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*Michael Simpson, M.D.
Orthopaedic Surgery*

For your patients troubled by foot and ankle problems, specific expertise is now available. Michael Simpson, M.D., board-certified orthopaedic surgeon who is fellowship-trained in foot and ankle surgery, joined MeritCare Orthopaedics in Fargo. He offers several unique services to the region,

including advanced techniques, the latest knowledge and a keen interest in helping people of all ages achieve better function in their lower extremities.

“One of the big areas I focus on is ankle pain, whether it’s caused by a fracture, sprain or arthritis,” says Dr. Simpson. “Historically, many of these patients have been told their ankle will never again be the same and they just have to live with it. The fact is we have come far in the realm of treatment of the ankle, but awareness of this lags. Today, much can be done for these patients and we can make a significant difference in how they function, whether in work, recreation or just day-to-day life.”

Dr. Simpson excels in arthroscopic ankle surgery, and has also written about the topic in professional journals and textbooks. “Many arthroscopic techniques can be applied to patients with ankle problems, with minimal morbidity and surgical downtime,” says Dr. Simpson, who pursued his fellowship training in foot and ankle surgery in 1994 at Campbell Clinic in Memphis, Tenn. As an example, he cites the common problem of weakness or looseness in the ankle following a sprain. “We now have techniques that allow us to tighten up

and repair the ligaments, and return the patient to a good, stable ankle,” he says. “In the past, there was a tendency to regard an ankle sprain as ‘just a sprained ankle.’ In reality, an ankle sprain is actually a tear of one or more of the important ligaments that stabilize the ankle. It’s a significant injury, just as a torn ligament in the knee is a significant injury.”

He notes, too, the importance of discernment in diagnosing the problem. “I have seen many patients

who have been treated for an ankle sprain, when in fact they have an injury, either a fracture or a soft tissue injury, of a different part of their ankle or hindfoot. The ankle and the entire area of the hind foot can be very complex — more complex than what many people realize,” says Dr. Simpson. Early and accurate diagnosis and appropriate treatment can help prevent significant long-term problems such as instability, which can then lead to arthritis. But in arthritis, too, new options have emerged: “We continue to improve our ability to deal with ankle arthritis, whether with early intervention arthroscopically or ankle replacement in the later, more severe stages of ankle arthritis. It’s an exciting area that continues to evolve,” says Dr. Simpson.

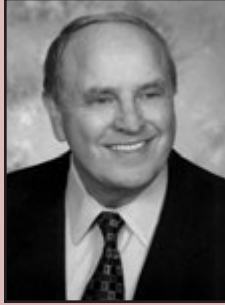
“I have seen many patients who have been treated for an ankle sprain, when in fact they have an injury, either a fracture or a soft tissue injury.”

Dr. Simpson

If you have questions or would like to refer a patient to Dr. Simpson, please call (701) 234-8770. “I’m very happy to see patients with any problem of the foot and ankle, but the area where I really bring something new to the table is in conditions and disorders of the ankle, whether they’re sprains, fractures, trauma or arthritis,” he says. “The earlier I can see somebody with a painful ankle, the more options we have to help these patients. My attitude is let’s get them back to 100 percent.”

Smart medicine — extraordinary care

*A message from Roger Gilbertson, M.D.
MeritCare President and CEO*



Last winter in this publication we requested your participation in completing a short survey as part of our long-term planning process. Through responses to this survey and other

avenues as well, we have heard your ideas and concerns. I want to thank you for sharing them. Because you are key stakeholders, your input has been instrumental in establishing our vision of **where we want to be by the year 2012**. Among the highlights...

MeritCare 2012 reflects one overriding theme: *Optimizing the capacity of our integrated system and culture to support rigorous standards of clinical practice and patient-focused care, and then delivering at those levels every time. For every patient and every family. No exceptions.* How do we achieve this? Through a combination of:

- Medical expertise
- Patient-focused care
- Region-wide supporting systems and services

In short, we achieve it through smart medicine — extraordinary care.

What does this mean for you?

First, we must make the referral process easy. This means you have excellent access to MeritCare specialists. It means specialists consistently and conscientiously keep you informed of your patient's progress. It means when your patient's specialty care concludes, your patient returns to you and you know exactly what transpired. Time and time again, you will be confident sending your patients to MeritCare, knowing you have trusting, collegial relationships with the specialists here.

What does this mean for your patients?

Your patients get the specialized care they need, when they need it. They appreciate how specialists and services work together for their best possible outcome, emphasizing support for family and keeping you, their primary physician, informed. When their course of care is over, they can count on diligent follow-through, including well-communicated discharge instructions, information about test results, further appointments if needed, and whom to call if questions come up. They appreciate the coordinated, comprehensive medical care they received at MeritCare, knowing you were key in making this happen.

Unity: A guiding principle

We regard unity as one of our guiding principles. We work as partners and team members in providing the best possible care — care that reflects current standards and evidence-based practices. Together with you, we connect the dots for patients and their families, making their experience here as simple, convenient and worry-free as possible. We make every effort to keep you in the loop, knowing physician-to-physician communication helps build and maintain a strong foundation.

In closing, I want to thank you for allowing us to participate in the care of your patients. It's a privilege we do not take for granted. We ask for your continued trust and support as we move forward to MeritCare 2012, continuing to live our mission each day to the best of our ability: *to improve the health and quality of life of the people we serve.* It's a mission best achieved through smart medicine — extraordinary care. It's a mission best achieved through partnership with you.

Physical Therapy offers welcomed approach to urinary incontinence

Urinary incontinence affects many, yet few patients mention it to their providers:

- Three million Americans, including 11 million women, have urinary incontinence, often due to weak pelvic floor muscles.
- Two-thirds of women have not discussed bladder health with their doctors due to fear or embarrassment.

“Pelvic floor dysfunction is a part of my daily practice, but I can tell you it’s a problem that is severely underreported,” says Lara Lunde, M.D., board-certified family medicine physician at MeritCare Southpointe in Fargo. “Historically, it has gone largely unnoticed due to limited resources for treatment. It’s great to now be able to offer patients a conservative approach to this common problem.”



Lara Lunde, M.D.
Family Medicine

With MeritCare Physical Therapy’s conservative approach to urinary incontinence, you now have an option to offer patients other than medication, surgery or just learning to live with it. Physical Therapy now has three physical therapists — two in Fargo and one in Bemidji — specially trained to work with patients who have urinary incontinence due to weak pelvic floor muscles. Often all it takes is two to three visits and patients experience significant improvement.

Patients who have been referred to the program undergo a physical therapy evaluation that is subjective (patient history and bladder history) and objective (musculoskeletal

evaluation and biofeedback assessment). After appropriate goals have been set, the specially trained physical therapists work one-on-one with the patients, utilizing five important tools:

- Targeted, effective exercises that can be done at home on a daily basis to strengthen and maintain the pelvic floor muscles
- Biofeedback to target the muscles in need of strengthening
- Education on lifestyle changes to decrease bladder irritability
- Keeping a bladder diary to aid in retraining
- Relaxation and breathing techniques

“I was amazed,” says Dr. Lunde, who had observed the success of the physical therapy approach in several patients when she was in residency training in St. Paul.

“The opportunity to provide patients with better pelvic floor function by pursuing conservative measures as opposed to trying medications is a breath of fresh air. I’m really pleased it’s now available at MeritCare.”

Do your patients have issues with bladder health? It’s important to ask because they may not mention it. Ask if they have problems with leakage, including how much, how often and when. Once you have diagnosed the problem as pelvic floor weakness, consider MeritCare Physical Therapy’s conservative approach. For more information or to refer a

patient, please call MeritCare Southpointe in Fargo at (701) 234-8700 or MeritCare Bemidji at (218) 759-5450.

“The opportunity to provide patients with better pelvic floor function by pursuing conservative measures as opposed to trying medications is a breath of fresh air. I’m really pleased it’s now available at MeritCare.”

Dr. Lunde



*by Paul Richard
Senior Executive/General Legal Counsel
MeritCare Health System*

RESPONDING TO LEGAL REQUESTS

It happens at some point in nearly every physician's career: you, as a treating physician, receive a request from a patient's attorney for information to assist the patient in a personal injury claim or work comp claim. How do you respond? First, a look at what the American Medical Association (AMA) says:

As a citizen and as a professional with special training and experience, the physician has an ethical obligation to assist in the administration of justice. If a patient who has a legal claim requests a physician's assistance, the physician should furnish medical evidence, with the patient's authorization, in order to secure the patient's legal rights.

In upholding your ethical obligation, what is the best approach? Some key steps:

Ensure authorization. If you receive a letter or a phone call from a patient's attorney requesting written information or verbal communication, first make sure your office has an authorization from the patient on file. Some patients authorize only the release of records, while others authorize written as well as verbal communication. Make sure you review the authorization so you know exactly what the patient has authorized.

Schedule an appointment. It's not unusual for physicians to receive cold calls from attorneys. You do not have to take a cold call. Your office can require the attorney to schedule either a phone appointment (the usual request) or an in-person meeting at a time that is convenient for you, within a reasonable time frame. I stress reasonable because an excessive delay could result in a subpoena. Two reasons to schedule an appointment:

- **You can bill the time.** At MeritCare, the physician's office sends a follow-up letter to the attorney confirming the appointment and attaching the forensic/legal services billing rates.
- Before the meeting, take the opportunity to view the patient's chart. You're not required to review the entire record, but just the notes pertaining to your involvement in the patient's care.

Don't speculate or guess. In your scheduled communication with the attorney, you need only give your opinions based on your medical knowledge and your knowledge of the facts of the case. Physicians cannot be compelled to express opinions they do not hold.

Physicians as expert witnesses/independent medical examiners
Service as an expert witness or an independent medical examiner is purely voluntary. If you agree to serve as an expert witness or independent medical examiner, you will want to ensure the following:

- Your role as an expert, not an advocate. The AMA states: *Medical experts should have recent and substantive experience in the area in which they testify and should limit their testimony to their sphere of medical expertise. The medical witness should not become an advocate or a partisan in the legal proceeding.*
- Agreement as to how your time will be billed. It is not acceptable to tie fees to outcomes of litigation. The AMA states: *It is unethical for a physician to accept compensation that is contingent upon the outcome of litigation.*
- Your participation passes a conflict check. At MeritCare, we take the position that physicians should not get involved in cases as expert witnesses or independent medical examiners if a colleague anywhere else in the MeritCare system is treating or has treated that patient for the condition at issue in the litigation.

*Before joining MeritCare as general counsel in 1998,
Richard was in private practice in health care law for 18 years.*

CRESCENDO study now recruiting patients in the region



Bret Haake, M.D.
Neurology

Does rimonabant taken daily reduce the risk of stroke, heart attack or cardiovascular death in abdominally obese patients with clustering risk factors? That's the question behind the major multinational study called CRESCENDO — Comprehensive Rimonabant Evaluation Study of Cardiovascular Endpoints and Outcomes.

48 months and come to MeritCare Neuroscience for checkups in the first, third and sixth months, then every six months for the duration of the study. "We keep very close tabs on these patients over the length of the study, keeping track of any adverse events," says Dr. Haake. "Patients appreciate the close follow-up, plus it's absolutely essential for the study."

Sponsored by sanofi-aventis, the 48-month CRESCENDO phase III study is now available at MeritCare Neuroscience in Fargo. "Even though a large number of patients may be eligible for this study, the population of patients we're targeting is patients who have had a stroke or a stroke warning in the past three years," says board-certified neurologist Bret Haake, M.D., executive physician partner of MeritCare Neuroscience and principal investigator of the study. "We were chosen as a site for this study because of our ability to recruit patients who have had a stroke."

The medication under study has not been FDA-approved. Rimonabant has recently been studied in several large clinical trials. Statistically significant and clinically meaningful mean weight reductions from baseline to one year for rimonabant 20 mg versus placebo were demonstrated in four large trials. These trials showed consistent, statistically significant and clinically meaningful effects on lipid profiles, reducing plasma triglycerides, increasing HDL-cholesterol and decreasing the total cholesterol to HDL-cholesterol ratio. Plasma glucose was significantly reduced in diabetics. "In so doing, the medication is expected to decrease the risk of heart attack, stroke or other vascular events," says Dr. Haake.

Eligible, well-informed patients who decide to participate in the study undergo initial blood work, take one pill daily (rimonabant or placebo) for up to

"The medication is expected to decrease the risk of heart attack, stroke or other vascular events."

Dr. Haake

Study enrollment began at MeritCare in August. Since then, approximately one patient per week has been enrolled in the study at MeritCare. "The patients I've visited with about this study have been very receptive," says Dr. Haake. "People who have had a stroke or a stroke warning are very interested in what they can do to potentially decrease their risk of future stroke or other vascular events."

MeritCare's recruitment efforts emphasize patients with stroke or TIA. Please contact Dr. Haake at (701) 234-4036 or clinical research coordinator Tish Skarloken at (701) 234-4091 for more information or if you have questions about the CRESCENDO study.

Eligibility criteria

There is additional inclusion criteria that a patient could qualify under other than what is listed below.

- Must be 55 years of age or older

AND

- Must have abdominal obesity (waist circumference greater than 40 inches in men; 35 inches in women)

AND

- A recent stroke or stroke warning (within past three years)



Palliative Care Unit specializes in quality of life



*Preston Steen, M.D.,
Medical Oncology/
Hematology*

Since 2003, MeritCare’s Palliative Care Unit has met the needs of patients and families, providing care and support at a critical time in life. “A change of focus might be the best way to characterize what we do here,” says the unit’s medical director Preston Steen, M.D., board-certified oncologist and palliative-care physician.

“Other medical treatments may be going on simultaneously, such as dialysis for a person who has kidney failure then develops incurable lung cancer, but symptom management takes priority.”

Who receives care on this unit?

Located at MeritCare South University in Fargo, the Palliative Care Unit includes eight private, comfortable rooms — all in a calm, caring, quiet setting. Patients who come to this unit typically have life-limiting disease that requires acute symptom management. Examples include cancer, congestive heart failure, severe stroke, emphysema, end-stage Parkinson’s disease or a mix of illnesses.

About half the patients stay for a period of time, then transition to long-term care such as a nursing home or back home, possibly with additional help. For those whose lives end on the unit, death is preceded by excellent symptom management, support for the patient and family and the best possible quality of life — at the end of life.

At times, too, the Palliative Care Unit collaborates with Hospice of the Red River Valley, providing support when a Hospice patient requires specialized symptom management available only in a hospital setting or when family caregivers need respite care.

Specialists in palliative care

A multidisciplinary team comprised of physicians, specially trained nurses, chaplains and social workers provides the individualized care. Of the nine physicians on the team, three are board-certified by the American Board of Hospice and Palliative Care Medicine and six

are board-eligible. “Board-certification lends credibility to the program,” says Dr. Steen. “It indicates we have physicians here who have stepped forward and said, ‘I’m interested in this area of medicine, and I’m interested in doing it well.’” At MeritCare, an increasing number of hospitalists have become board-certified in palliative care, contributing to good symptom management as well as identification of appropriate patients for the unit.

“Our multidisciplinary approach is key in meeting the needs of these patients and families,” says Dr. Steen. “Whether it’s emotional distress, spiritual distress or physical distress, we have specially trained professionals who can help. This is important, too, when you consider

“A change of focus might be the best way to characterize what we do here.”

Dr. Preston Steen

the interesting research that indicates certain physical symptoms such as pain and shortness of breath may be manifestations of certain types of stress. When an underlying problem between family members gets resolved, for example, there can be a noticeable improvement in a patient’s shortness of breath. We’re well aware of this component of care, which is why every day we as a team get together to discuss what’s going on with each patient and family. We also review each patient’s goals, making sure we’re doing all we can to uphold them.”

Arranging for a consult and transfer

If you are interested in a palliative care consultation for your patient, contact the physician on call in the Palliative Care Unit. “We’ll visit with you about the situation and one of us will come and see your patient, likely on the same day,” says Dr. Steen. Know, too, that when patients transfer from other units of the hospital, it occurs quickly, typically the same day it was discussed with the patient and family. “The social workers on the various units are keyed in and the whole process occurs smoothly,” says Dr. Steen. “Often it’s a relief for patients to get here because their regimen is simplified and symptom control takes priority.”

For more information, call the Palliative Care Unit at (701) 280-4560, or the unit manager, Roberta Young, B.S.N., R.N., at (701) 234-5428. For photos of the unit, visit meritcare.com (keyword: palliative care).

Meet MeritCare's palliative care physicians

The Palliative Care Unit at MeritCare includes nine physicians, each with a unique of background, but with the same interest and commitment to quality, compassionate acute symptom management for those with life-limiting illnesses. Drs. Steen, Leitch and Hauer are board-certified by the American Board of Hospice and Palliative Care Medicine; Drs. Alberto, Hanekom, Hao, Kapoor, Rahman and Sanaullah will sit for their boards this fall.



*Neville Alberto, M.D.
Internal Medicine*



*David Hanekom, M.D.
Internal Medicine*



*Weimin Hao, M.D.
Internal Medicine*



*Darko Hauer, M.D.
Internal Medicine*



*Prashant Kapoor, M.D.
Internal Medicine*



*John Leitch, M.D.
Medical Oncology/Hematology*



*Mohamed Rahman, M.D.
Internal Medicine*



*Mohammed Sanaullah, M.D.
Internal Medicine*



*Preston Steen, M.D.,
Medical Director of Palliative Service
Medical Oncology/Hematology*

A highly effective option: Red River Children's Advocacy Center



Alonna Norberg, M.D.
Pediatrics



Ron Miller, M.D.
Pediatrics

What's the next step after suspected child abuse? Medical, social service and law enforcement professionals in North Dakota and western Minnesota now have access to a streamlined, very effective avenue of action: The Red River Children's Advocacy Center (RRCAC).

"In cities across the country, a center such as this is the standard of care for the investigation

of suspected child maltreatment, whether it's physical or sexual abuse," says medical director Alonna Norberg, M.D., board-certified pediatric emergency medicine physician. "Thanks to many individuals, agencies and organizations working together, we now have a center in Fargo. Already it has improved the response to a very serious problem — a problem that can and does happen in communities large and small across our region."

Discretely located in a downtown office building and open weekdays, the RRCAC offers a professional, comfortable facility in which a customized multidisciplinary team (MDT) can come together to appropriately, efficiently pursue reports of suspected abuse. MeritCare physicians, nurse practitioners and nurses are the medical partners in each case, with professionals from other disciplines such as social services and law enforcement coming from the specific county where the suspected abuse took place.

The setting accommodates the teamwork of the professionals, but it also emphasizes the comfort and well-being of the child. Typically the child will spend one to two hours at the RRCAC, including questioning from a trained pediatric forensic interviewer and if needed, a noninvasive, well-explained medical exam by one of the specially trained pediatric providers. A pediatric colposcope with special photographic capabilities is used to better determine if sexual abuse has occurred, and a child life specialist from MeritCare Children's Hospital is readily available to offer support during the exam. "What pleases me most about this facility is it's non-threatening," says Dr. Norberg. "It's safe, it's child-friendly and the children who come

here feel like this is a place where they can talk. They know it's okay to ask any question and it will be answered, even a question they've been afraid to ask."

Ron Miller, M.D., F.A.A.P. and medical director of MeritCare Children's Hospital, says the RRCAC adds an important piece in caring for the region's children.

"Our mission is to care for children, including children who have suffered possible maltreatment. With the RRCAC, we — as a team — are able to do this better than ever before," he says. "This is a valuable addition to our region, and we at MeritCare are pleased to be part of it."

The RRCAC opened last April, and already the rates of successful prosecutions have increased, likely due to the consistent, coordinated, multidisciplinary approach. In addition, the RRCAC closely monitors case follow-up. "We seek to promote the best possible outcome in all cases, some of them heartbreaking and tragic. At the same time, it's important to point out that not all cases turn out to be abuse," says Dr. Norberg.

"Our mission is to care for children, including children who have suffered possible maltreatment. With the RRCAC, we — as a team — are able to do this better than ever before."

Dr. Miller

Services provided by RRCAC

Working with agencies and organizations across the region, the Red River Children's Advocacy Center focuses on multidisciplinary teamwork, a child-friendly system and support for the child and family. Services offered include:

- Timely response to child abuse reports
- Objective, unbiased assessments
- Reduction in the number of times a child victim is interviewed
- Expert medical personnel
- Accomplished court testimony
- Experienced case review and tracking
- Coordinated medical and mental health follow-up
- Community and agency education and training on child maltreatment
- Kids' Closet, a supply of donated items at the RRCAC to help relieve a child's stress

The RRCAC affiliates with the National Children's Alliance, the governing body for all formalized Children's Advocacy Centers in the country. In September, the National Children's Alliance unconditionally recommended RRCAC for full accreditation.

"I can recall a situation from years back, for example, when what looked like abuse turned out to be congenital birthmarks. It's not always as it appears, which underscores the value of that secondary consult."

If you as a physician suspect child abuse, you are mandated by law to report it. "We recommend physicians call social services or law enforcement in their county, then the agency can refer the child to us," says Dr. Norberg. "But if there are physicians who are more comfortable calling us directly, that's okay, too." For questions or more information, please call RRCAC nurse coordinator Carrie Simonson at (701) 234-6504, Monday through Thursday.

Better communication through the Electronic Document Management System



Steven Clemenson, M.D.
Internal Medicine

When you refer a patient for a consultation, you have a specific question you want answered, a certain issue you want addressed. And it's quite likely you stated this in a written note or in supporting documents, but for one reason or another, the note or supporting documents did not make it to the specialist in time for the appointment.

"When that happens, it's a real source of frustration for the specialist, the referring physician and the patient," says Steven Clemenson, M.D., board-certified internal medicine physician and Chief Medical Information Officer at MeritCare. "Now, with the Electronic Document Management System (EDMS), we can help close that loop, reducing problems and errors caused by lack of information. By improving the flow of information, we can ultimately improve the quality of care."

You send, we scan

EDMS — a new component of the electronic patient record — allows paper information sent by referring physicians to be scanned into the patient record. "It means anything a physician sends upon referral, such as notes, diagrams, tables, pictures — basically anything that can be photocopied — will be scanned into the patient's record. It will then be easily available to the specialist seeing that patient," says Dr. Clemenson. "The specialist will know exactly why the patient is there and what you, the referring physician, would like answered or addressed." Dr. Clemenson recommends that upon referral, physicians send the information directly to MeritCare's Medical Records Department, where it will automatically be scanned into the patient's

electronic record. When the patient comes to MeritCare for the consultation, the specialist can then electronically view the information you have sent with a few clicks of the mouse. EDMS is currently available at MeritCare's Fargo-Moorhead clinics and is expected to be implemented in the hospital setting in early November. In the future, it will also extend to the region.

Leading the way

Dr. Clemenson, who completed a Bush fellowship in 2000-2001 in biomedical informatics, has been at MeritCare since 1988, and has been working on the MeritCare Electronic Patient Health Record since 1997. "Since I'm still a practicing physician here, I'm in the trenches with everyone else when it comes to using these electronic tools," he says. "If we try something and it's not working so well,

I hear about it. But having said that, I must add, too, that MeritCare is far ahead of most health systems in the country when it comes to electronic information capabilities. Now many of them are trying to get where we are."

"By improving the flow of information, we can ultimately improve the quality of care."

Dr. Clemenson

Nationally, MeritCare is known as a leader in its use of information technologies.

In September, it was named to *HealthImaging & IT's* list of "Top 25 Connected Healthcare Facilities" for filmless and electronic achievements.

For the eighth year in a row, it has been named one of the nation's "Most Wired"

health care institutions by *Hospitals & Health Networks* magazine. The study measures use of information technology for safety and quality, customer service, business processes, workforce and public health and safety.

For more information about MeritCare's Electronic Document Management System, please call (701) 234-2330.

Now available: Adult Congenital Heart Disease Clinic

Years ago, children with significant congenital heart disease rarely lived to be adults. Today, thanks to surgical advances and expert care, more and more children survive well into adulthood — and thrive. Who best cares for this growing population of patients? The unique partnership of two specialists at MeritCare — a pediatric cardiologist and an adult cardiologist with extensive experience in congenital heart disease — establishes the foundation for MeritCare’s recently developed Adult Congenital Heart Disease Clinic.



Joshua Wynne, M.D.
Cardiology

“It’s a fairly specialized combination and we’re one of the few places around that can provide it,” says Joshua Wynne, M.D., board-certified cardiologist whose 30 years of experience in adult congenital heart disease includes Wayne State University in Michigan and Children’s Hospital Boston, Mass. “This multidisciplinary, interactive approach is the standard of care for patients with congenital heart disease who are now adults. With this clinic, they get the adult heart care they need, but at the same time they can still maintain that close, long-standing relationship with their pediatric cardiologist.”



Rodrigo Rios, M.D.
Pediatric Cardiology

Rodrigo Rios, M.D., board-certified pediatric cardiologist at MeritCare, partners with Dr. Wynne in offering the specialized team approach to adults with congenital heart disease. Started in July, the comprehensive clinic takes place monthly at MeritCare in downtown Fargo.

Covering all the bases

In one convenient appointment, patients can see both specialists, in addition to getting needed tests such as an echocardiogram and imaging studies. Typically Dr. Rios and Dr. Wynne individually examine and visit with the patient. Next, the two of them discuss their findings, combining their expertise to come up with a plan of treatment. The plan is then explained to the patient, with both specialists available to answer questions. Says Dr. Rios: “It’s rewarding in that this combined clinic was something we did not offer before, but beyond that, it’s great to know my pediatric patients who are becoming adults have the expert eyes of an adult cardiologist who’s very interested and very knowledgeable. It’s a great combination that clearly benefits patients.”

Adults with congenital heart disease face different issues than children, whether the issues are cardiac in nature such as coronary artery disease or issues brought on by the stages of adulthood. “The issues can be many, from contraception to pregnancy to genetic risk to job safety, including possible limitations,” says Dr. Wynne. “We’re comfortable dealing with all of them, and the answers will vary depending on the particular disease and the particular correction or corrections the patient has had.”

Who’s eligible?

The program provides complete assessments for new patients as well as follow-up for patients with previously diagnosed congenital heart disease. Any patient of adult age with a structural or congenital heart abnormality is welcome at the clinic. In some cases, the abnormality may prove to be insignificant with no follow-up needed, but in other cases, the condition may call for yearly — or more frequent — follow-up. “Typically, after the age of 16, it’s appropriate to have patients followed up and cared for in a clinic such as this, keeping in mind we’re here to augment what the primary care provider is doing, not replace it,”

says Dr. Wynne. “Adult patients with congenital heart disease have special needs that we are comfortable addressing. We’re here to provide the primary care physician with additional insights and backup.”

Following the appointment, the team sends a report to the primary care physician. “Every patient who comes to us already has a primary care physician and we keep that primary care physician informed,” says Dr. Rios. “Always, our visits end with a report signed by both of us so the primary care physician knows what happened at the clinic and what we are recommending. We want to work with the primary care physician for the best possible management of these patients, striving for well-balanced, productive, happy adults.”

“We want to work with the primary care physician for the best possible management of these patients, striving for well-balanced, productive, happy adults.”

Dr. Rios

For more information or to refer a patient to the Adult Congenital Heart Disease Clinic, please call (701) 234-2568.

MeritCare Lab advances with new expertise, state-of-the-art technology



*Jerry Baldwin, M.D.
Pathology*

A 24/7 operation with a pathologist always on call, MeritCare Lab now offers enhanced capabilities through the addition of highly trained specialists and state-of-the-art technology. “Greater knowledge, increased accuracy and stepped-up efficiency — you get all three with the recent additions we’ve made to our lab,” says Jerry Baldwin, M.D., board-certified pathologist and executive physician partner at MeritCare.

Added expertise

In two areas in particular — dermatology and oncology — demands over the years have grown considerably, both in complexity and in volume. In dermatology, for example, MeritCare Lab now processes more than 10,000 skin biopsies per year. “But in all areas, the scope of testing has broadened, with more types of tests and greater sophistication,” says Dr. Baldwin.

To better meet the demands, MeritCare Lab has added subspecialty expertise provided by two board-certified pathologists:

- Hematopathologist Michelle Bianco, M.D., who completed her fellowship at the University of Iowa Hospitals and Clinics
- Dermatopathologist Henry Votava, M.D., a pathologist at MeritCare for several years who then went on to pursue additional subspecialty training

In addition, Jody Thompson, M.D., offers yet another new area of expertise. Drawing on her specialized training, she directs molecular and infectious disease

diagnostics, assisting colleagues throughout the region in the selection of tests and the interpretation of test results. To contact Dr. Thompson for such assistance, e-mail jody.thompson@meritcare.com.

State-of-the-art technology, highly trained staff

Thanks to a successful and mutually beneficial partnership with Roche Diagnostics, MeritCare Lab has been equipped with the latest technologies in molecular diagnostics and automated instrumentation, making it a Molecular Center of Excellence as well as a Chemistry Center of Excellence.

“Thanks to this partnership, we have one of the most sophisticated set-ups you’ll find anywhere.”

Dr. Baldwin

“Thanks to this partnership, we have one of the most sophisticated set-ups you’ll find anywhere,” says Dr. Baldwin. “Roche now invites other professionals from across the country to come and see what these technologies are capable of in terms of accuracy, efficiency and depth of testing.”

Equally important is the level of training of MeritCare Lab staff. “There are very few labs in the country that have achieved MeritCare’s percentage of medical-technologists on staff. Nationwide, there’s a shortage of medical technologists, so we’re very proud of the high level of training within our team,” says Dr. Baldwin. MeritCare Lab helps ensure a good supply of highly qualified professionals through its own Clinical Lab Science Program, in partnership with Concordia College, Minnesota State University Moorhead and North Dakota State University.

More information about MeritCare Lab’s outreach services to the region, call (701) 234-2687. To learn more about MeritCare’s Clinical Lab Science Program or to access our lab procedures catalog, visit provider.meritcare.com or call (701) 234-2482.

EDUCATIONAL OPPORTUNITIES

For a complete listing of upcoming educational opportunities, visit

providers.meritcare.com

Smoking cessation: Your words and today's tools make a difference



Leonid Vilenski, M.D.
Internal Medicine

Research shows it makes a difference when physicians urge patients to stop smoking. Add to this the many smoking cessation tools available today, and the chances for success increase further.

"It's become a habit for me. I'll check the patient's chart before I go into the room, and if I see the patient smokes, I'll make every effort to visit with the patient about the possibility of quitting," says Leonid Vilenski, M.D., board-certified internal medicine physician and hospitalist at MeritCare. "My experience has been that when you take an educational, non-judgmental approach, most patients are receptive. I also let them know they won't have to go through this alone — we have good tools to help them quit."

Once patients express an interest in quitting, Dr. Vilenski arranges for a hospital consult with one of the specially trained respiratory therapists in MeritCare's Tobacco Dependence Program. The therapist visits with the

patient, offering education and information about smoking-cessation tools available including:

- Targeted counseling
- Nicotine replacement therapy — and its correct use
- Prescription medications including bupropion and the newest of the medications, Chantix

Chantix, approved by the FDA in May, offers a novel approach. Taken daily, the tablet blocks the nicotine from reaching the brain, and over time, the need for nicotine diminishes. Results from a large study — six clinical trials involving 3,659 patients — show promise: 45 to 51 percent of patients receiving a 2-milligram-per-day dose remained smoke-free at the end of six months.

"Even with all the tools we have, I would still say the number-one factor is a person's desire to quit smoking. That's where we as physicians can make a difference just by bringing up the issue and talking about it."

Dr. Vilenski

"Even with all the tools we have, I would still say the number-one factor is a person's

desire to quit smoking. That's where we as physicians can make a difference just by bringing up the issue and talking about it," says Dr. Vilenski. "It might seem uncomfortable at first, but it gets easier each time you do it. And always, I include this important question towards the end of the conversation: 'Would you be willing to give it a try?' Most people — I'd estimate 80 percent — are willing. I encourage all physicians to make this part of their daily practice."

What is InterLink?

InterLink is a newsletter for physicians, advance practice nurses and physician assistants in eastern North Dakota and northwestern Minnesota. Our goal is to keep you informed about issues and services that impact your practice and to help facilitate communication and information-sharing between health care providers. InterLink is also available online at providers.meritcare.com, along with up-to-date public policy information, educational opportunities and more. InterLink is published by MeritCare. Your feedback is welcome.

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