providers than by dentists. Because fluoride varnish is an efficacious tool in preventing tooth decay, reimbursing medical providers for the procedure is a win-win scenario for children, providers and the Medicaid Program.



FDOY Robert Seidel and family



Lori Krome, MD  
SDAFP Past President



AAFP President Jim King  
Installs  
Dr. Aaron Shives  
as SDAFP President



Family Doctor of the Year 2007



Dr. Jim King, MD Selmer,  
TN AAFP President  
Addresses the members at  
the President's Reception

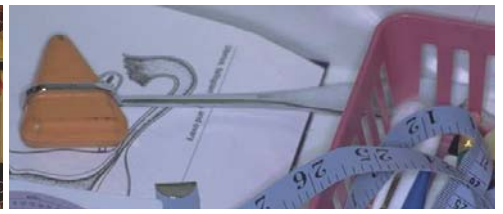
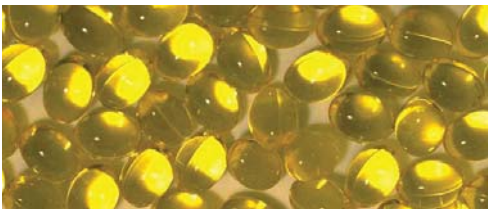
# 2008 SDAFP Winter Seminar MEMORIES



Dr.'s Nord, Elston, Hermann and Honke



Residents Enjoy Lunch at the Lodge



The Amazing Budabi Brothers



Newly Elected Vice President Susan Anderson, MD and spouse



Thanks for attending Princess!



Dr. Kevin and Mrs. Bjordahl,  
Dr. Paul Amundson and  
AAFP President Dr. Jim King



Greg Hanson  
Reception Dance



His Roayal Highness The King, I mean,  
SDAFP President and Mrs. Aaron Shives



## **Tobacco Control Advancement in South Dakota**

Although progress is coming at a very slow pace, tobacco control in South Dakota is making real advancements. South Dakota along with seven other states have passed increases in tobacco taxes. With **South Dakota's tax at \$1.53 per pack**, we are above the national average. The **SD Department of Health** has started several new programs benefiting from a 5 million dollar per year mandate from this new tax. The **SD Quit Line (1-866-SDQUITS)** now covers Chantix and has had a significant increase in its calls.

In the past year, six more states have passed total smoke-free laws that include restaurants and bars, bringing the total to 22 states altogether. In the other states, a multitude of communities have similar laws, and now well over 50% of the American public live in areas where tobacco is totally banned outside of the private home. South Dakota has a very strong preemption law that prohibits communities from acting on tobacco issues and places that power entirely at the state legislature. Our 2008 legislature again refused to reverse this preemption law.

Secondhand smoke contains more than 50 cancer-causing chemicals. The surgeon general states there is no risk-free level of exposure to secondhand smoke. The entire nation is rapidly moving towards clean indoor air. It is time we in SD seriously consider that we, too, could live in a smoke-free world!

The **American Academy of Family Physicians** is also doing its part by aggressively

asking each family physician to "ASK AND ACT." We need to ask every appropriate patient if they use tobacco and then be willing to act on that information. To learn more about this program and to receive free tobacco cessation resources go to [www.askandact.org](http://www.askandact.org). This Web site includes links to CME, advocacy information, patient education materials, and other practice resources.

Smokers tell us that they really want to quit, but they need help. No one is better suited for that job than the American Family Physician~ Warmest Regards, **Dr. Allen Nord**

award. Governor Michael Rounds had prepared a special proclamation proclaiming Friday February 8, 2008 as Family Physician Day in SD and honoring Dr. Seidel as the FDOY.

**Dr. Seidel** is currently employed at the **Family Health Care in Sioux Falls, SD**. He has been in practice since 1980. He completed his undergraduate studies at The University of South Dakota School of Medicine. (Currently known as the Sanford School of Medicine) He then completed his residency at the Sioux Falls Family Practice Residency.

He has been married to his wife Marilyn for 29 years. She has been an oncology nurse for 25 year and is currently employed by Dr. Mc Hale in Sioux Falls, SD.

Together they have two daughters Erin 23 and Molly 21. Erin is a recent graduate of Augustana College in SF and is her first year of medical school at the Sanford School of Medicine in Vermillion. Molly is a junior nursing student at SDSU.

Dr. Seidel is an Elder in his church and has served on many committees. He has spent most of his life being involved with the interests of his children- spending many hours at soccer and with his daughter Molly working on her equestrian talents.

We are very proud of Dr. Seidel, a physician who was born, raised and schooled in SD and who now takes care of SD patients!

**SAVE THE DATE!**  
**FEB 5-7, 2009**  
**SDAFP**  
**WINTER SEMINAR**  
**SPEARFISH, SD**

### *Congratulations* *Dr. Robert Seidel* South Dakota Family Doctor of the Year 2007

Dr. Robert Ray Seidel of Sioux Falls was named SD Family Doctor of the Year during the SDAFP 2008 Winter Seminar in Spearfish, SD held February 7-9.

Dr. Seidel received his award at the President's reception held on Friday February 8, 2008. Dr. Dan Reiffenberger presented the

# A Simple Nutrition Prescription



*Fruits, Vegetables, Whole Grains and Low-Fat and Fat-Free Milk and Milk Products*



The simplest advice is often the best advice – that’s why it’s still the best advice for your patients two years and older to eat more fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products to get the nutrients that are often lacking in their diets.

So forget the here-today, gone-tomorrow trends that only seem to complicate and confuse matters – give your patients time-tested advice. Follow the steps outlined in the 2005 Dietary Guidelines for Americans and emphasize increased consumption of the four “Food Groups to Encourage.”<sup>1</sup> You’ll help your patients get the key nutrients they need for a lifetime of good health.

Together with suggesting regular physical activity, that’s a prescription for success.

**For more information on the USDA 2005 Dietary Guidelines and the health benefits of dairy foods, visit [www.nationaldairyCouncil.org](http://www.nationaldairyCouncil.org).**

<sup>1</sup>U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2005. 6th Edition. Washington, D.C.: U.S. Government Printing Office, January 2005. [www.healthierus.gov/dietaryguidelines.com](http://www.healthierus.gov/dietaryguidelines.com)



American Academy of Family Physicians



American Dietetic Association  
[www.eatright.org](http://www.eatright.org) | Your link to nutrition and health™



Action for Healthy Kids™



NHMA  
National Hispanic Medical Association



National Medical Association



NATIONAL DAIRY COUNCIL®

American Academy of Pediatrics



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SIOUX FALLS, SD

## 2008 Winter Ski Seminar Entertainment THE AMAZING BUDABI BROTHERS



Swords, Flaming Stakes, Indian Clubs  
You name it they could juggle it!  
Not only that they taught our members  
and children to juggle!