



SOUTH DAKOTA ACADEMY OF FAMILY PHYSICIANS NEWS

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Presidential Ponderings



Aaron Shives, MD
SDAFP President

Recently I was eating breakfast at one of my favorite early morning cafes; a place where you can sit down, eat a leisurely meal and drink a cup of coffee, that is, unless somebody stops by to mention something about health care or about the local football team. I don't know about you but I like to try and read early in the morning during a quiet breakfast like this, sometimes on weekends, or else late in the day after the patients are gone during the weekdays. This particular day my wife and I were having breakfast together when I heard someone at the next table comment something about his friend sees a specialist for a particular medical problem, "not a family doc". I guess it is a little bit of my Irish temper that makes me

want to correct them and explain that family physicians are specialists all on their own, and cardiologists, pulmonologists, etc. are sub-specialists. Sometimes I take this as a chance to quiz them on what a specialist is and try to educate them about the field of family medicine and what it takes to be a family physician. I have come to realize that it is a lot like trying to tell somebody what it is like to be on call or to go through medical school and residency. The general public does not understand what it is like and they never will. Only those that have done these things can really comprehend what it is like, so instead of getting upset with them I try and take the time to explain what a family physician does and what the specialty entails.

The same goes when I have a medical student who is doing a rotation with me. I take the time to explain that family medicine is a broad range of medicine and that you actually have to be well versed, intelligent and flexible to go into this particular field.

I have talked to a lot of medical students
continued on page 2

SDAFP 2009 Winter Seminar FEATURING DR. DAVID SLAWSON

Dr. David Slawson, the B. Lewis Barnett, Jr. Professor of Family Medicine, Director of the Center for Information Mastery. He holds a joint appointment as Professor in the Department of Health Evaluation Sciences. Dr. Slawson is a graduate of the University of Michigan School of Medicine and completed his postdoctoral training in Family Medicine at the University of Virginia. He returned to the University of Virginia in January 1994.

Dr. Slawson is one of the innovators and creators of the Information Mastery paradigm used for teaching the application of best evidence to clinical practice. Dr. Slawson has published extensively in this area and directs an annual course at the University that attracts medical educators and practicing clinicians from around the world. He also serves as and is a member of the editorial board for The Journal of the American Board of Family Practice, the American Family Physician, and BMJ USA. The design and focus of the Center for Information Mastery project builds upon Dr. Slawson's work in the area of information and evidence-based medicine.



President continued from page 1

that do not like the thought of trying to know so much about so many different topics and would rather just concentrate on one particular area. There is nothing wrong with that since not everybody is cut out for the specialty of family medicine. South Dakota State University has its slogan "you can go anywhere from here". I would like to think the same holds true of family medicine. As a family physician you can go anywhere, do about anything that you are qualified to do. As a sub-specialist you are limited to certain areas where you can practice just because of the population density. I try to show the students what it is like to sit down in a café and people say "hey, doc", to be able to follow closely the local sports team and be actively involved with them. If there is a particular area of medicine that you were especially interested in such as geriatrics, OB, sports medicine, procedures, etc. then you can do more in those particular areas just because you can be more flexible. This is not to say that every day is rosy and everything goes as planned but as one of my partners has stated "there is really nothing else in my life that I would rather do".

The AFP scientific assembly will be coming up in a couple of weeks. I do not know if you have ever had a chance to go to it. Last year was my first chance to attend and I was impressed with the various topics that were presented. The topics ranged anywhere from updates on pulmonary function testing to computers to about any topic that you could think of. If you have not had the chance to attend I would encourage you to do so at least once to see what our national organization is doing.

If you don't get a chance to attend the National meeting you will have a great chance for CME and fun at the SDAFP Winter Seminar coming up in February with our main topics including Hospital Medicine and Infectious Disease and a variety of topics such as: Tourette's Syndrome; Oral Lesions; Anxiety Disorders; Finding Evidence in Everyday Practice and many more! For those of you that do not know who Kenny Putnam is (Carletta has been putting that on the bottom of every note that she sends out), he is a fantastic fiddler who is one of the best in the business and lives in Rapid City. We had a chance to hear him a couple of years ago and he does a fantastic job. So mark your calendars now and arrange your call schedule to see if you can try and make it to this. To me the conference just seems to get better every year. If you haven't been there for years I can safely say it has definitely changed.

Hope you have a great fall and if you have any questions or special concerns, please let me know at Aaron.Shives@brownclinic.org.

Sincerely,

Aaron Shives, MD, FAAP

President Elects Thoughts

Greetings to all. I hope everyone is having a good summer. As always, it seems like it goes by too fast. I had planned to write something about my attendance at ALF shortly after returning, and realized the other day, it has been nearly 3 months ago already.

This was my third time attending ALF. I attended my first ALF in the early 1990's when I was in residency, and twice more recently. This conference continues to be one of the best conferences available for Family Physicians. It is very motivational, and can be depressing at the same time, when we hear about all the changes and challenges facing medicine and primary care. This year we had some excellent speakers and excellent topics. The leaders of the AAFP are involved in policy making at an unprecedented level. The healthcare crisis is alive and continuing to spiral out of control.

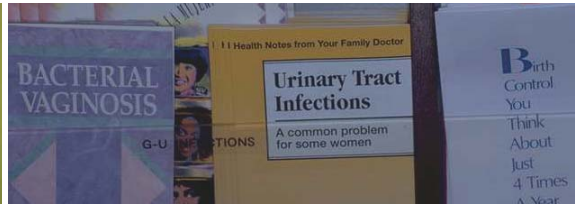
Dr. Shives our current SDAFP president, and I attended lectures/presentations on the primary care shortages, managing change, problematic and practical aspects of healthcare policy, strategic planning, and innovations in advocacy, as well as other similar presentations. We attended a breakfast with Dr. Jim King our current AAFP president that was very enlightening. At the national level, our leaders are meeting with some of the major policy makers in Washington, D.C. It was noted that the money available through the FamMedPac has opened some doors to meet with people that previously were unapproachable. Please consider giving to this Pac annually.

Paul Grundy, MD from IBM discussed how Corporate America is looking to primary care and specifically to the AAFP to partner with to develop innovative approaches to caring for their employees and families.

We had the opportunity to hear first hand from some of those involved with the "primary care coalition". We learned about the certification process for making your practice a "medical home". Pay for performance is coming, like it or not. We discovered that the AAFP is working hard to make this palatable, and practical. The AAFP website is loaded with detailed information about all these topics, and I would encourage all of you to spend some time looking at this information. As I said earlier, it can be frustrating and depressing, but change is coming, and I believe we as Family Physicians can help keep some common sense in the policies that are being made if we stay involved and informed.

Please let us know how your chapter can assist you as we all go through these changing times. I look forward to seeing you at the Winter Seminar in Spearfish, Feb 2009.

Mikel Holland, MD



State's child health program implements new benefits

PIERRE, S.D. – In today's economic climate, many of us are being challenged to meet all the financial obligations we have, and this can be even more of a challenge for families with children that have chronic medical conditions. In response to this need, the South Dakota Department of Health is implementing new benefits under the Children's Special Health Services (CSHS) program.

Funded through federal and state monies, the CSHS - Health KiCC program (Better Health for Kids with Chronic Conditions) provides financial assistance for procedures, treatments, medications and travel reimbursement for children with chronic health conditions.

Effective August 1, 2008, the CSHS-Health KiCC program will increase financial eligibility guidelines from 225% to 250% of federal poverty guidelines. In addition, CSHS Health KiCC will provide increased coverage for eligible services to 100% after other third party payments for all eligible families. Mileage reimbursement is available for medical appointments specific to the coverable condition. Care coordination services are also available upon request and could include connecting to other resources, identifying options for a family's needs, or helping prepare the child for transitions at daycare and school.

To be eligible for CSHS-Health KiCC the child must:

- Be a South Dakota resident
- Be under age 21
- Have a chronic medical condition that is coverable by CSHS-Health

KiCC

- Meet CSHS-Health KiCC financial criteria

To request an application packet for CSHS Health KiCC or find out more about the program call 1-800-305-3064 or email dohcshshealthkicc@state.sd.us. More information about the program is also available on the web at <http://children.sd.gov>.

State seeks electronic health record applications

PIERRE, S.D. – South Dakota's eHealth Collaborative is seeking applications for a national electronic medical records project announced in June by U.S. Secretary of Health and Human Services Mike Leavitt. South Dakota is one of just four sites in the nation chosen for the immediate phase of the demonstration project, which will offer financial incentives to physician practices to implement electronic health records for patients. An additional eight sites will be implemented later in 2009.

The goal of the five-year demonstration project is to encourage primary care physician practices to use electronic health records (EHR) to improve the quality of patient care. Participating practices will receive financial incentives for using certified EHRs to improve quality as measured by their performance on specific clinical quality measures. Additional bonus payments will be available, based on a standardized survey measuring the number of EHR functionalities a physician practice has incorporated.

South Dakota's project is working to recruit physicians in small or medium-sized clinics, particularly in rural areas,

with 20 or fewer physicians and at least 50 Medicare fee for service beneficiaries for which they provide primary care services. To be eligible, the practices must be primary care, internal medicine, family practice, general practice or gerontology.

Beginning September 2, interested physician practices can request application packets at the South Dakota eHealth Collaborative website, www.ehealth.dsu.edu. Completed applications are due November 26 and successful applicants will be notified in March 2009. Demonstration projects will begin June 1, 2009.

South Dakota's application was submitted by the eHealth Collaborative whose members include health systems, insurers, health care industry organizations and state government. The state's Zaniya Health Care Task Force identified using health information technology to promote quality and efficiency as one of 16 key recommendations for improving insurance coverage in South Dakota.

SAVE THE DATE!

FEB 5-7, 2009

SDAFP

WINTER SEMINAR

SPEARFISH, SD



NEWS FROM THE RAPID CITY REGIONAL HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM (information provided by Ruth Thatcher, MD)

Our graduation ceremony was held on June 26th. Our 2008 graduates are Drs. Geniel Harrison, Wayne Plooster, and Sarah Schatz. Geniel Harrison, MD is now practicing at the Indian Health Service Facility at Ft. Yates, North Dakota. Wayne Plooster, DO stayed in Rapid City and is working at Sioux San Hospital. Sarah Schatz, MD has joined a practice in Jamestown, North Dakota. Congratulations to Geniel, Wayne, and Sarah.

That same week we welcomed our incoming class of first-year residents:

- Joel Brink, MD - University of South Dakota, Sanford School of Medicine
- Sarah Durney, MD - University of Washington School of Medicine
- Sarah Fatland, DO - Des Moines University Osteopathic Medical Center
- Thuc Huynh, MD - Medical University of the Americas
- Michelle Kompare, MD - University of Nebraska College of Medicine
- Matthew Told, DO - Nova Southeastern University, College of Osteopathic Medicine

Dr. Lois Becker received the Sanford School of Medicine Department of Family Medicine Resident Teacher Award and Dr. Ayodele Ogunremi received the Teacher of the Year Award for the 2007-2008 academic year. Congratulations to Drs. Becker and Ogunremi.

DEPARTMENT OF FAMILY MEDICINE (information provided by Bruce Vogt, MD)

Awards:

- G. Michael Tibbitts, MD received the 2008 Dept. of Family Medicine Educator and Scholar Award
- Lois Becker, MD received the 2008 Dept. of Family Medicine Resident Teaching Award
- Robert Wenger, MD received the 2008 Edward J. Batt, MD Memorial Award

The dedication of the new Lee Science Building in Vermillion was held on September 5, 2008.

The Sanford School of Medicine is hosting a summit on September 29, 2008 in Sioux Falls to develop strategies for the planned submission of an Area Health Education Center (AHEC) grant for South Dakota.

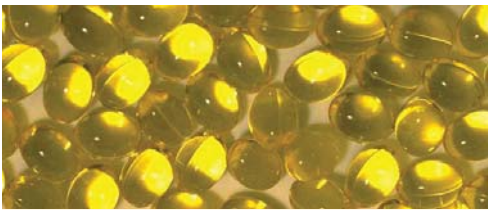
Co-leaders of the AHEC planning effort are Dr. Lori Hansen, Yankton Campus Dean, and Dr. H. Bruce Vogt, Professor and Chair of the Dept. of Family Medicine. The key component of the grant will be class expansion emphasizing rural health care education. The Dept. of Family Medicine is the lead department for the endeavor. The summit will be facilitated by Dr. Sidney Goss of the Rapid City School of Mines and Technology and the keynote speaker will be Dr. Thomas Bacon, Director of the North Carolina AHEC. Dr. Goss is well versed in health care having facilitated the health care workforce summit for the South Dakota Dept. of Health. Dr. Bacon has held numerous leadership positions at the national level for AHECs.

The Sanford School of Medicine's annual education retreat will be held on October 14th and 15th, 2008. The focus of the retreat this year is the school's self-study in preparation for the Liaison Committee on Medical Education's accreditation site visit on October 18-22, 2009.

Wellmark Blue Cross and Blue Shield Collaboration

Helping primary care physicians improve their generic prescribing rate is one of the goals of the Wellmark Blue Cross and Blue Shield Collaboration on Quality Incent and Reward Best Practices program. Wellmark, along with its pharmacy benefits manager, Catalyst Rx, can provide generic utilization reports for their Wellmark patients as well as analysis of possible generic alternatives that may help lower their patients' out-of-pocket pharmacy costs and help to increase compliance. If you would like to receive a generic utilization report, please contact Kibbi McCormick at (605) 323-7118 (office), (402) 206-6567 (cell), or via e-mail at kmccormick@catalystrx.com.

In addition, Wellmark and Catalyst Rx will be teaming up again to provide cold kits free of charge to primary care physicians in South Dakota. Each cold kit contains items such as over-the-counter pain relief, hand sanitizer, and chamomile herbal tea, to help treat the symptoms of a common cold. The cold kit is designed to help physicians educate their patients about antibiotic resistance and why antibiotics are ineffective for treating viral infections. Please contact Kibbi if you are interested in receiving cold kits for the upcoming cold and flu season.



Ray Saputelli CAE Vice President of the NJAFP leads the discussion at our planning session.

Dr. Susan Anderson and Jason Knutson



Dr. Aaron Shives, Tom Dean and Mikel Holland

Ray Saputelli and Jason Knutson
Go to the SDAFP website and see the results of our Strategic Planning Session:
<http://www.sdafp.org>





**SD Tar War's Poster Contest Winner
LOCAL STUDENT TEACHES
ABOUT DANGERS OF TOBACCO**



Krysten Kelly, a sixth-grader from Rapid City and South Dakota winner in the 2008 Tar Wars poster contest, traveled with her family to Washington, D.C. to participate in the national poster contest and awards ceremony. Tar Wars is a tobacco prevention program that brings local family physicians and health care providers into schools to teach students about the effects of tobacco on the body and how different messages in tobacco advertising influence people. Her trip was sponsored by the SDAFP and the Tobacco Free Kids Network!

The Tar Wars awards ceremony was held July 21 and 22 in Washington, D.C., where the original artwork was on display. Krysten's poster depicted a hip-hop dancer and was themed "Dance to being Drug Free". She will attend Douglas Middle School. She was joined on the trip by her parents Mike and Cary and her brother Kennan Kelly.

As part of the Tar Wars program, the state winners saw the sights in the Washington, D.C. area and visited their U.S. representatives and senators. Krysten visited Senator John Thune and felt he really agreed with her about the dangers of smoking. There were lots of things she liked about the convention and Washington DC with the Capital and the White House being at the top of her list!

When asked what she would say to young people who are tempted to start smoking

she replied, "I would tell them to look at the labels or ingredients (if it has any) and look at people who do smoke and see how they turn out (health wise) in the future!"

**PARENTS ARE SPREADING
CAVITY-CAUSING GERMS**

While they may not know it, parents are spreading cavity-causing germs to their babies. Cavities are not only painful for babies, but they lead to tooth decay. And since baby teeth hold space for adult teeth, a baby needs healthy teeth and gums to enjoy better overall health.

"Babies are not born with the bacteria that cause tooth decay," says Dr. Thane Crump, a pediatric dentist from Watertown. "Parents and caregivers alone are responsible for passing the germs to their children."

Dr. Crump says that parents commonly pass along cavity-causing germs by "cleaning" a baby's pacifier by putting it in the parent's mouth and by sharing a spoon, bottle or cup after testing the temperature of the baby's food or drink.

Despite being overwhelmingly preventable, cavities remain the single most prevalent disease of childhood – five times more common than asthma. The good news is that parents can help prevent tooth decay in their children by stopping by spread of the bacteria.

Physicians can help parents by detecting dental disease in children. Physicians should look in the mouths of all young children they examine and provide parents with anticipatory guidance on oral health as needed.

Physicians can also help by applying fluoride varnish to the teeth of their young patients. Fluoride varnish

is a topical agent that is "painted" on the teeth of patients with risk for dental caries. It has been proven to be one of the most effective ways to retard, arrest and even reverse early dental caries. Fluoride Varnish must be prescribed and its application may be delegated. The procedure can be reimbursed through Medicaid for children under the age of six, up to three times per year. The HCPC procedure code is D1203.

Any physician or medical provider interested in more information about children's oral health, or fluoride varnish, can request a one-hour presentation to be provided in-office. The presentation is provided by a local dentist and includes how to do oral health risk assessments, provide anticipatory guidance, and apply fluoride varnish. The presentation qualifies for one contact hour of CME and is appropriate for physicians, PAs, nurse practitioners and nurses. Contact the South Dakota Dental Association by telephone at: 605-224-9133; or, by email at paul@sddental.org.

Oral Health CME Guide

How primary care providers can help prevent the most common chronic infectious disease in children today.

Thousands of South Dakota kids suffer needlessly from tooth decay and dental disease and the CDC has documented that the problem is getting even worse for children under the age of five.

Detecting dental disease early is critical for prevention. You can help your young patients by applying fluoride varnish to their teeth and providing families with anticipatory guidance on oral health.

If you would like more information about children's oral health, a one-hour presentation, provided by a local dentist, is available and includes how to do oral health risk assessments, provide anticipatory guidance and apply fluoride varnish.

The presentation qualifies for one contact hour of CME and is appropriate for physicians, PAs, nurse practitioners and nurses. If you would like to have the presentation provided at your clinic, or want more information about fluoride varnish, contact the South Dakota Dental Association by telephone at: (605) 224-9133 or by e-mail at paul@sddental.org.



NEWSPAPER

HEALTH & NUTRITION

Nutrition recession: too many calories, too few nutrients

Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to better health.

Eating nutrient-rich foods first is a solution, experts say

Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat, and grains. Recent research shows consumers view the nutrient rich foods approach to eating

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Nutrient Rich Foods



Six key criteria for nutrient profiling systems*

Objective	based on accepted nutrition science and labeling practices
Simple	based on published daily values and meaningful amounts of food
Balanced	based on nutrients to encourage and nutrients to limit
Transparent	based on published algorithms and open-source data
Validated	against measures of a healthful diet
Consumer-driven	likely to guide better food choices and more healthful diets

* Nutrient profiling is the science of ranking or classifying foods based on their nutrient composition. (Drewnowski A, Fulgoni V 3rd, "Nutrient profiling of foods: creating a nutrient-rich food index," Nutrition Reviews, Jan 2008.)

In recent years, Americans have learned **how to eat** by learning **what not to eat**. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans “get more nutrition from their calories,” as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food’s total nutrient package rather than solely on what to avoid, such as calories or fat.

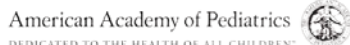
The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach

can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to **what to eat**.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn’t have to be difficult, stressful, or negative. Visit www.3aday.org for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.



These health and nutrition organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.





SOUTH DAKOTA ACADEMY OF FAMILY PHYSICIANS

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SD Oral Health Coalition

Takeda Pharmaceuticals

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Wyeth

Wellmark Blue Cross and Blue Shield

Thank you for supporting our conference!

Thursday Feb. 5, 2009		
6:45-7:45 AM	Annual Meeting	
7:45- 8:45 AM	CHF	Maryl Johnson, MD
8:45-9:05 AM	Exhibitors Break	
9:05-10:05 AM	Mastery: Finding The Best Evidence for Everyday Practice	David Slawson, MD
10:05-10:20 AM	Exhibitors Break	
10:20 – 11:20 AM	Don't Panic: Basic Statistics You Can Understand	David Slawson, MD
11:20 – 11:50 AM	Pre-op Evaluation	Maryl Johnson, MD
12:30-2:00	Chronic Obstructive Pulmonary Disease: Using Spirometry to Diagnose COPD in the FP Office	Barbara Yawn, MD
2:00-3:00 PM	Hunting and Foraging Tools	David Slawson, MD
5:30 – 6:00 PM	Staph Aureus Sepsis	Jorge Reyno, MD
6:00-6:15 PM	Light supper	
6:15-7:00 PM	Herpes Simplex Update	Jorge Reyno, MD
7:00 – 7:45 PM	Asthma Exacerbations	Barbara Yawn, MD
Friday February 6, 2009		
7:00-8:00 AM	Case Based Approach to Managing the Symptomatic Menopausal Patient	Nancy Babbitt, MD
8:00- 8:30 AM	Pelvic Inflammatory Disease	Kristi Boldt, MD
8:30-8:50 AM	Break	
8:50-9:35 AM	Attention to Antibiotic Utilization in the Prevention of Multi-Drug Resistant Bacteria	James Keegan, MD
9:35-9:55 AM	Break	
10:00-10:45 AM	Common Infections in Obstetrical Patients	Kristi Boldt, MD
10:45-11:00 AM	Q & A	
5:15-6:00 PM	Anxiety Disorders	Rajesh Singh, MD
6:15-8.00 PM	Presidents Reception/Dance to follow at 8:00	
Saturday Feb. 7, 2009		
7:00-8:00 AM	Diagnosing and Treating Tourette Syndrome	Kevin John Black, MD
8:10 – 8:55 AM	COPD: The New Frontier	Mark McGinley, MD
9:00 - 10:00 AM	Adult Smoking Cessation Strategies: A Rural Healthcare CME Initiative	Ross Pieper, MD
10:05 -10: 45 AM	ARDS: Update on Diagnosis and Treatment	Mark McGinley, MD
10:45 – 11:00 AM	Break go check out	
11:00- 12:00 AM	Oral Lesions	Denis Muhlstein, DDS

Jorge Reyno, M.D. Prof LLC	Internal Medicine	Infectious Disease Consultations
James Keegan, MD	Internal Medicine	Internal Medicine Infectious Disease Specialist
Ross Pieper, MD	Family Medicine Resident	Family Medicine Residency Clinic
Kristi Boldt, MD	Obstetrics and Gynecology	Mayo Clinic
Maryl R. Johnson, M.D.	Professor of Medicine Medical Director, Heart Failure and Cardiac Transplantation	University of Wisconsin
David C. Slawson, MD	B. Lewis Barnett, Jr. Professor Vice Chair, Department of Family Medicine	University of Virginia Health System
Nancy Babbitt, MD	Family Medicine	Creekside Family Practice
Rajesh Singh, MD	Psychiatrist	Valley Clinic University Psychiatry
Denis Muhlstein, DDS	Oral Surgeon	Siouxland Oral and Maxillofacial Surgery
Mark Mc Ginley , MD	Interventional Pulmonology; Endobronchial Ultrasound; Bronchial Stenting; Brachytherapy	Casper Thoracic Medicine
Barbara Yawn, MD	Family Medicine, Director Research	Olmsted Medical Center
Kevin John Black, MD	Associate Professor of Psychiatry, of Neurology, of Radiology and of Neurobiology	Washington University School of Medicine