

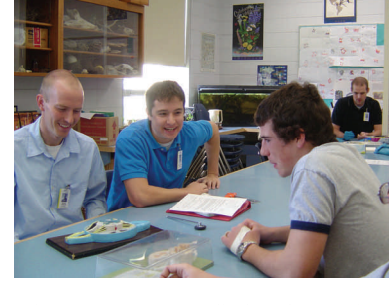
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[Montana First Year WWAMI Students Visit Ronan, Pablo, and Arlee Schools](#)

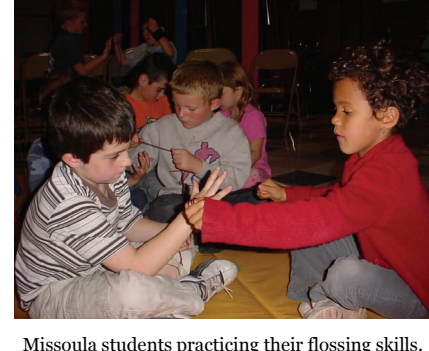
Mid-April, the MSU WWAMI class went on a field trip and traded wintry Bozeman for the green Mission Valley in western Montana. With their stethoscopes and blood pressure cuffs, a few calf eyeballs, and a box of toothbrushes, the WWAMI students spent a day with high school and elementary school classes in Arlee, Ronan and Pablo. [Click for more](#)



First year WWAMI Medical Students, Brian Yulekic and Cole McGeshick, explain the functions of the spinal cord to 10th grade students in Ronan, MT.

[Community Health Centers Provide Innovative Oral Health Care](#)

Access to dental care is an issue of increasing concern in Montana. Two Access to dental care is an issue of increasing concern in Montana. Two Montana Community Health Centers have recently initiated innovative programs that not only provide critical oral health services to those without access, but stress the importance of prevention of caries and early interventions. [Click for more](#)



Missoula students practicing their flossing skills.

[Montana Primary Care Association Welcomes Newest Member](#)

This past August, the Montana Primary Care Association (MPCA) welcomed Paula Block, as the Clinical Coordinator. She has a Bachelor of Science degree in nursing and experience in intensive care, refugee care, occupational health, public health and health centers. [Click for more](#)



Paula Block, newest member of the Montana Primary Care Association in Helena, MT.

[Rural Health Care Services Outreach Grant Program](#)

The Office of Rural Health Policy announces the awardees of the 2006 Rural Health Care Services Outreach Grant Program. Two facilities in Montana received an award. Congratulations to Wheatland Memorial Hospital & Nursing Home in Harlowton, MT and Cooperative Health Center, Inc. in Helena, MT. [Click for more](#)

[Montana Healthcare Workforce Advisory Committee](#)

At the March 1-3, 2006 meeting of the Montana Board of Regents, a presentation was given to the Workforce Development Committee on the recommendations by the Montana Primary Care Liaison Group. The report, *Montana's Health Care Workforce: Review and Analysis of the Governor's Blue Ribbon Task Force on Health Care Workforce Shortages and Recommendations of the Primary Care Liaison Group*, recommended the creation of a **Healthcare Workforce Advisory Council** with broad representation. [Click for more](#)

[Montana AHEC/ORH Introduces New Director, Kristin Juliar](#)

Kristin Juliar is Director of the Montana Area Health Education Center (Montana AHEC) and Montana Office of Rural Health (MORH) at Montana State University. She has served in this position since January 1, 2006. [Click for more](#)

[Montana Rural Health Association Announces Membership Drive](#)

The Montana Office of Rural Health (MORH) at Montana State University has established the infrastructure for development of the *Montana Rural Health Association (MRHA)*. After completion of the process of developing the *MRHA*, the functional role of the MORH will be as a supporting member; including the provision of technical assistance as requested by the *MRHA* Board of Directors, Executive Committee and staff of the association. [Click for more](#)

[A Vision for Health Care Reform—Senator Conrad Burns](#)

The issue of health care is one that every Montanan is concerned about, and rightfully so. Costs are increasing, and as they do, the number of people with health insurance decreases. To some in Washington, this is a situation calling for a government take over, a socialized health care solution like Canada, but that would be a mistake. Reforms are needed, but market-based reforms that promote real competition to lower prices and empower individuals to make the choices for what is best for themselves. [Click for more](#)

[Medicare Part D Improvements - Senator Max Baucus](#)

As you know, the new Medicare Part D drug benefit took effect in January. I voted for Part D because I wanted to help Medicare beneficiaries afford their drugs. But after Congress passes a law, it's up to federal agencies to implement it. In the case of Part D, that job fell to the Centers for Medicare and Medicaid Services (CMS). So far, I am disappointed with the results. [Click for more](#)

[Rural/Underserved Opportunities Program Sends First-Year Medical Students into Rural Montana](#)

The Rural/Underserved Opportunities Program (R/UOP) is a program of the University of Washington School of Medicine (UWSM) in partnership with the WWAMI Programs and AHECs in Montana, Idaho, Alaska, Wyoming and Washington. R/UOP provides a four-week opportunity for students between the first and second years of medical school to be placed with a *physician preceptor* in a rural, or urban underserved, clinical site. R/UOP encourages primary care careers in underserved communities by providing students with hands-on experiences in clinical practices; in addition to exposure to the rural or underserved community. [Click for more](#)

[U-DOC Summer High School Program Introduces the Class of 2006](#)

The U-DOC Program at Montana State University is as six-week enrichment program for academically-promising high school students who have a strong interest in medicine and other health professions. The goals of the U-DOC program are to: (a) outline and expose the participants to a pathway from high school to medical school, (b) encourage health career ambitions of high school students, and (c) increase the knowledge, skills and confidence of students. [Click for more](#)

[Rural Health Funding for Fiscal Year 2007](#)

The House Appropriations Committee has approved **Rural Health Safety Net Funding** fiscal year 2007. Most of the rural health programs are funded at the same levels as last year. The House Appropriations Committee has acknowledged the importance of rural health by restoring most rural health funding to FY 2005 levels. The full House is expected to act on the recommendations of the Appropriations Committee in the near future. [Click for more](#)

[MT AHEC/ORH Student Intern, Angela Chou, Spends a Summer in Bozeman](#)

Angela Chou is a student intern with the Montana Office of Rural Health (MORH) at Montana State University. She will be employed by the MORH from May 16, 2006 through August 8, 2006. Ms. Chou is working under the mentorship of Kristin Juliar, Director of the MORH. [Click for more](#)

[Sarah Annarella, New Research Assistant at MT AHEC/ORH](#)

Sarah Annarella is a research assistant with the Montana Area Health Education Center (AHEC) and Montana Office of Rural Health (MORH). She assists Dr. Laurel Desnick with the day-to-day administrative and programmatic activities of the U-DOC Summer High School Program. [Click for more](#)

[Montana WWAMI Pre-Medical Conference](#)

The first Montana WWAMI Pre-medical Conference was held at MSU-Bozeman on June 17, 2006. Seventy-five people attended, including Montana undergraduates and post grads who are interested in attending medical school, current medical students, and premedical advisors from all over Montana. The ultimate goal of the conference was to better prepare Montana students in the application process for medical school. [Click for more](#)



Admissions Committee members Dr. Lee Harrison & Dr. Ron Smith critique the Mock Interview candidate.

[Conferences & Meetings \(Click for more\)](#)

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WWAMI Student Visits

Mid-April, the MSU WWAMI class went on a field trip and traded wintry Bozeman for the green Mission Valley in western Montana.

With their stethoscopes and blood pressure cuffs, a few calf eyeballs, and a box of toothbrushes, the WWAMI students spent a day with high school and elementary school classes in Arlee, Ronan and Pablo.

"We wanted to help them see themselves in a health career," said Melissa Roberts, who helped organize the event. "And to learn a little about their bodies and how to take care of them."

In the high schools, the medical students showed the teenagers where to find their radial pulses, how to test their patellar reflexes, and how the pupil constricts in response to light. They also distributed pamphlets about MSU's summer programs for high school students. In the elementary schools, the medical students led the children in a group exercise about anatomy.

"We wanted to have a little fun too," said Roberts.

Mid-day, the WWAMI students had a chance to visit the Nursing Department at Salish-Kootenai College and the People's Museum in Pablo. At SKC, the medical students developed some cross-discipline rapport. At the museum, they learned about the Salish, Kootenai, and Pend d'Oreille tribes.

"Spending long days with books at MSU is important," Roberts said. "But everyone knows that first-year is mostly a disembodied study of medicine."

Over the years, each WWAMI class has designed its own extracurricular activities. Some have spoken to the legislature about the program, others have volunteered in the community. But since the MSU site has a new crop of students each year, there isn't a good framework in place for continuity in public service.

"We wanted to adopt an idea from the year before and improve it for the next class," Roberts said. "We didn't want to presume that our ideas would be better than last year's, or even next year's, but we did want to contribute to something that could become a tradition."



First year WWAMI Medical Students visit the People's Center in Ronan.

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Community Health Centers Provide Innovative Oral Health Care

Access to dental care is an issue of increasing concern in Montana. Two Montana Community Health Centers have recently initiated innovative programs that not only provide critical oral health services to those without access, but stress the importance of prevention of caries and early interventions.

MILES FOR HEALTHY SMILES

Partnership Health Center (PHC) of Missoula City County Health Department is excited about the community driven program, Miles for Healthy Smiles, MHS. This is a traveling dental program that uses portable equipment to increase access to dental care and provide oral health education. The program focuses on school aged children and their families, who lack a regular dentist and are Medicaid or CHIP beneficiaries or non-insured, living in Missoula and surrounding rural areas. With the portable equipment, staff and volunteers are able to provide cleanings, fluoride varnishes, sealant placement, exams, x-rays, fillings, and even extractions on-site.

MHS started with a grant from the local Chutney Foundation which supports projects enhancing the well-being of residents of the Blackfoot Valley. The start up funds, given out over three years, gave time for this to develop into a program that is efficient, sustainable, and able to respond to the need for dental care and education in Missoula and surrounding rural areas. MHS is also supported by Missoula County Health Department, Missoula county and rural schools, the University of Montana MSU nursing program & Health and Human Performance Department, Missoula Hygienist Association, local dentists (Dr.'s Huckleby, Nelson, Seamons, & Tiede), Bitterroot Motors, and local Girl Scouts (donates floss, toothpaste and toothbrushes).

All eligible children on Medicaid and CHIP, in grades Kindergarten through 8th, whose parents have given consent, received a complete dental check-up, including x-rays, a dental cleaning, a fluoride application for cavity prevention, and development of a treatment plan which may include other services as needed, such as fillings, and routine extractions. Children who require more extensive work are referred either to Partnership Health Center's on-site dental clinic, or to participating local dentists in private practice.

All 1st, 2nd, and 3rd graders receive classroom and one-on-one oral hygiene education. All kindergartners and 4th graders also have the option to receive dental health education. Children are taught about eating properly and good health, brushing and flossing, going to the dentist, and they take a field trip to Partnership Health Center's dental clinic. While in the schools, MHS staff have been stopped, on several occasions, by older students pleading for dental care to relieve them from tooth pain. In most cases, the students reported that their family had never been able to afford to take them to a dentist or could not take the time away from work. MHS staff provided services to these children, as well. Also contrary to staff expectations, when MHS staff called a child's name for treatment, children often jumped up as if they had won a prize. These children were excited to see the dentist because they viewed it as an opportunity to get relief from pain.

In addition to classroom education, MHS staff educated parents of elementary students on dental care through school newsletters, media stories, WIC, and other opportunities. School and neighborhood nurses, WIC, and Head Start staff received guidance and education on how to screen, identify, and refer children who are in need of dental care.

Lisa Tims, MHS program coordinator, said, "At the end of the year, program evaluations indicated that the program was a resounding success with participating schools and parents. We received several thank-yous from the schools and principals." She shared what Sally Johnson, district clerk at Seeley Lake Elementary School wrote. "This wonderful program introduced parents to affordable, manageable, and accessible dental care. This program was immensely beneficial to students who would have struggled or put off treatment. Many families who are not insured learned about sliding fee services at Partnership Health Center. Thank you for this great service." For more information on Miles for Healthy Smiles, contact Lisa Tims at TimsL@phc.missoula.mt.us or call 406-258-4115.

PILOT ORAL HEALTH COLLABORATIVE

Community Health Partners Dental Practice, in Bozeman (a satellite of the Community Health Center in Livingston), is one of four clinics in the country to be recently accepted into the HRSA Pilot Oral Health Collaborative. A collaborative is a focused, structured approach to change the way care is provided which encourages the use of the most current best clinical practices while promoting techniques to involve patients in their care. This is the first collaborative to focus on oral health; others have focused on diabetes, cancer prevention, cardiovascular disease and other chronic diseases.

The Dental Collaborative focuses on involving primary care providers to promote oral health care, treating cavities and gum disease in pregnant women to prevent transmission to their babies, and preventing and treating cavities in children ages 0-5. Cavities, called caries by dental professionals, are an infectious disease that is also considered a chronic disease. Research shows that there is a relationship between gum disease in pregnant women and pre-term and low birth weight babies. It is also now known that the bacteria that cause cavities can be transmitted from a mother to her child. A goal of the Collaborative is to assure that pregnant women are referred by their doctor for dental evaluation and treatment so that they are free of gum disease and cavities when their babies are born. The Collaborative encourages medical providers to refer kids to a dentist prior to the time their first tooth arrives. There are many things a mother and child can do to completely prevent early childhood caries or cavities. Caries can be prevented by the setting of self-management goals, frequent fluoride varnish applications, prescription fluoride toothpastes, xylitol gum, sealants, restoration of caries, and nutritional counseling.

This program started in October 2005 and has been well received by patients, local dentists and associated health center physicians. The dental director of the Community Health Partners Dental Practice in Bozeman, Dr. Jane Gillette, said, "This is an amazing program. There will never be a way to care for all of the pain and oral disease in our communities. This program focuses on wiping out dental disease at its most basic level, before children are even born. It does this through extensive and exciting partnerships with physicians."



Four-year old with dental caries



Children learning how to brush their teeth using a large model.



Missoula dentist Dr. Angel shows a student mouth X-rays.

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Welcome Paula Block to PCA

This past August, the Montana Primary Care Association (MPCA) welcomed Paula Block, as the Clinical Coordinator. She has a Bachelor of Science degree in nursing and experience in intensive care, refugee care, occupational health, public health and health centers.

Paula joins us from the Cooperative Health Center of the Lewis and Clark City County Health Department, where she worked as a public health nurse and then moved 9 years ago to the Community Health Center. At the health center she worked as clinic coordinator where she assisted the clinic in expanding to a Health Care for the Homeless satellite, successful work in a Diabetes Collaborative, and accreditation by the Joint Commission on Accreditation of Health Organizations.

Paula assisted the health center by acting as interim executive director for 6 months and then was named operations manager. As operations manager, the clinic completed the Open Access/Redesign Collaborative and expanded its Healthcare for the Homeless services.

At the Primary Care Association, Paula will be dealing with clinical issues, assisting health centers with new emergency preparedness expectations, and being the statewide health disparity coordinator. She is very excited to be part of the MPCA team. "Health centers are the answer to many of our society's health care access problems. I am proud to be part of an organization that supports one of our country's best health care systems," Block said.



Paula Block, newest member of the Primary Care Association in Helena.

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Rural Health Care Services Outreach Grant Program

The Federal Office of Rural Health Policy has approved the FY 06 *Rural Health Care Services Outreach Grant* awards. Sixty-five new awards were made to thirty-seven different states. The grants awarded in Montana were to: (1) *Wheatland Memorial Hospital & Nursing Home* in Harlowton, (2) *Cooperative Health Center, Inc.* in Helena and (3) *Fort Peck Assiniboine Sioux Tribes* in Poplar.

The Rural Health Care Services Outreach Program encourages the development of new and innovative health care delivery systems in rural communities that lack essential health care services. The emphasis of the grant program is on service delivery through creative strategies requiring the grantee to form a consortium with at least two additional partners.

A Note from Cooperative Health Center...

With this three-year grant, the Cooperative Health Center will collaborate with other federally supported mental health/substance abuse service providers in the county to improve mental health and substance abuse treatment in the area. The Cooperative Health Center will hire a case manager and a counselor. Services to be provided include screening, assessment, diagnosis, case management, cognitive-behavioral therapy, brief problem-solving therapy, solution-focused therapy, mastery of panic and anxiety, brief alcohol intervention, and psychotherapy. Mental health and substance abuse services will be provided during patients' primary care visits and during one-on-one visits with the counselor and case manager. The CHC hopes to apply for permanent BPHC funding to continue this service for CHC patients.

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Montana Healthcare Workforce Advisory Committee

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At its March 3, 2006 meeting the Board of Regents passed the following motion: *Regent Semmens moved approval to submit a Healthcare Workforce Training Initiative in the amount of \$4.0 million that includes development of a healthcare worker strategic plan, creation of data and program advisory groups, implementation of physician recruitment recommendations, expansion of up to ten WWAMI medical school slots, and development and expansion of allied health programs to address critical shortage areas.*

As a result of that meeting, the **Montana Healthcare Workforce Advisory Committee (MHWAC)** has been formed. Representatives from healthcare providers, health professions education, healthcare associations, and state agencies will advise the Montana Board of Regents on strategies and priorities for the healthcare workforce in Montana. Members of the MHWAC are as follows:

<i>Kristin Juliar</i>	<i>Montana AHEC & Montana ORH- Montana State University</i>
<i>Dave Gibson</i>	<i>Office of the Commissioner of Higher Education</i>
<i>Arlene Parisot</i>	<i>Office of the Commissioner of Higher Education</i>
<i>Dick Brown</i>	<i>Montana Hospital Association</i>
<i>Rose Hughes</i>	<i>Montana Health Care Association</i>
<i>Bob Ross</i>	<i>South Central Mental Health Center</i>
<i>Mary McCue</i>	<i>Montana Dental Association</i>
<i>Kristianne Wilson</i>	<i>Billings Clinic</i>
<i>Tammy Buyok</i>	<i>St. Peter's Hospital - Helena</i>
<i>John Mootry</i>	<i>St. Patrick's Hospital - Missoula</i>
<i>Laura Goldbahn-Konen</i>	<i>Benefis Healthcare - Great Falls</i>
<i>Marge Levine</i>	<i>Montana Primary Care Association</i>
<i>Rita Harding</i>	<i>Billings Area Indian Health Service</i>
<i>Peg Norgaard</i>	<i>Northeast Montana Health Services - Wolf Point</i>
<i>Karen Shaw</i>	<i>Liberty County Hospital - Chester</i>
<i>Jay Erickson</i>	<i>Montana Medical Association</i>
<i>Linda Hyman</i>	<i>WWAMI Medical Education Program - Montana State University</i>
<i>Tom James</i>	<i>Montana Family Medicine Residency Program</i>
<i>Dave Forbes</i>	<i>School of Pharmacy - University of Montana</i>
<i>Elizabeth Nichols</i>	<i>College of Nursing - Montana State University</i>
<i>Karen Van Daveer</i>	<i>College of Technology - Montana Tech</i>
<i>Jacque Dolberry</i>	<i>Nursing Program - Salish Kootenai College</i>
<i>Linda Hunt</i>	<i>Allied Health Program - Flathead Valley Community College</i>
<i>Dave Garloff</i>	<i>Allied Health Program - Montana State University-Billings</i>
<i>Mary Moe</i>	<i>Allied Health Program - College of Technology-Great Falls</i>
<i>JoAnn Dotson</i>	<i>Department of Public Health & Human Services</i>
<i>Lisa Addington</i>	<i>Department of Labor & Industry</i>
<i>Karen Sullivan</i>	<i>Southwestern Investment Board</i>
<i>Emily Lipp Sirola</i>	<i>Office of the Governor</i>
<i>(to be named)</i>	<i>Office of Public Instruction</i>
<i>(to be named)</i>	<i>Care of the Healthcare Data Team</i>

The MHWAC will be facilitated by the Montana Office of Rural Health/Area Health Education Center. Kristin Juliar, Director of the Montana Office of Rural Health and Montana Area Health Education Center, is Chair of the MHWAC.

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AHEC/ORH New Director

Kristin Juliar is Director of the Montana Area Health Education Center (Montana AHEC) and Montana Office of Rural Health (MORH) at Montana State University. She has served in this position since January 1, 2006. The Montana AHEC was established in 1985 as an affiliated center of the Regional WAMI AHEC at the University of Washington School of Medicine in Seattle. The Montana ORH was initiated in 1988 and formally designated in 1991 as a State Office of Rural Health (SORH) under the guidelines of the Federal Office of Rural Health Policy.

The Montana AHEC and MORH are administered under the Division of Health Sciences at Montana State University.

Ms. Juliar has extensive experience and expertise in strategic planning, project management, fund raising, policy analysis and community development. Through her work with health professions education and rural development, she has become well grounded in best practices and strategies for achieving high quality health care in rural communities. From November 1998 to December 2005, Ms. Juliar was Director of the Healthcare Education-Industry Partnership for Minnesota State Colleges and Universities, housed at Minnesota State University, Mankato. From July 1991 to November 1998, Ms. Juliar served first as Deputy Director, then as Executive Director of the Region Nine Development Commission in Mankato, Minnesota. Region Nine delivered a broad range of economic and community development programs, and rural health programs in emergency medical services, prevention, and aging. From 1980 to 1991, Ms. Juliar was a planner for Region Nine, managing several state and federal programs.

Ms. Juliar served on numerous community-based and statewide committees in Minnesota; including the National Rural Health Resource Center, Minnesota Center for Rural Health, Office of Rural Health and Primary Care, and Rural Health Association. She was the first president of the Minnesota Women's Foundation. In her position as Director of the AHEC and MORH at Montana State University, she serves on a number of institutional, local community and statewide committees. She organized and is serving as Chair of the Montana Healthcare Workforce Advisory Committee which is affiliated with the Office of the Commissioner of Higher Education.

Ms. Juliar received her Master of Arts in Urban and Regional Studies and her Bachelor of Science in Sociology and Corrections from Minnesota State University in Mankato, Minnesota. For several years, she served as a member of the Adjunct Faculty at Minnesota State University.

For her services and accomplishments, Kristin Juliar has received a number of awards including the Minnesota Rural Futures Leadership Award and the Minnesota Hospital Association Partner of the Year Award.

Her interests in rural development and healthcare issues, combined with a love of the outdoors and her son's experience as a student at Montana State University, led to Montana. Kristin and her husband (Steve) continue to own and operate a farm near Mankato, Minnesota. They have two sons.

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Montana Rural Health Association

The Montana Office of Rural Health (MORH) at Montana State University has established the infrastructure for development of the *Montana Rural Health Association (MRHA)*. After completion of the process of developing the *MRHA*, the functional role of the MORH will be as a supporting member; including the provision of technical assistance as requested by the *MRHA* Board of Directors, Executive Committee and staff of the association.

The MORH recognizes the importance of and need for an external non-profit organization to support the efforts of health professions organizations, health care facilities, and health care providers working to improve and sustain quality health care for rural Montanans and throughout rural America.

Background

In 1991, the MORH for the State of Montana was established at Montana State University. In the early years of the MORH, plans were initiated for development of a *MRHA*. However, progress toward its development were limited to: (a) preparation of a brochure and membership application, (b) mailing of information to prospective members, (c) solicitation of membership and (d) communication to members through a newsletter. The initial membership consisted of approximately 75 individuals and organizations. Articles of Incorporation and ByLaws for the *MRHA* were written in 2002 and an application to the Internal Revenue Service for designation as a non-profit corporation. In 2003, the *MRHA* received notification from the Internal Revenue Service, Montana Secretary of State and Montana Department of Revenue of designation as a non-profit organization.

Mission

The mission of the *MRHA* is to promote a healthy rural Montana by addressing issues of health care delivery, health professions education, public health education, health services, rural health research, and health policy through national, state, and community leadership.

Goals

The goals of the *MRHA* are to: (a) provide a better understanding of health and health care problems which are unique to rural Montana, (b) provide a forum for the exchange and distribution of ideas, information, research, and methods for improvement of rural health, (c) identify rural health needs, (d) assist with the development of solutions to rural health problems which are applicable at the community, county, state, regional and national levels, (e) encourage research initiatives of importance to rural communities, rural health care facilities, rural health professionals, and rural citizens, (f) promote the development of a Montana Rural Health Research Office, (g) serve as an advocate for rural health, (h) support the development of rural educational opportunities for health professionals, (i) serve as a communication and support network for rural health care in Montana, (j) support the continuation of the MORH and other offices and organizations promoting and serving rural health, (k) establish partnerships with community, state, regional, and national organizations, (l) advocate for the continuation of a visible and viable Federal Office of Rural Health Policy and (m) participate as an active member of the National Rural Health Association and the National Association of State Offices of Rural Health.

Membership and Dues

Membership in the *MRHA* is open to any individual, health care organization, health professions association, health care facility, local health department, federal agency, state agency, educational institution, business, foundation, or corporation interested in supporting the mission and goals of the association.

Membership categories and annual dues are as follows:

Individual Member	\$10
Organizational Member	\$50
Sponsoring Member	\$100

A *Membership Form* and *MRHA Brochure* can be downloaded by clicking on the AHEC/MORH website:

<http://healthinfo.montana.edu>.

For further information about the *MRHA*, please contact:

Kris Juliar (406-994-6001; kjuliar@montana.edu)

Rebekah Brown (406-994-6001; rmb@montana.edu)

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Medicare Part D Improvements

Senator Max Baucus

As you know, the new Medicare Part D drug benefit took effect in January. I voted for Part D because I wanted to help Medicare beneficiaries afford their drugs. But after Congress passes a law, it's up to federal agencies to implement it. In the case of Part D, that job fell to the Centers for Medicare and Medicaid Services (CMS). So far, I am disappointed with the results.

First, CMS made the benefit needlessly complicated, by approving too many drug plans – nearly 50 in Montana alone. Seniors were overwhelmed not only by the number of choices, but by the variation among them. It was extremely hard to make apples-to-apples comparisons of what the plans offered and how they operated.

That's why I introduced S. 2665, the Medicare Prescription Drug Simplification Act of 2006. The bill establishes 6 Part D benefit packages to choose from, so people can make smart choices about their benefits. The bill also prohibits plans from changing drug coverage during the benefit year, prohibits unfair plan marketing practices to Medicare beneficiaries, and standardizes some important aspects of how plans deliver the benefit, like prior authorizations and appeals. Finally, it gives some much-needed money to State Health Insurance Assistance Programs to support their counseling and educational services.

I have also heard from pharmacists in Montana who have been hit hard by CMS' implementation of Part D. So I drafted and introduced S. 2664, the Pharmacy Access Improvement Act of 2006. The bill requires drug plans to reimburse pharmacies more quickly, conveniently and fairly. It also requires plans to have telephone hotlines for pharmacists and physicians alike, prohibits plans from "co-branding" – placing pharmacy names or logos on their identification cards, and establishes a process so retail pharmacists can get better dispensing fees for filling Medicare prescriptions.

I am doing my best to make these bills law. And as always, I appreciate your input on how to improve them. Please drop me a line (www.baucus.senate.gov) or give a call (800-332-6106) to share your ideas.

Citizens' Health Care Working Group

Our health care system is in trouble: costs are rising at an unsustainable rate, too many Americans are uninsured, and our quality of care isn't up to par. So how do we fix it?

To start answering this question, 150 Montanans from all walks of life gathered a couple months ago at the Metra Exhibit Hall in Billings to discuss the future of health care. The meeting was part of a program I helped establish as part of the 2003 law creating the Medicare drug benefit. I made sure that Congress included in that bill a provision to create the Citizen's Health Care Working Group and get the public's opinion on health care. We can't spend our time in Washington trying to mend the health care system without hearing from those whose health, taxes, and families are affected by it most. The Working Group has sponsored 35 community meetings around the country, including the one in Billings, and will present the results to Congress and the President in September. Next year, Congress will be required to hold hearings on the report.

This was a real opportunity for Montanans to underscore the importance of making access to health care a top priority. I will keep working hard to make that recommendation a reality. In the meantime, please keep in touch with your ideas on this issue. Also, look out for more information about the Working group including a detailed report on the Billings meeting on the web at <http://www.citizenhealthcare.gov/index.php>.

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A Vision for Health Care Reform

Senator Conrad Burns

The issue of health care is one that every Montanan is concerned about, and rightfully so. Costs are increasing, and as they do, the number of people with health insurance decreases. To some in Washington, this is a situation calling for a government take over, a socialized health care solution like Canada, but that would be a mistake. Reforms are needed, but market-based reforms that promote real competition to lower prices and empower individuals to make the choices for what is best for themselves. Instead of the government taking over the largest industry in the U.S., rationing care, imposing a one-size fits all solution to an individual issue, there are a few steps the government can and should take to make health care affordable and accessible to all Americans. By implementing these reforms, costs will decrease and coverage will increase, exactly what is needed to bring all Montanans into the health insurance market.

First, we need to empower consumers by giving them information which allows them to participate in decisions about their health care. This means patients need to know the true cost of the health services they are receiving. It simply makes no sense that patients do not know how much they are paying for individual medical services. When patients have this information, they become better consumers, and prices drop due to competition.

A prime example of market forces at work in health care is Lasik eye surgery. Most health insurance plans do not cover this procedure, so providers are forced to compete with each other for consumers' out-of-pocket dollars. As a result, prices have dropped significantly since this procedure was introduced precisely because of consumer involvement and price sensitivity.

Second, we must expand Health Savings Accounts (HSA) offered in conjunction with high-deductible health insurance, which provide coverage for a vastly reduced monthly premium and are now utilized by over three million Americans. Many have argued that HSAs are nothing more than a tax shelter for the rich. However, all data available on HSAs show that NOT to be the case, and that a significant percentage of those purchasing HSAs in conjunction with a high-deductible health plan were previously uninsured. While not the final solution to the uninsured, they are certainly an important part of that solution, particularly as costs increase and the number of employers offering health benefits continues to decline.

As such, we must increase the HSA contribution limit to cover all out-of-pocket expenses, not just the deductible, and provide employers with tax incentives to contribute to their employees' HSA plan. Furthermore, we must amend the tax code so that it treats these plans as favorably as the typical employer provided policy. That is why I recently introduced legislation to create tax parity between HSA/high-deductible plans purchased on the individual market and those offered by employers. My bill will allow individuals who purchase high-deductible health plans in conjunction with HSAs to deduct the cost of the premium from their income and payroll tax. This would provide substantial savings to middle and low income families. For example, a family in the 15% income tax bracket (and 15.3% payroll tax bracket) would receive a tax subsidy of over \$1,500 towards the purchase of a \$5,000 family insurance HSA-qualified policy.

Third, it is necessary that we create a regulatory environment that allows small businesses to offer high-quality affordable health benefits to their employees. Because of increasing costs, many small employers simply do not have the resources to offer their employees health insurance because they do not have the bargaining power of larger employers. However, I have cosponsored legislation that would give small business owners the power to band together across state lines through their associations and negotiate for the benefits they want, at prices they can afford. If enacted, this bill would reduce the cost of health insurance for small employers by 12 percent – or \$1,000 per employee.

Fourth, we need to enact meaningful medical malpractice reform. Frivolous lawsuits and excessive jury awards are driving up the costs of health care and causing many physicians to leave their practices. Many physicians, most notably obstetricians, can simply no longer afford to practice because of skyrocketing malpractice insurance premiums. This is wrong. While, patients who have suffered egregious harm due to physician negligence deserve to be compensated, that compensation needs to fit the harm and must not come at the cost of affordable health care. Therefore, we must cap the amount of non-economic damages awarded. Our justice system should serve patients who have suffered medical harm, not enrich trial attorneys and drive good doctors out of business.

There are those who would like to shift our health care system to a single-payer, socialized medicine program. We need look no further than Canada to see that this is simply not the answer. Canadians seeking treatment for non-emergency care often must wait months for procedures. *The New York Times* recently reported that the median wait time between a referral by a family physician and an appointment with a doctor in Canada had increased to 8.3 weeks. Moreover, the median wait time to receive treatment after the initial appointment with the specialist had increased to 9.4 weeks. Given that the United States' population is nearly 10 times that of Canada, I cannot imagine how long the average American would have to wait for care under a similar system. Our system needs to be reformed in a way that raises the level of care everyone receives, not lowers the care of many in the name of equality. Clearly, the Canadian model is not the answer for America.

By implementing these simple market reforms that empower consumers and bring real, market-based competition into the health insurance market, health insurance costs will decrease, access to care will increase, and all Americans will have a piece of mind that having health insurance brings. That is what I have worked for in Washington, and what I will continue to fight for because it's both good and right.

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Rural/Underserved Opportunities Program (R/UOP)

The Rural/Underserved Opportunities Program (R/UOP) is a program of the University of Washington School of Medicine (UWSM) in partnership with the WWAMI Programs and AHECs in Montana, Idaho, Alaska, Wyoming and Washington. R/UOP provides a four-week opportunity for students between the first and second years of medical school to be placed with a *physician preceptor* in a rural, or urban underserved, clinical site. R/UOP encourages primary care careers in underserved communities by providing students with hands-on experiences in clinical practices; in addition to exposure to the rural or underserved community. *Preceptors are practicing physicians in rural sites or urban clinics serving the underserved.* Physicians serving as preceptors are primary care physicians (Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice). The UWSM appoints R/UOP physicians as *Clinical Preceptors* - and - after two years of service as a R/UOP preceptor, physicians are eligible for appointments as *clinical faculty at the UWSM.*

Program Goals

The primary goals of R/UOP are to: (a) provide students with an early exposure to the challenges and rewards of practicing primary care medicine in a rural or urban underserved setting, (b) promote in students a positive attitude toward rural and urban underserved community medicine, and (c) provide students with an opportunity to learn how community health care systems function. In addition, many of the medical students choose to conduct *community-based research projects.*

Eligibility and Participation

All medical students enrolled in the first year of medicine at the UWSM in Seattle and at the remote WWAMI sites at Washington State University-Pullman, University of Wyoming-Laramie, University of Alaska-Anchorage, Montana State University-Bozeman and University of Idaho-Moscow are eligible and encourage to take advantage of the R/UOP experience. Students may apply to do the clinical rotation in any of the five states. The Montana AHEC places 20 to 30 students each summer. Each year, the Montana AHEC invites primary care physicians practicing in rural and underserved settings to serve as R/UOP preceptors. On the average, 100 Montana physicians accept the invitation.

Medical students and physician preceptors participating in the *R/UOP Summer 2006 Program* are as follows:

<u>Student</u>	<u>Home Town</u>	<u>Preceptor</u>	<u>Location</u>
Tara Bangs	Helena, MT	Sandra McIntyre, M.D.	Dillon
Andrew Benefield	Sedro-Wooley, WA	Randy Webb, M.D.	Cut Bank
Jillene Casey	Billings, MT	Craig Panos, M.D.	Polson
Aaron Chan	Vancouver, WA	Susan Gallo, M.D.	Miles City
Joseph Freeman	Bellevue, WA	Ginny Mohl, M.D.	Red Lodge
Katherine Harris	Edmonds, WA	Greg Rice, M.D.	Libby
Brandon Henckel	Billings, MT	Vern Johnson, M.D.	Billings
Erich Koerner	Seattle, WA	Jenifer Dodge, M.D.	Conrad
Garrett Luetgen	Auburn, WA	David Kane, M.D.	Columbus
Theresa Mangahas	Redmond, WA	Terry Dennis, M.D.	Lame Deer
Christina Marchion	Anaconda, WA	Will Snider, D.O.	Helena
Cole McGeshick	Wolf Point, MT	Mark Zilkoski, M.D.	Wolf Point
Anna Metcalfe	Redmond, WA	Ed Medina, M.D.	Malta
Tom Penoyar	South Bend, WA	William Holmes, D.O.	Lewistown
Cameron Phillips	Missoula, MT	Marc Steinberg, M.D.	White Sulphur Spr.
		Ben Bullington, M.D.	White Sulphur Spr.
Callie Rigin	Glasgow, MT	Anne Millard, M.D.	Glasgow
Melissa Roberts	Billings, MT	David Mark, M.D.	Crow Agency
John Siemers	Polson, MT	LeeAnna Muzquiz, M.D.	Ronan
Isaac Siew	Seattle, WA	Roman Hendrickson, M.D.	Sheridan
Jennifer Somers	Seattle, WA	Mary DesRosier, M.D.	Heart Butte/ Browning
Todd Struckman	Missoula, MT	Kirk Crews, M.D.	Stevensville
Emma Swingle	Bozeman, MT	Joan McMahon, M.D.	Lewistown
		Laura Bennett, M.D.	Lewistown
Brian Vukelic	Mott, ND	Ed Stein, M.D.	Eureka
Katherine Williams	Renton, WA	Kirby Peden, M.D.	Big Timber

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U-DOC Summer High School Program

The U-DOC Summer High School Program is affiliated with the University of Washington School of Medicine (UWSM), the WWAMI Medical Education Program at Montana State University and the Montana AHEC.

The U-DOC Program at Montana State University is a six-week enrichment program for academically-promising high school students who have a strong interest in medicine and other health professions. The goals of the U-DOC program are to: (a) outline and expose the participants to a pathway from high school to medical school, (b) encourage health career ambitions of high school students, and (c) increase the knowledge, skills and confidence of students. U-DOC targets students who are disadvantaged, live in rural areas, ethnic minorities, low-income, and/or from a family in which neither parent is a college graduate. Students selected to participate in the U-DOC summer program are given scholarships which cover all program costs.

Health professionals, including physicians and dentists, at Bozeman area clinics and other medical facilities participate in the U-DOC Program as clinical hosts. Programmatic components include: (a) anatomy, (b) physiology, (c) nutrition, (d) communications, research and writing, (e) medical ethics, (f) orientation into college life, (g) health care job shadowing and (h) individual student oral presentations. U-DOC students spend the entire 6-weeks on the Montana State University campus and live in university dormitories.

Applications for U-DOC are distributed to public schools throughout Montana in partnership with the Montana Office of Public Instruction. Sixteen students are accepted for the program each year. On June 18, 2006, the Montana AHEC welcomed the new class of U-DOC students to the Montana State University campus. Under the supervision of Laurel Desnick, M.D., the following high school students matriculated into the program:

<u>Student</u>	<u>Hometown</u>
Amanda	Lavina
Brittany	Sunburst
Lacey	Red Lodge
Ryan	Biddle
April	Fromberg
Alexandria	Stevensville
Alexandra	Clancy
Stephanie	Cohagen
Kayla	Miles City
Joseph	Culbertson
Jessica	Sunburst
Brett	Florence
Robbie	Sunburst
Nichole	Malta
Christina	Pryor
Bobbi Lynn	Columbia Falls

For further information about the *U-DOC Summer High School Program*, please contact Dr. Laurel Desnick (406-994-6001; ldesnick@montana.edu).

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Rural Health Funding for Fiscal Year 2007

The House Appropriations Committee has approved **Rural Health Safety Net Funding** fiscal year 2007. Most of the rural health programs are funded at the same levels as last year. The House Appropriations Committee has acknowledged the importance of rural health by restoring most rural health funding to FY 2005 levels. The full House is expected to act on the recommendations of the Appropriations Committee in the near future. A listing of programs and FY 2007 approved funding is as follows:

<u>Programs</u>	<u>FY 2007</u>
<i>Rural Health Research/Policy</i>	<i>\$9.0 million</i>
<i>Rural Health Outreach Grants</i>	<i>\$40.0 million</i>
<i>State Offices of Rural Health</i>	<i>\$8.4 million</i>
<i>Rural Hospital Flexibility Grants</i>	<i>\$40.0 million</i>
<i>(Critical Access Hospitals & Small Rural Hospital Improvement)</i>	
<i>Rural & Community Access to Emergency Devices</i>	<i>\$1.5 million</i>
<i>Rural Emergency Medical Services</i>	<i>\$0.0</i>
<i>Denali Commission</i>	<i>\$0.0</i>
<i>Telehealth</i>	<i>\$10.0 million</i>
<i>Community Access Program</i>	<i>\$0.0</i>
<i>Community Health Centers</i>	<i>\$1.98 billion</i>
<i>National Health Service Corps</i>	<i>\$131.528 million</i>
<i>Area Health Education Centers (AHECs)</i>	<i>\$28.861 million</i>
<i>Health Education Centers (HETCs)</i>	<i>\$0.0</i>
<i>Quentin Burdick Rural Training</i>	<i>\$0.0</i>
<i>Geriatric Programs</i>	<i>\$31.548 million</i>

Montana receives funding from the following grant programs: (a) Rural Health Outreach, (b) State Offices of Rural Health, (c) Rural Hospital Flexibility, (d) Rural & Community access to Emergency Devices, (e) Telehealth, (f) Community Health Centers, (g) National Health Service Corps, (h) Area Health Education Centers and (i) Geriatric Centers.

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Montana AHEC/ORH Student Intern: Angela Chou

Angela Chou is a student intern with the Montana Office of Rural Health (MORH) at Montana State University. She will be employed by the MORH from May 16, 2006 through August 8, 2006. Ms. Chou is working under the mentorship of Kristin Juliar, Director of the MORH.

Ms. Chou is a student at the University of North Carolina - and - will be entering her senior year at that institution in September. Prior to matriculation at the University of North Carolina, she attended Tufts University. At the University of North Carolina, Angela is a student in the Department of Health Policy & Administration which is located in the School of Public Health. Following graduation from the University of North Carolina, she plans a career in public health administration - and - will continue her education and training by attending graduate school to obtain a Master of Public Health and a Master of Business Administration.

The learning objectives for Ms. Chou's internship are to: *(a) obtain job competencies and skills development through participation in the day-to-day activities of the MORH, (b) explore career possibilities/opportunities through extended knowledge of health professions, (c) gain knowledge about rural health care delivery systems and health care for underserved populations, (d) increase my communication and interpersonal skills, and (e) gain experience, knowledge and confidence through on-the-job training in the MORH.*

Ms. Chou has lived in several communities in the United States and in other countries; including Houston, New Orleans and Saudi Arabia. Her father is an Information Technology engineer and is employed by the Kuwait Oil Company.

During her employment as an intern with the MORH, Angela will be "job shadowing" the Director (Kris Juliar); including attending many institutional and community-based meetings throughout Montana.

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Montana WWAMI Pre-Medical Conference

The first Montana WWAMI Pre-medical Conference was held at MSU-Bozeman on June 17, 2006. Seventy-five people attended, including Montana undergraduates and post grads who are interested in attending medical school, current medical students, and premedical advisors from all over Montana. The ultimate goal of the conference was to better prepare Montana students in the application process for medical school.

Special guest speakers included Pat Fero, University of Washington School of Medicine Admissions Officer, Diane Noecker, University of Washington School of Medicine Financial Aid Officer, Jane Cary, Director of Health Professions Advising at MSU, Polly Olsen, Director of the Native American Center for Excellence at the University of Washington, and Dr. George Mulcaire-Jones, family physician in Butte, MT. Drs. Linda Hyman and Jay Erickson, University of Washington School of Medicine Assistant Deans for MT WWAMI medical education, emceed the event. Members of the Montana WWAMI Admissions Committee, Drs. Ron Smith and Lee Harrison, also assisted with the day's activities.

Conference attendees were given information on several topics, such as the components of the medical school application process, MCAT preparation, and financing medical school, toured the MSU campus and WWAMI facilities, participated in mock medical school applicant interviews and asked questions of a panel of WWAMI students. Premedical advisors also participated in a mock admissions committee meeting.

Overall, the conference was a huge success and was made possible by the sponsors, the Montana Academy of Family Physicians, Montana Medical Association, and Montana Hospital Association.



Diane Noecker, UWSOM Financial Aid Officer, speaks about paying for medical school.



Dr. George Mulcaire-Jones, family medicine physician in Butte, is the guest noon-time speaker.



Jane Cary, Director of Health Professions Advising at MSU, discusses MCAT preparation.

Interested in Submitting an Article?

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Montana AHEC/ORH Research Assistant and U-DOC Assistant: Sarah Annarella

Sarah Annarella is a research assistant with the Montana Area Health Education Center (AHEC) and Montana Office of Rural Health (MORH). She assists Dr. Laurel Desnick with the day-to-day administrative and programmatic activities of the U-DOC Summer High School Program.

Ms. Annarella is a graduate student at the University of Montana in Missoula and is pursuing a Master of Public Health degree. Prior to her current studies, Sarah was enrolled in - and - completed a Master of Science in Environmental Studies at the University of Montana. She attended undergraduate school at Wheaton College and graduated with a Bachelor of Arts in English.

Former professional employment of Ms. Annarella included the National Outdoor Leadership School where she taught *outdoor and environmental education*. In addition, she has experience in *wilderness therapy*.

Following completion of her graduate studies at the University of Montana, Sarah will pursue a professional career in *public and environmental health*. Hobbies, recreational and physical fitness activities enjoyed by Ms. Annarella include gardening, skiing and long-distance running.

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Conferences & Meetings

July 17-18, 2006

Minnesota Rural Health Conference – *Smart Health 2006: Focus on Technology*

Duluth, MN

<http://www.health.state.mn.us/divs/chs/orhconf06.html>

July 17-21, 2006

2006 Rural Health Leadership Institute – *Improving Healthcare Quality*

Duluth, MN

<http://www.css.edu/ruralhealth.xml>

July 26-29, 2006

National Rural Health Association Quality Conference – *Advancing Safe and Effective Health Care for Rural America & You Are Not Alone: Providing Quality Care in a Rural Setting*

Denver, CO

<https://www140.bocao1-verio.com/nrharu/conferences/sub/clinical.html>

October 3-4, 2006

3RNet Annual Conference and Meeting – *Politics and Demographics of Rural Health*

Portland, OR

<http://www.3rnet.org>

October 3-6, 2006

National Rural Health Association – *Rural Health Clinic & Critical Access Hospital Conference*

St. Louis, MO

<https://www140.bocao1-verio.com/nrharu/conferences/sub/CAH.html>

November 17-19, 2006

Conference on Mobile Health – *Innovative Strategies in Challenging Times*

Las Vegas, NV

<http://www.internationalmobilehealthassociation.org>

May 14-18, 2007

National Rural Health Association Annual Conference – *Minority and Multicultural Conference*

Anchorage, AK

<http://www.nrharural.org/conferences/sub/AnnConf.html>

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