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Added PET scanner increases capacity



*Donald Stallman, M.D.
 Radiology*

This month, MeritCare is adding a second in-house, state-of-the-art positron emission tomography (PET) scanner to accommodate the growing demand for advanced technology in cardiology and oncology.

“In the past, MeritCare Heart Center and Roger Maris Cancer Center were sharing a PET/CT scanner,” says Donald Stallman, M.D., MeritCare board-certified radiologist who is fellowship-trained in nuclear medicine. “Now that we have this additional scanner, which is exclusively PET, we can better meet everyone’s needs.”

The new PET scanner will offer:

- **Increased capacity and easier scheduling for cardiology needs.** The new scanner will be able to accommodate eight or more cardiac PET perfusion studies per day. “For certain patients, including those with a body mass index (BMI) greater than 35 and those with certain body shapes, cardiac PET perfusion imaging offers a better imaging choice, providing greater accuracy,” says Dr. Stallman. (Note: Myocardial viability scans will continue to be done in the Cancer Center due to a different type of radio-tracer.)
- **Increased availability of PET/CT scanning to better meet oncology needs.** “The demands for PET have increased as a result of evolving applications for both medical and radiation oncology. For example, PET may be helpful early in a course of therapy to determine the patient’s response to treatment,” says Dr. Stallman.

New Medicare-approved indications

Another important benefit for oncology patients is MeritCare’s increased capability to perform new Medicare-approved indications. Medicare developed the National Oncologic PET Registry (NOPR) as part of a transition to evidence-based medicine. The purpose of the NOPR is to gather data about less common malignancies and determine the usefulness of PET. Inclusion in the NOPR requires that the referring physician complete a survey before and after the PET scan. The surveys are submitted to Medicare.

MeritCare oncologists know the NOPR process and are familiar with the latest approved indications for PET scanning. Examples include stomach, small intestine, liver, pancreas, lung (small-cell), bone, reproductive system and many more. PET scanning may be used at various points including diagnosis, initial staging, treatment monitoring and restaging or suspected recurrence.

Making a referral

Oncologists typically schedule PET scans for their patients, but if you’d like to learn more, call MeritCare Imaging Services at (701) 234-5015

or (800) 437-4010. If you have a heart patient whom you think could benefit from cardiac PET perfusion imaging, call MeritCare Heart Center at (877) HRT-CNTR to consult a cardiologist.

“Now that we have this additional scanner, which is exclusively PET, we can better meet everyone’s needs.”
Dr. Stallman



Recognizing the need for oral surgery

What are some indications a patient may need oral surgery? Common indications include facial trauma, patients who will undergo heart surgery, patients with weakened immune systems due to cancer treatment and patients with suspicious lumps and bumps. But here are others you may not readily consider:

- **A patient on anticoagulants who experiences discomfort** in wearing dentures due to sore spots and bleeding. “Dental implants provide an alternate way for missing teeth to be restored,” says Dr. Magid.
- **Patients who have difficulty maintaining nutrition**, including those with diabetes. “Part of the problem may be they’re not tolerating their partials or appliances and this compromises their nutrition. Nutrition is key to maintaining normal blood-sugar levels,” says Dr. Magid. “Dental implants can restore chewing ability and make a positive difference in nutrition.”
- **Patients who report problems such as “burning tongue,”** which can indicate anemia or other systemic conditions.
- **Patients between the ages of 15 and 19 who experience facial headaches.** “One of the sources of headache that should be in the work-up for younger patients is impacted or erupting wisdom teeth,” says Magid. “It’s one of the first things that need to be checked in this age group.”
- **Patients diagnosed with anorexia or bulimia** whose teeth have been compromised or lost due to continual exposure to regurgitated acid. “Considerable bone loss occurs the first six months after tooth loss, so the sooner we can address this, the better,” says Dr. Magid. “We have excellent techniques for replacing missing teeth, stabilizing the surrounding teeth and maintaining bone structure.”
- **Patients with autoimmune diseases who have lesions** that may be related to their condition.
- **Osteopenic patients** who have lost teeth over the years and now experience bone loss. “When dental implants are placed, the bone stops melting away,” says Dr. Magid. “Certainly, this gives back the ability to chew, but it also dramatically enhances facial appearance.”

Oral surgery meets needs of all, including healthy patients



Mitchell Magid, D.M.D.
Oral & maxillofacial surgery

MeritCare Oral and Maxillofacial Surgery specializes in the treatment of medically complex patients, particularly in cardiology, oncology and trauma. But you may not realize this department

also welcomes healthy patients in need of elective surgical procedures.

“Whether for dental implants, impacted wisdom teeth or orthognathic surgery, we offer state-of-the-art technology and the latest services,” says Mitchell Magid, D.M.D., board-certified oral and maxillofacial surgeon at MeritCare. “The technology just keeps getting better and our services reflect that. We also put a great deal of emphasis on patient education.”

What your patients can expect

Patients who come to MeritCare for oral surgery procedures can expect:

- **A streamlined approach, beginning with a thorough consultation.** “We make sure all patients have a good understanding of the nature of their problem and we strive to allay fears through thorough patient education and opportunities to ask questions,” says Dr. Magid. “We keep patients actively involved in their own treatment process.”
- **The latest equipment and techniques.** Examples include a variety of bone-grafting procedures, dental implants, the use of platelet-rich plasma, socket preservation techniques and aesthetic procedures such as crown lengthening.

- **Timely appointments.** “Certainly we continue to care for sick patients who are sent our way for oral surgery care, but we also welcome patients who come to us for elective procedures,” says Dr. Magid.

Working as a team

Dr. Magid and his team work with many professionals from throughout the region. “Many of our treatment plans incorporate a multidisciplinary approach, including physicians, orthodontists and general dentists,” says Dr. Magid. “We come together as a team to help address patients’ problems.”

Your role

Dr. Magid stresses the key role physicians play in recognizing oral surgery needs and informing patients of the services available at MeritCare. “Always, as part of a patient’s annual exam, the physician checks the head, eyes, ears, nose and throat. Physicians are very good at recognizing suspicious lumps and bumps, but it’s also important that they take

“It’s important that physicians take a good look to determine if the dentition is in a good state of repair.”

Dr. Magid

a good look to determine if the dentition is in a good state of repair,” says Dr. Magid. “If there are missing teeth or if there are skeletal problems with the jaw, it’s an opportunity to tell patients about the good options now available. Replacing teeth as well as restoring form and function to the jaws can have a dramatic impact on daily life.”

If you have questions or would like to learn more about the services offered by Dr. Magid, please call (701) 234-2331 or (800) 437-4010. Referrals from physicians and dental professionals in the region are welcome.

Patients troubled by varicose veins?

Redness and swelling of the legs. Achiness and tiredness after long periods of standing. Concern over thrombophlebitis recurrence. These symptoms and more may indicate that your patients could benefit from varicose vein treatment, but they may never even mention they're having a problem.

"Time and time again, we hear patients say they would have liked to have done something sooner, but they didn't know good treatments were available. They thought the only option was the vein-stripping surgery of years ago and that didn't interest them," says Warren Albrecht, D.O., MeritCare vascular surgeon — one of four physicians at MeritCare who perform minimally invasive varicose vein procedures. "Today's minimally invasive procedures offer great improvement over the traditional vein-stripping surgery, including more targeted treatments and faster recovery. Patients are impressed with how quickly they can return to their everyday activities."

"Today's minimally invasive procedures offer great improvement over the traditional vein-stripping surgery, including more targeted treatments and faster recovery."

Dr. Albrecht

Minimally invasive options

MeritCare offers several minimally invasive, cosmetically sound treatment options for varicose veins, including:

- **Endovenous laser therapy.** Approximately 80 percent of people troubled with varicose veins will be helped by endovenous laser therapy, a 45-minute outpatient procedure that addresses the great saphenous vein — often a significant source of reflux.
- **Transilluminated-powered phlebectomy.** Performed in the operating room, this procedure is used when varicose veins remain after previous treatments or when the veins cannot be completely treated with laser therapy.
- **Microstab phlebectomy.** This outpatient procedure is performed to remove veins that are not completely treated with laser therapy.

- **Subfascial endoscopic perforator vein ligation.** This recently added procedure works especially well in patients who have significant inflammation and are at risk for ulcers.

Varicose vein indications

Primary care physicians can help patients by being proactive. "When physicians notice obvious varicosities, it's helpful to ask the patients if they're having any problems or are bothered by them," says Dr. Albrecht. "Many patients may not realize the tiredness or swelling in their legs is related to varicose veins." Other indications include:

- A diagnosis of venous stasis
- Swelling in the legs with redness, indicating possible ulceration or high risk of developing an ulcer
- Varicose veins accompanied by a patient's observation of tiredness in the legs, aching or swelling, particularly after long periods of standing
- Obvious varicose veins that, even though asymptomatic, bother the patient for cosmetic reasons
- Thrombophlebitis, especially early on. "We'd like to see patients right after their first episode — that's when we can take care of this problem and get ahead of it," says Dr. Albrecht. "We can prevent recurrence and avoid the need for medication."

Making a referral

For more information or to refer a patient, please call MeritCare Interventional Radiology at (701) 234-6236, MeritCare Vascular Surgery at (701) 234-2251 or MeritCare Bemidji at (218) 333-5283. All three departments can also be reached at (800) 437-4010.



Warren Albrecht, D.O.
Vascular surgery



Eric Promersberger, M.D.
Interventional radiology



Corey Teigen, M.D.
Interventional radiology



Kevin Schoepel, M.D.
Vascular surgery
Bemidji



by *Teresa Levitski, M.D.*
Nephrology

KEYS TO DIAGNOSING CHRONIC KIDNEY DISEASE

How readily do you recognize chronic kidney disease (CKD)? Without a doubt, CKD regionally and across the country is under diagnosed, largely because the disease has no symptoms. Often, by the time patients are diagnosed, they're at an advanced stage of the disease and most certainly headed toward end stage disease.

How to diagnose

The best way to determine kidney function is the glomerular filtration rate (GFR). GFR measures how effectively the kidneys remove wastes and toxins from the blood, taking into consideration other factors that affect GFR, such as age, sex and race. In the past, physicians had various definitions of CKD and terms such as renal "insufficiency" and renal "failure" made the disease entity even less clear, both for health care professionals and for patients. Because of the confusion, CKD is now universally defined. Based on GFR, the National Kidney Foundation has a classification system in place, all under one term, "chronic kidney disease." See sidebar at right.

The value of early diagnosis

Early identification and treatment of CKD can reduce the progression of the disease as well as control associated diseases such as anemia. For patients, this translates to continued quality of life including optimal kidney function. Today, we know this can be achieved through:

- Making patients aware of steps they can take to slow progression of CKD, including good control of blood pressure, smoking cessation and if they have diabetes, well-managed blood-sugar levels.
- Prescribing appropriate medications to help patients keep blood pressure and diabetes in check. (Hypertension and diabetes rank as the two most common causes of CKD.)
- Reducing urine protein levels in all patients, though this most often affects diabetics.
- Avoiding nephrotoxins such as NSAIDs and using IV contrast exposure only if absolutely necessary in individuals diagnosed with CKD.

I urge all providers to take note of the estimated GFR on lab reports, particularly if the patient is at increased risk for kidney disease due to diabetes or hypertension. (At MeritCare, the GFR, estimated by a formula for adults age 18 and older called "MDRD," automatically occurs in lab work with chemistries; if you do not receive lab reports from MeritCare, you can easily calculate GFR by visiting the National Kidney Foundation's Web site at kidney.org, clicking on the "Professionals" section, then clicking on "Clinical Tools".) Recognizing and identifying abnormal GFR levels is a great start in addressing CKD — a silent disease that can cause considerable damage if left unchecked.

When to refer

Even though there is no hard and fast rule as to when patients diagnosed with CKD should be referred to a nephrologist, the following examples provide guidance. Refer to a nephrologist if:

- A patient's kidney function deteriorates quickly, such as a GFR loss of 4 mL/min per year or more.
- A patient has a GFR of 30 mL/min or less.
- A patient with heavy protein loss in the urine or moderate loss fails to respond to initial medications. For example, if the urine protein is greater than three grams per day, the patient should always be seen by a nephrologist, regardless of kidney function. The urine protein measurement can be easily achieved by checking a spot urine total protein to creatinine ratio, rather than a 24-hour urine protein collection.

Chronic Kidney Disease Classification

Stage I
(the mildest stage):
GFR of 90+ mL/min

Stage II:
GFR of 60 – 89 mL/min

Stage III:
GFR of 30 – 59 mL/min

Stage IV:
GFR of 15 – 29 mL/min

Stage V
(most severe):
GFR of less than
15 mL/min (or dialysis)

Board-certified in internal medicine and nephrology, Dr. Levitski joined her colleagues, Drs. Thomas Ahlin, Gopal Chemiti and Adit Mahale at MeritCare Nephrology in September 2006. For more information or to make an appointment, please call (701) 234-3360 or (800) 437-4010.

Now available: Three surgical options to treat morbid obesity



Timothy Monson, M.D.
Bariatric surgery

MeritCare now offers three surgical options for the treatment of morbid obesity: Roux-en-Y gastric bypass (open), Roux-en-Y laparoscopic gastric bypass and the most recent addition — laparoscopic banding. “Initially there was a fair amount of skepticism

about lap banding, particularly among surgeons who considered gastric bypass to be the primary procedure. But the evidence from Europe and Australia, where lap banding has been popular for years, clearly supports the use of the band for obesity surgery,” says Timothy Monson, M.D., board-certified general surgeon, bariatric surgeon and executive physician partner of MeritCare Surgical Services.

A brief look at lap banding

Unlike gastric bypass, lap banding requires no permanent change to the digestive system. In a 45-minute procedure performed under general anesthesia, the surgeon places an adjustable band around the upper part of the stomach, dividing the stomach into two portions — a small top portion and a large lower portion. When the top portion fills, the person experiences fullness. The food continues to move through the digestive tract in the usual manner, with the appropriate absorption of nutrients.

Available at MeritCare since fall of 2006, lap banding ranks as the least invasive of the three types of bariatric surgery. The procedure typically requires a one-night hospital stay, one-to-two weeks at-home recovery and an expected weight loss of one to two pounds per week. The band can be periodically adjusted to increase or decrease restriction.

Surgery proven effective

“Typically when patients consider obesity surgery, they know exactly which type of surgery

they want because they’ve been gathering information, talking to others and considering the pros and cons of each type,” says Dr. Monson. “Almost always, this is a very well-informed group of patients — and they’re ready for this step. They’ve experienced lifelong frustration in fighting obesity.”

The frustration stems from the difficulty in permanently losing weight. Obesity research indicates only 3 percent of people attempting weight loss through diet alone will be successful in taking the weight off and keeping it off for at least three years.

“We now have excellent evidence that fully supports the surgical treatment of the disease of obesity.”

Dr. Monson

The addition of bariatric surgery dramatically changes the statistic to 80 percent. “We now have excellent evidence and extensive statistics that fully support the surgical treatment of the disease of obesity,” says

Dr. Monson. “It’s important, too, for patients to have the support of their physicians, even though some physicians may still struggle

with their own issues and prejudices regarding obesity. Certainly, we as a medical community know surgery is not the final answer to morbid obesity, but until we have a pill that effectively works on the appetite center of the brain, which is where the real problem lies, this is the best we can offer — a safe, effective treatment that’s surgical.”

Expertise and support

MeritCare has been performing bariatric surgery for more than 30 years. Today, the experienced team includes three bariatric surgeons. Along with expertise, MeritCare has a program in place to fully support patients before, during and after surgery. National recognition has been achieved, too; in late 2006, the American Society of Bariatric Surgery named MeritCare a Bariatric Surgery Center of Excellence.

For more information about bariatric surgery at MeritCare, or to refer a patient for a consultation, please call (701) 234-2251 or (800) 437-4010.

Does your patient qualify?

Perhaps your patient has taken the initiative and expressed an interest in bariatric surgery. Or maybe you know of a patient who has struggled for years with morbid obesity and associated health problems, but is unaware of today’s improved surgical options. The following will guide you in initially assessing your patient’s condition and readiness for bariatric surgery.

Eligibility for gastric bypass surgery:

- Must be between the ages of 18 and 70
- A body mass index (BMI) of 40 or higher, or
- BMI of 35 to 40 with comorbidities such as high blood pressure, diabetes, sleep apnea and others

Eligibility for lap band:

- Must be between the ages of 18 and 65
- 80 to 100 pounds overweight

For all bariatric surgeries, a patient must:

- Show a supervised, documented attempt in the past year to lose weight through diet and exercise, but an inability to achieve/maintain success
- Have a good understanding of the lifestyle changes needed after surgery, including following a dietitian’s recommendations and incorporating exercise into daily life

“I always tell my patients that lifelong success in weight-loss surgery has three parts, and people who are highly successful do all three,” says Dr. Monson. “First, they undergo well-performed surgery at a facility that has a program to support them. Second, they eat right. And third, they incorporate exercise into their daily lives, even if it’s just walking.”

“With myriad treatment options over the past 10-15 years, it has become more important than ever to use the right combination at the right time. This protocol helps physicians do that.”

Dr. Kouba

Easy-to-follow ACS protocol strives for best possible outcome



Craig Kouba, M.D.
Cardiology

An easy-to-follow, step-by-step approach for the management of acute coronary syndrome (ACS) can help you ensure the best possible outcome for your cardiology patients throughout the region, particularly those who have suffered myocardial infarction. The goal is to diagnose, preliminarily treat, and if percutaneous intervention will be needed, get the patient to a major facility — all within 90 minutes or less, ideally 60 minutes.

“Physicians are being bombarded with the many ways to manage ACS. We felt it was important to develop a protocol based on what studies indicate is the current best approach. This is not based on theory, but on science — the data available in today’s top medical journals,” says Craig Kouba, M.D., board-certified cardiologist and one of several MeritCare cardiologists involved in developing the protocol.

Select a pathway, take action

The one-page protocol, which is designed to be a quick reference for use in any medical setting but particularly in emergency rooms, begins with a diagnosis or strong suspicion of acute coronary syndrome. “The best way to define it is an acute event causing either an ongoing or intermittent transient flow interruption in the coronary circulation,” says Dr. Kouba. “The patient’s history and an EKG will help physicians pick one pathway or the other on the protocol.”

Once the physician has selected a pathway, the protocol provides easy steps regarding which medications to use next. “With myriad treatment options over the past 10-15 years, it has become more important than ever to use the right combination at the right time. This protocol helps physicians do that,” says Dr. Kouba. “These steps can be followed in any emergency room and it’s just a matter of getting partway through the protocol, then phoning or faxing a cardiologist to help determine the next step. This is all a 30-minute or less exercise.”

Educate patients

Timing is everything. Studies have shown that patients who will require percutaneous intervention are more responsive when first treated with the correct combination of medications, then urgently transported to a tertiary care facility for further treatment. “Sure, we can open an artery after the patient arrives here, but if there’s been delay and the heart attack has already damaged the muscle, the benefit has been negated,” says Dr. Kouba. “The two keys here are for physicians to educate their patients to act on heart pain — don’t sit at home and delay. And the second message is for physicians to promptly follow the acute coronary syndrome protocol so that correct steps can be taken prior to transport. This gives the patient the best possible chance for a good outcome.”

The protocol is available on the following page. Visit providers.meritcare.com to print additional copies. MeritCare cardiologists are always available to advise you on the next step and help arrange a transport if needed. Call MeritCare Heart Center at (877) HRT-CNTR and ask to speak to the cardiologist on call.



Samuel Sears, Ph.D.

Learn more about the anxiety disorders often experienced by ICD patients at this patient education conference sponsored by MeritCare Heart Center. The keynote speaker will be Samuel Sears, Ph.D., associate professor at University Florida Health Science Center and nationally recognized expert in improving quality of life after receiving an ICD.

Confident Living with an ICD

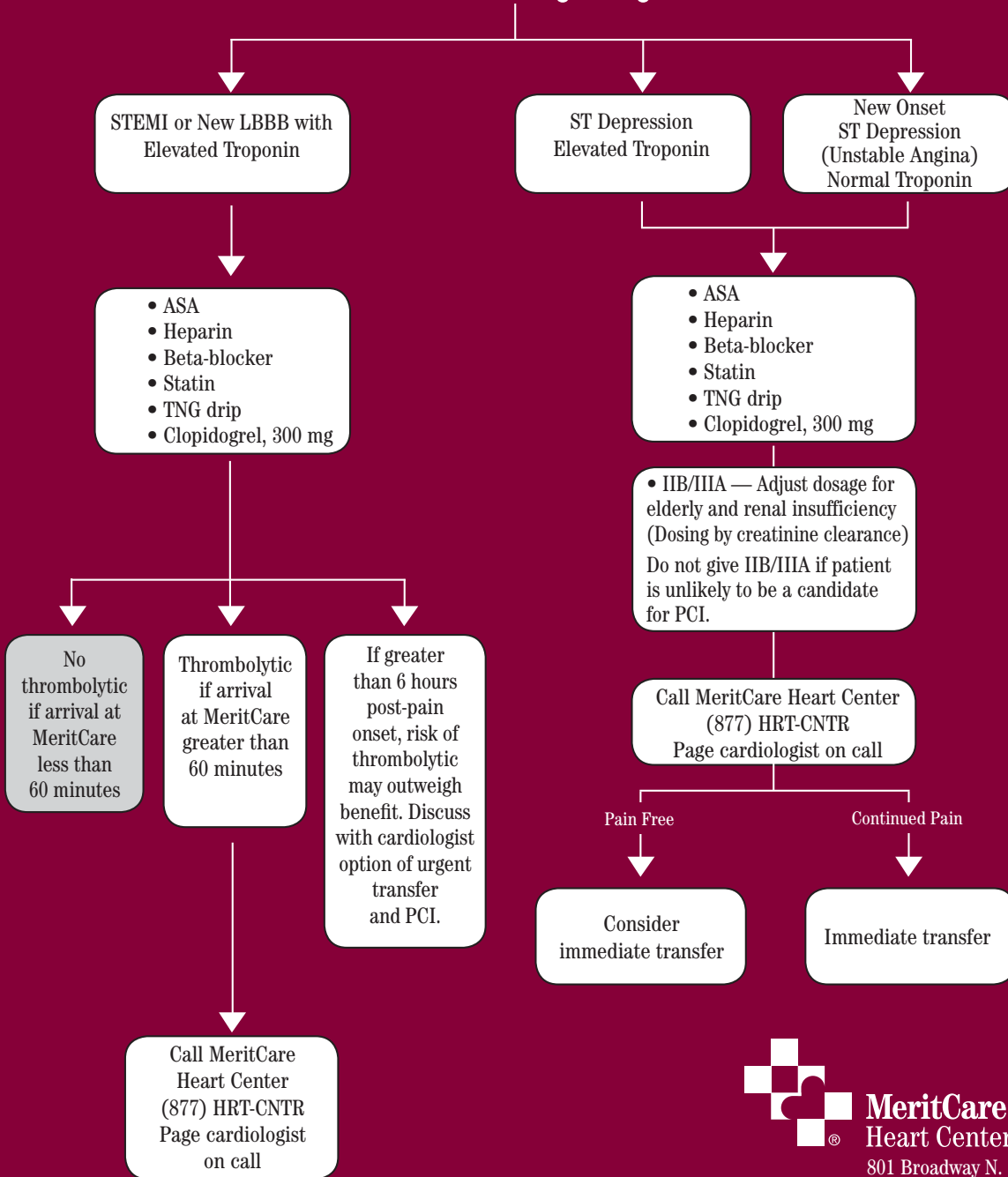
Saturday, May 19, 2007
10 a.m.-2:30 p.m.

Fargo Civic Center
207 4th St. N.

To learn more, call (701) 234-2258
or (800) 437-4010.



MeritCare Heart Center Acute Coronary Syndrome Protocol Acute Coronary Syndrome



ACC/AHA Guidelines for the Management of Patients with ST-Elevation MI Circulation 2004, 110: 588-838



Neurostimulation: An effective option to treat neuropathic pain



Michael Gonzales, M.D.
Pain medicine

Today's improved neurostimulation offers significant long-term relief for many people with neuropathic pain. "Neurostimulation has been in use for more than 30 years, but the quality of the technique has greatly improved, particularly in recent years," says Michael Gonzales, M.D., board-certified physical medicine and rehabilitation specialist and managing physician partner of MeritCare Pain Management. Two specific areas reflect advancement:

- **Better technology.** "The newer spinal cord stimulators are much more sophisticated, even compared to those of three or four years ago, and we're getting excellent results because of that," says Dr. Gonzales.

- **Better patient selection.** "We now have a very effective two-stage approach that includes a trial procedure so we know who will and will not benefit from neurostimulation," says Dr. Gonzales. "In cases where people respond, it's immediate and they tend to respond extremely well."

How neurostimulation works

Neurostimulation involves the surgical placement of one or two leads in the epidural space or around a peripheral nerve and a generator in the lower trunk. The system sends mild electrical impulses to the spinal

cord or peripheral nerve. These electrical impulses block the pain signal from reaching the brain, resulting in the patient experiencing a tingling sensation rather than pain. The system also includes an external programmable remote control device the patient can turn on and off as needed. "What impresses me most about this technology is it directly addresses the patient's problem and does so in a way that puts the patient in control," says Dr. Gonzales. "This fits well with our philosophy to encourage patients to be as independent as possible."

"What impresses me most about this technology is it directly addresses the patient's problem and does so in a way that puts the patient in control."

Dr. Gonzales

Treatment guidelines for neuropathic pain recommend anti-convulsants and anti-depressants as first-line therapy. "If after a month or two this has not delivered adequate relief, we next consider a spinal cord stimulator. If this fails, then we might resort to opiate therapy, but that's the third option," says Dr. Gonzales. "We have found the first two options often produce a much better result for the patient and we're able to avoid all the issues of narcotics addiction and side-effects."

Outstanding results

Patients who respond well to neurostimulation greatly appreciate the technology. "Patients are very, very grateful for relief that doesn't include taking drugs or undergoing major surgery," says Dr. Gonzales. "This isn't a technique that helps everyone, but often it's something that does work and it's a relatively low-risk procedure. We approach neurostimulation in such a way as to make sure each patient gets the best possible result."

Making a referral

If you have a patient who may be a candidate for neurostimulation, visit providers.meritcare.com to download a copy of the referral form. Include a letter of referral with the patient, specifying your interest in neurostimulation consideration. This will help ensure the appropriate initial evaluation for this technique. For more information, please call (701) 280-4540 or (800) 828-2901.

Who are appropriate candidates?

A patient with neuropathic pain typically reports a sharp shooting pain, often in the limb, but it can occur elsewhere in the body, too.

Indications for neurostimulation include:

- Complex regional pain syndrome (RSD)
- Failed back surgery with chronic leg pain
- Failed neck surgery with chronic arm pain
- Chronic nerve pain from an orthopaedic injury, particularly crush injuries to a limb
- Chronic abdominal and pelvic pain
- Pain due to peripheral vascular disease, but ineligible for bypass
- Pain from neuropathy, particularly diabetes-related
- Angina pectoris
- Sexual dysfunction
- Irritable bowel syndrome

MeritCare, UND collaborate in bladder cancer research



Conrad Toni, M.D.
Urology

MeritCare and the University of North Dakota School of Medicine have embarked on a research partnership for a four-year bladder cancer study, funded with a \$1.4 million grant from the National Institutes of Health.



Jerry Baldwin, M.D.
Pathology

Bladder cancer ranks as the fifth most common cancer in North Dakota, with rates increasing each year, according

to statistics from MeritCare Roger Maris Cancer Center. "Right now, the available tests for bladder cancer are not good enough for screening populations, yet this is a dangerous cancer," says Conrad Toni, M.D., board-certified urologist at MeritCare, UND clinical associate professor of surgery and lead clinical investigator of this research. "Finding an effective, inexpensive test would be extremely worthwhile. We're very pleased to join UND in this federally funded collaborative research."

The information gathered in the study could lead to a test to detect early bladder cancer by determining the presence or absence of metallothionein isoform 3 (MT-3) in cells from a urine sample. The research is aimed at determining if MT-3 can be used as an early warning sign, or "biomarker," for the diagnosis of bladder cancer in new patients and the recurrence

of bladder cancer in patients previously diagnosed and treated for the disease.

Now in its first year, study steps have included:

- Preparing a laboratory at UND to receive/catalog specimens and record results.
- Hiring a clinical research assistant at MeritCare.
- Appointing Jerry Baldwin, M.D., board-certified pathologist/executive partner at MeritCare and UND clinical assistant professor of pathology, to oversee MeritCare's involvement in specimen preparation and analysis.
- Putting in place the necessary paperwork to ensure the appropriate collection of urine specimens from MeritCare Urology. (During routine visits, patients will be given the option to participate in the study by leaving a urine sample and answering a few questions.)

"We're very pleased to join UND in this federally funded collaborative research."

Dr. Toni

Since the bladder cancer study is largely an information-gathering effort, physicians are not involved in actively recruiting patients to participate. However, one important step Dr. Toni urges all physicians to take toward the prevention of bladder cancer is to strongly encourage their patients to stop smoking. "By far and away, the most prevalent risk factor for bladder cancer is smoking," says Dr. Toni. "Yes, there are other factors in the environment that contribute to bladder cancer, but smoking is number one. It is the goal we need to accomplish first."

To learn more about this bladder cancer study, visit research.meritcare.com or call (701) 234-2905 or (800) 437-4010.

MeritCare Dermatology adds staff, improves access

With two new physicians, MeritCare Dermatology and Cosmetic Services can more readily meet your patients' needs. MeritCare welcomes Ryan Holzwarth, M.D., and Thomas Matzke, M.D. Both bring excellent diagnostic abilities in addition to expertise in various treatment modalities including laser surgery, electro-surgery and cryosurgery.



Dr. Holzwarth practices primarily at MeritCare Jamestown, with a part-time practice in Fargo. He earned his medical degree from the University of North Dakota School of Medicine, Grand Forks, and completed his residency in dermatology at the University of Michigan, Ann Arbor. He is board-certified in dermatology.



Dr. Matzke practices at MeritCare Southpointe in Fargo. He earned his medical degree from the University of North Dakota School of Medicine, Grand Forks, and completed his residency in dermatology at Mayo Clinic, Rochester. Prior to joining MeritCare, Dr. Matzke practiced at Olmsted Medical Center, Rochester. Board-certified in dermatology, Dr. Matzke has a special interest in rashes and skin cancer.

To refer a patient

To arrange consultations with Dr. Holzwarth and Dr. Matzke in Fargo, call (701) 234-8860 or (800) 437-4010. For consultations in Jamestown, call (701) 253-4000.





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

KNOW WHAT YOU'RE SIGNING

Note to readers: The column in the previous issue addressed how physicians should respond to legal requests. To reiterate what the American Medical Association says: "The physician has an ethical obligation to assist in the administration of justice." This ethical obligation extends to today's topic — filling out forms responsibly; often these forms closely tie with rights and benefits granted by state and federal statutes.

You know better than anyone the overwhelming number of forms that cross your desk on a daily basis. They may be related to Social Security disability, workers' compensation, Americans with Disabilities Act (ADA) certification, Department of Transportation (DOT) certification, Family Medical Leave Act (FMLA) certification, Federal Aviation Administration (FAA) certification and many others. How these forms are filled out may significantly impact patients' lives, both personal and work; often their livelihood is at stake. How do you respond to these forms? What do you do when pressured by a patient to complete the form in a certain way or to simply sign a form the patient has already completed? What happens when a form requests information that exceeds your knowledge of the situation?

Read the form

A key first step is to read the form, making certain you are the physician who should be completing and signing it. If you are the appropriate physician, make sure the form you sign accurately reflects your medical opinion in regard to your care of this particular patient. The signed form represents your best judgment based upon your knowledge of the case.

Only state what you know

What if the form goes beyond what you are comfortable signing? Let's say, for example, a form asks for a disability rating and it is not customary in your practice to rate disabilities. My advice is to complete the form to the extent you have an opinion formulated by your actual knowledge of this patient. When you do not have an opinion or do not feel qualified, do not fill out the form. Return it to the patient or the agency indicating another professional may be needed. Keep in mind whatever you sign must be based on facts and your treatment of the patient, not on pressure from the patient.

Consequences of inaccurate information

What can happen if a form is not completed in a manner that accurately reflects the physician's opinion? Both Minnesota and North Dakota boards of medicine address this issue. North Dakota's statute says: "The use of any false, fraudulent or deceptive statement in any document connected with the practice of medicine is grounds for discipline." Individual statutes providing for medical certifications may also impose severe penalties for being less than forthcoming. For example, the FAA medical certificate states, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry may be fined up to \$250,000 or imprisoned not more than five years, or both." In other words, it's worth your time and effort to know what you're signing.

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

Welcome new colleagues



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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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