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Adit Mahale, M.D.
Nephrologist

MeritCare Transplant Services now offers pre-transplant care to eligible kidney transplant patients who have a positive cross match with their donors. (Positive cross match means the patient has antibodies that, if not neutralized, would destroy the donor kidney within minutes of transplantation.) "Initially, positive cross match was an absolute contraindication for a transplant, but in recent years, several centers — including MeritCare — have had success in a desensitization protocol for people with mild to moderate levels of antibodies," says Adit Mahale, M.D., board-certified nephrologist who, after joining MeritCare in 2004, introduced the method to MeritCare Transplant Services.

The reasons for high-antibody levels can be many, but Dr. Mahale says the three most common ones are previous transplants, past blood transfusions and pregnancies. Until recently, patients with a high-antibody level often had to proceed to dialysis and wait for a donor organ that they were not sensitized to. With the new technology available, the level of antibodies can be reduced to the appropriate level prior to the transplant, significantly increasing the likelihood of success.

"Not everyone with high antibodies will be eligible for this pre-transplant care, but a fair number will be," says Dr. Mahale, who is experienced in the two techniques currently used to neutralize the antibodies. Both techniques have been successfully performed at MeritCare:

- **High dose intravenous immunoglobulin (IVIg) given intravenously prior to the transplant.** This option works best with lower levels of antibodies.
- **Plasmapheresis in combination with IVIg.** This option works best for higher levels of antibodies.

"The IVIg dosage and the number of plasmapheresis sessions depend on the degree and amount of antibodies," says Dr. Mahale. "We administer treatments to bring down the antibody level, we repeat the cross match until it's negative and then we're able to proceed with the transplant. The key to success is the cross match must be negative before the transplant can occur."

"Good ways exist to desensitize high-antibody levels and we have done them successfully at MeritCare."
Dr. Mahale

In Dr. Mahale's experience at Mayo Clinic, Rochester, Minn., and now at MeritCare, patients whose high antibodies were successfully desensitized fared as well post-transplant as did those who began with a negative cross match. "The only difference would be the high-antibody patients need to be followed more closely. They'll typically need a little more immunosuppression compared to the others," he says. "That's something we track through very close monitoring."

Dr. Mahale expects the positive cross match transplant will become more common in the years to come as the need for kidney transplants increases and the waiting list becomes longer.

"Just because someone has a high-antibody level or is a positive cross match does not mean this person should not get a transplant," he says. "Good ways exist to desensitize high-antibody levels and we have done them successfully at MeritCare."

For more information about positive cross match transplants or to refer a patient to Dr. Mahale for a consultation, please call (701) 234-3360 or (800) 437-4010.

Endoscopic stents relieve various strictures



*Bhargav Mistry, M.D.
Transplant surgeon*

Patients with benign or malignant strictures of the gastrointestinal tract, anywhere from the esophagus to the colon, now have a new treatment option: endoscopic stents. Though not a cure, the placement of endoscopic stents improves a patient's quality of life, particularly when the stricture limits swallowing ability.

"Stent technology has been successfully used for years in other areas of the body such as bile ducts and heart vessels. Now, with endoscopy, we're able to expand its use. Basically we're able to insert a stent wherever an endoscope can reach," says MeritCare board-certified transplant surgeon Bhargav Mistry, M.D., who has performed the procedure for a year and is the only physician in the region to offer it. "Patients appreciate the fact it's minimally invasive, plus they tolerate it much better than they would an open surgery." Performed under heavy sedation or a short general anesthetic, the outpatient surgical procedure takes about 30 to 45 minutes. Medicare and most insurers cover it.

A variety of applications

Strictures can be caused by several diseases and conditions including cancer (typically cancer of the esophagus), inflammation, infection and scarring. Endoscopic stents can be used on a temporary or permanent basis, depending on the patient's situation.

- **Delayed surgical treatment.** A temporary stent may be used for up to two or three months to address a blockage in a patient who is in need of surgical treatment, but is temporarily too ill to undergo it. The stent can address the problem until the patient is better able to tolerate surgery, then it will be removed.

- **Terminal cancer.** For patients with terminal cancer, a permanent endoscopic stent can serve a palliative role. "In advanced cancer, tumors can be very troublesome for patients, causing great difficulty in swallowing. An endoscopic stent can keep patients more comfortable so they can eat and drink in their last few days or months," says Dr. Mistry. "Prior to this type of treatment, many patients did not have any kind of relief and likely spent their last days or months being quite uncomfortable."
- **Respiratory tract.** "It's more rare, but sometimes patients have strictures of the trachea and bronchus," says Dr. Mistry. "This evolving technology gives us the capability to help them, too."
- **Bowel leaks and fistulae.** Stent treatment is useful for bowel leaks and fistulae, especially in situations where surgery is too risky or has already been attempted, but failed.

"Basically we're able to insert a stent wherever an endoscope can reach."

Dr. Mistry

Early intervention preferred

Dr. Mistry strongly recommends referring a patient for this procedure as soon as a stricture is identified. "If the blockage is complete, we cannot do this procedure," he says, adding that once a stent has been inserted, adjustments can be made, such as the insertion of another stent if the tumor grows above or below the original one.

Dr. Mistry has performed endoscopic stent placement in about 10 patients, with no major complications. "All of the patients have benefited, particularly those who had great difficulty eating or drinking due to narrowing," he says. "They really appreciate the fact they can now do something as simple as swallowing water."

For more information or to consult with Dr. Mistry, please call (701) 234-3400 or (800) 437-4010.

Dr. Alberto named Associate Program Director for the UND Internal Medicine Residency Program



*Neville Alberto, M.D.
Internal medicine*

MeritCare internal medicine specialist, Neville Alberto, M.D., will become Associate Program Director for the UND Internal Medicine Residency Program effective July 1, 2006. He is currently a Clinical Associate Professor of Medicine in the UND Department of Internal Medicine and was voted the "Outstanding Teacher of the Year" for the Southeast Campus by UND medical students in 2003.

In his new position, Dr. Alberto will participate in all aspects of management of the residency program as well as continue his clinical teaching, quality management activities and practice as a hospitalist at MeritCare, which he has done since 2001.

Congratulations, Dr. Alberto!

Physician assistant Sean McDonald receives prestigious award



*Sean McDonald, P.A.-C.
Orthopedics*

Sean McDonald, physician assistant at MeritCare since 2001, received the 2006 Outstanding Physician Assistant of the Year award from the North Dakota Physician's Assistant Association. He was selected from candidates from throughout the state.

practice. Because of him, I am able to work more efficiently and he provides a stimulus for my own learning," says Dr. Matthys. "I rely on him as much as my patients do."

Originally from Kindred, N.D., McDonald earned his physician assistant degree from Nova Southeastern University, Fort Lauderdale, Fla.

Dr. Gary Matthys, MeritCare orthopedic surgeon, nominated McDonald. "I consider Mr. McDonald a valuable asset to my

Congratulations, Sean McDonald!

EDUCATIONAL OPPORTUNITIES

For a complete listing of upcoming educational opportunities, visit

providers.meritcare.com

Clinical trial tests new medication for rheumatoid arthritis



*Jim Carpenter, M.D.
Rheumatologist*

Adult patients with rheumatoid arthritis who have not attained full symptom relief from methotrexate therapy may be eligible for a clinical trial at MeritCare, one of only 23 U.S. sites where this international study is available.

Sponsored by Hoffmann-La Roche, the study — now in Phase II — tests a new medication in adult patients with rheumatoid arthritis. It is expected the

medication (R04402257), taken in conjunction with methotrexate therapy, will provide more complete symptom relief than methotrexate therapy alone. In this phase, the study will determine which of six possible doses is the most effective.

"It's a very selective study, so we want to make sure it's available for referring physicians with patients who may be interested and who meet the strict criteria," says Jim Carpenter, M.D., MeritCare board-certified rheumatologist and principal investigator of the study. (See below for key inclusion and exclusion criteria.)

Study involvement

If patients meet the strict exclusion/inclusion criteria, they come to MeritCare in Fargo for an appointment with Dr. Carpenter, including an exam and lab work, to further determine if they

qualify. All study-related exams, lab work and medications are free of charge to patients.

After qualification has been determined, consenting patients begin the 12-week study. Each day, they take two pills in the morning and two in the evening, along with their current dose of methotrexate. Five designated times over the next 12 weeks they come to MeritCare in Fargo for lab work and an appointment with Dr. Carpenter. Even if patients gain full relief from symptoms during the study period, the drug will not be available for use until it has proceeded through additional study phases and gained approval from the Food and Drug Administration.

"In finding the best way to treat — and one day cure — rheumatoid arthritis, we simply couldn't do without clinical trials. They're absolutely key," says Dr. Carpenter. "We're pleased to be able to participate in this study, but even more important, to make this opportunity available to patients who may be eligible."

If you have a patient who may benefit from participating in this study, please call Dr. Carpenter at (701) 234-2829 or study coordinator Brandee Godfrey at (701) 234-2923. Both can also be reached at (800) 437-4010.

For information about other clinical research trials available at MeritCare, visit research.meritcare.com.

Eligibility Criteria

Key inclusion criteria

- ✓ 18 years of age or older
- ✓ Active rheumatoid arthritis
- ✓ Have received methotrexate for at least 24 weeks, with the last eight weeks at a single dose level between 10 to 25 milligrams weekly

Key exclusion criteria

- ✓ Major surgery within eight weeks prior to screening or planned surgery within three months after randomization
- ✓ History of malignancy
- ✓ Immunization with a live vaccine within four weeks prior to baseline
- ✓ Previous treatment with a biologic agent such as Enbrel, Remicade, Humira and Kineret
- ✓ Current DMARD therapy other than MTZ, HCQ or CQ

What to do if you suspect an eating disorder

In your day-to-day practice, how often do you encounter a patient whom you suspect has an eating disorder? At what point — and how — do you approach the patient? If the patient is a minor, when and how do you involve parents? The answers aren't easy, particularly when you consider the brevity of an office visit and the fact the patient is there for another reason.

Indications of a possible eating disorder

Signs you may see in the office setting include:

- Unexplained, unplanned weight loss (a drop of 10 to 20 percent of body weight)
- Changes in blood pressure/heart rate due to weight loss
- Extreme thinness at outset (90 percent of ideal body weight)
- Enamel erosion on teeth
- Enlargement of salivary glands
- Evidence of trauma to the hand, which may indicate induced vomiting
- An abnormal serum electrolyte test (low chloride, low bicarb, though this is not definitive)



James Mitchell, M.D.
Psychiatrist

"It's always important to begin with a high index of suspicion in girls and women between the ages of 15 and 30. Eating disorders are common enough in this group that the question should cross your mind if you see certain features on physical exam," says MeritCare board-certified psychiatrist James Mitchell, M.D., co-director of the Eating Disorders Institute (EDI) in Fargo. Established in 1996 and the only one of its kind in the region, EDI is a cooperative program of MeritCare, the Neuropsychiatric Research Institute and the University of North Dakota School of Medicine and Health Sciences. EDI provides the full continuum of inpatient, outpatient and partial hospitalization services.



Stephen Wonderlich, Ph.D.
Psychologist

Beyond physical signs of a possible eating disorder, another key aspect involves the mind. "What's very hard to get is the patient's cognitive or thinking style, especially as it relates to food, shape and weight," says MeritCare clinical psychologist Stephen Wonderlich, Ph.D., co-director of EDI. "Obsessing about food, shape and weight is the hallmark of an eating disorder, yet this is not something a patient easily talks about with the physician. Because these 'hidden features' are indeed very difficult to find, physicians need to be on the lookout for the physical signs."

Approaching the patient

In approaching the patient, it's important to first assess the urgency of the situation. If your patient is of dangerously low weight and you strongly suspect anorexia nervosa, prompt action is needed, even if the patient denies any problem. If you have a patient who is a minor, and even if the patient is very resistant to the idea of possible illness, anorexia is dangerous enough that the family should be involved at the outset. You need to immediately pull the family in and share the information," says Dr. Mitchell. Left untreated, anorexia nervosa can result in serious medical complications or death.

In less-urgent situations, Dr. Wonderlich suggests the following approach:

- **Matter-of-factly, inform your patient of your observations.** "It might be along the lines of 'I noticed this, this and this, and these features are consistent with a possible eating problem,'" says Dr. Wonderlich. It's unlikely the patient will admit to a problem, but this doesn't preclude the next step.
- **Without any pressure or judgment, simply offer to the patient basic educational materials about eating disorders.** The conversation might go something like this: "I know you're telling me you don't have this type of problem, but I just want to give you some information to take home, read on your own and to think about. If anything changes for you or if you want to talk more about this, please call us." If your patient has Internet access, you might also suggest visiting edi.meritcare.com. This Web page also includes a five-question self-test and more information about EDI.

Both Drs. Wonderlich and Mitchell stress the importance of low expectations for patient response when first approached about a possible eating disorder. "Often this becomes a process," says Dr. Mitchell. "You plant the seed, but you're not likely to bring it to fruition on the first attempt."

"Physicians need to be on the lookout for the physical signs."

Dr. Wonderlich

Making a referral

If your patient would like more information about the evaluation and treatment of eating disorders, a good place to start is Deb Nelson, R.N., nurse coordinator at EDI. Deb's extensive experience in working with physicians, patients and family members makes her an excellent resource. To speak with Deb Nelson or to consult with either Dr. Wonderlich or Dr. Mitchell, please call (701) 234-4111 or (800) 437-4111.



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

**WHAT IS YOUR OBLIGATION?
Drug/alcohol issues during pregnancy**

What do you do if you suspect illegal drug use and/or alcohol abuse in a pregnant patient? For many years, Minnesota law has obligated providers (physicians as well as physician assistants and nurse practitioners) to report suspected maternal abuse of drugs or alcohol during pregnancy. In 2003, North Dakota enacted similar legislation for physicians. In both states, the goal of the law is not to criminalize the issue, but rather to intervene — to get needed help to pregnant women at a time when it can make the most difference, hopefully ensuring a better outcome at delivery. Although every situation has its own variations and peculiarities, the following three broad scenarios outline general steps you can take to fully support both states' laws. **Be forewarned this process may seem cumbersome, but its value as a component of child protection is clear: to intervene at the appropriate time for the health of the baby.**

Scenario 1

During a prenatal exam, your medical judgment alerts you something is "off" — an abnormality in fetal development or physical characteristics in the woman consistent with recreational drug use. What do you do?

- You must first ask yourself this key question: What is my basis to suspect? Before anything, you must have reasonable basis to suspect the "use of a controlled substance for a nonmedical purpose." Reasonable suspicion may also be based on a statement made by the patient or external information such as a call from a family member with reliable information.
- Next, approach your patient; explain your concern for her baby and ask if she's willing to be tested. If yes, proceed with

testing. If no, do you have a specimen already available (one that was obtained for another purpose)? If so, you can test without consent, but you must inform the patient.

- The test results come back; what is your reporting obligation?
 - If positive, you must report this to county social services.
 - If negative, you must still report if you have reasonable cause to believe there is use of a controlled substance for a nonmedical purpose.

If a test was not done, you still must report to county social services if you have reasonable cause to suspect the use of a controlled substance for a nonmedical purpose.

continued

WHAT IS YOUR OBLIGATION?

Scenario 2

You deliver a baby, recognizing problems immediately. You suspect the baby is a victim of the mother's substance abuse. What do you do?

You'll first want to determine the best course of treatment for the baby, but to do this, you need to know what drug the baby has been exposed to. Regarding newborn testing:

- If you have reason to believe the baby was exposed to illegal drugs, you do not need parental consent for testing. You can proceed, but testing must take place **within 30 days of birth**.
- As in Scenario 1, you have the same obligation to report to county social services. (Minnesota providers have some additional reporting requirements.)

If you decide that maternal testing is of some use at this point, you should follow the process outlined in Scenario 1. But keep in mind this key point: For post-delivery testing without consent, testing must be done **within eight hours of delivery**, and if done in North Dakota, you must already have a specimen available.

Scenario 3

In the course of a prenatal examination, you have reason to suspect maternal alcohol abuse. What do you do?

- First, you must identify it as alcohol abuse, not simply alcohol use, using your state's particular definition:
 - North Dakota: "alcohol abuse or dependence as defined by the current American Psychiatric

Association diagnostic and statistical manual, or a maladaptive use of alcohol with negative medical, sociological, occupational or familial effects"

- Minnesota: "the person has required detoxification for alcohol intoxication during the pregnancy, or the person is found to have a possible alcohol problem through the use of a validated alcohol screening test approved by the Minnesota Commission of Human Services"

Unlike drug testing, providers cannot perform an alcohol screening test without patient consent or a court order.

If the situation meets the definition of alcohol abuse, and if the woman knows she is pregnant (knowing is key), you are required to either report to county social services or refer for an assessment and treatment (if warranted). Most providers choose to refer. If the patient follows the treatment-program recommendations, the provider is not obligated to report to county social services. But if she quits or does not follow program requirements, the provider is obligated to report.

If you see evidence of drug use and/or alcohol abuse during pregnancy that calls for a report, contact your county social services department.

If you are a MeritCare provider, consent and notification forms are available on CareNet.

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

Keys to quality sleep care: Accuracy, follow-up and satisfaction



*Samy Karaz, M.D.
Sleep medicine
specialist*

The correct treatment for sleep disorders depends on an accurate diagnosis. An accurate diagnosis requires a thorough evaluation, including appropriate follow-up care. That's what you can expect when you refer your patients to MeritCare Sleep

Disorders Center, North Dakota's first comprehensive sleep center. Established in 1982, MeritCare Sleep Disorders Center is the only center in the region accredited by the American Academy of Sleep Medicine. "Our goal is to do the most thorough evaluation and offer the best treatment. But it doesn't stop there," says board-certified sleep medicine specialist Samy Karaz, M.D., medical director of

the Sleep Disorders Center. "We make sure the outcome is satisfactory by doing the necessary follow-up."

Services that contribute to a more thorough evaluation include:

- **All-night oximetry test.** "We do this test frequently in order to evaluate the severity of a patient's sleep disordered breathing, but also post-treatment to ensure optimal results," says Dr. Karaz.
- **Frequent use of actigraphy** (a device worn on the wrist). "Actigraphy helps us know the amount of actual sleep a patient

gets in a given period of time, and this contributes significantly to the accurate diagnosis of sleep-related problems," says Dr. Karaz. "We are the only center in the area that uses this technology extensively. We provide it as an extra service because it adds greatly to accuracy."

- **Digital tracking of Continuous Positive Airway Pressure (CPAP) compliance.** "Not only do we make certain a patient truly needs a CPAP, but we do close follow-up to assess compliance," says Dr. Karaz. "Too often, patients who undergo sleep studies might have a minimal amount of sleep apnea, but because it's present, this becomes the diagnosis. They receive a CPAP, yet they continue to have problems. At our sleep center, we accurately diagnose the problem, plus provide appropriate follow-up." Dr. Karaz points out that of the 50 percent of men who snore, only 4 percent truly have obstructive sleep apnea.
- **A readily available, experienced staff to meet the needs of patients, family members and providers.** "I am always more than happy to answer any of my colleagues' questions about sleep. We want patients with sleep disorders to get an accurate diagnosis, receive the correct treatment and know they can depend on us anytime they have questions or concerns. We'll be here for them," says Dr. Karaz.

Based in Fargo, MeritCare Sleep Disorders Center also offers services at MeritCare Bemidji and MeritCare Perham. To refer a patient or consult with Dr. Karaz, please call (701) 280-4600 or (800) 437-4010.

Of the 50 percent of men who snore, only 4 percent truly have obstructive sleep apnea.



Warren Albrecht, D.O.
Vascular surgeon



Kevin Schoepel, M.D.
Vascular surgeon



Daniel Mickelson, M.D.
Interventional radiologist



Eric Promersberger, M.D.
Interventional radiologist



Corey Teigen, M.D.
Interventional radiologist

Advanced options for varicose veins

For symptomatic varicose veins, MeritCare now offers two minimally invasive, cosmetically sound treatment options: endovenous laser therapy and transilluminated powered phlebectomy. The treatments are available through two departments — Interventional Radiology and Vascular Surgery. In both departments, highly trained, experienced specialists perform the treatments. In addition, both departments stress the importance of a thorough, reliable evaluation to ensure patients receive the treatment — or combination of treatments — that best meets their needs.

Endovenous laser therapy

For approximately 80 percent of people troubled with varicose veins, the problem can be traced to the greater saphenous vein (GSV). "If the GSV has leaky valves, we see significant reflux — a major contributor to varicose veins," says Eric Promersberger, M.D., MeritCare board-certified interventional radiologist. "By treating the source of the reflux, we can accomplish much as far as pain relief. Patients experience significant improvement."

In a 45-minute outpatient treatment (performed in a procedure room under local anesthesia), the specialist inserts a thin laser fiber into the GSV through a small incision. Laser energy heats the vein, causing it to shrink and collapse. The blood then routes to healthy veins, causing the larger varicose veins to diminish. (Any remaining varicose veins tend to be small and easily treatable in a follow-up procedure.) Most patients can resume their normal activities the next day.

Transilluminated powered phlebectomy

When varicose veins remain after previous treatments or cannot be completely treated with laser therapy, a minimally invasive

procedure called transilluminated powered phlebectomy comes into play. Performed under anesthesia in an operating room, the same-day procedure involves two to three strategically placed small incisions. Through these incisions, the specialist inserts specially designed instruments, including one that illuminates the varicose veins.

"The illumination is what enables the complete removal of the varicose veins — complete, yet minimally invasive," says Warren Albrecht, D.O., MeritCare board-eligible vascular surgeon who has been performing the treatment since 2005 and was the first to bring it to the Red River Valley. "Patients who have undergone previous procedures such as vein-stripping are especially impressed at how quickly they can resume their activities."

Both procedures have received excellent reviews from patients, including appreciation for the quick recovery. In the words of one patient, "The treatment was as easy and carefree as it possibly could have been. Within one week, I could tell the difference — no more bulged-out veins, no more tiredness

in my legs and I had so much more energy. My only regret is I didn't have it done years sooner."

Making a referral

For more information or to refer a patient, 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.

"Patients who have undergone previous procedures such as vein-stripping are especially impressed at how quickly they can resume their activities."

Dr. Albrecht

Introducing patients to the hospitalist concept



James Volk, M.D.
Internal medicine

When your patients undergo hospitalization in one of the general medicine units at MeritCare Hospital, they'll be placed under the supervision of a hospitalist — an internal medicine physician

dedicated solely to caring for hospitalized patients. Because many patients have never heard of the hospitalist concept, it may be important for you to visit with your patients about what to expect while hospitalized.

MeritCare's hospitalist program

One of the easiest definitions of a hospitalist to share with your patients is "a doctor who specializes in hospital care." MeritCare has 12 hospitalists, all of them board-certified internal medicine physicians, with four more expected to join this summer. They oversee the care of approximately 80 to 100 patients per day, often those with gastrointestinal issues, strokes and cardiac-related problems such as congestive heart failure.

"We're in-house 24 hours a day, seven days a week, which means we're readily available to meet the needs of patients, families and referring physicians," says James Volk, M.D., a hospitalist himself and supervisor of MeritCare's hospitalist program. "Whether it's for an urgent medical need, or just a question or concern, we're right here. Patients also appreciate the added efficiency in

coordinating their care, including ordering tests, tracking the results and arranging for consultations."

A team approach

Your patients may also wonder about the team approach to care while hospitalized at MeritCare. In treating patients, MeritCare hospitalists work closely with medical residents and consulting

specialists such as gastroenterologists and cardiologists, so it's not unusual for a team of physicians to enter your patient's room. "This can be surprising and a little overwhelming to patients initially, but once they understand it, they're reassured to learn the team approach adds to the quality of care we're able to provide," says Dr. Volk.

A patient's primary care physician plays a key role in the care team. When the patient is discharged from the hospital, the hospitalist notifies the primary care physician. "We want a smooth transition from hospital discharge to home, making sure the primary care physician is well aware of what has transpired," says Dr. Volk.

"We're in-house 24 hours a day, seven days a week, which means we're readily available to meet the needs of patients, families and referring physicians."

Dr. Volk

Questions?

Dr. Volk welcomes your feedback at any time. You can reach him by e-mail at james.volk@meritcare.com or by calling (701) 234-2528 or (800) 437-4010.

If you'd like patient brochures about MeritCare's hospitalist program, please call (701) 234-2731 or (800) 437-4010. Patient information is also available online at meritcare.com (keyword: hospitalist).

MeritCare Hospitalist Program implements Rapid Response Team

When an adult patient at MeritCare Hospital takes a dangerously unstable turn, no matter what time of the day or night, the Rapid Response Team can be activated and on the scene immediately. This team provides a quick, comprehensive assessment and treatment plan to stabilize the patient, potentially preventing cardiac arrest and the need for a Code Blue. A new component of MeritCare's hospitalist program, the Rapid Response Team is comprised of a hospitalist, a respiratory therapist and a critical care nurse.

"Our goal is to get to patients earlier if they're becoming unstable," says James Volk, M.D., hospitalist and supervisor of MeritCare's hospitalist program.

"Institutions elsewhere have had good success with this type of team, including a decrease in the number of Code Blues. I expect the same will happen here."

So far, the Rapid Response Team has been very well-received. "The nursing staff in particular has appreciated the fast response we're able to provide," says Dr. Volk. "If the patient's physician is not readily available, for example, the nurse can call the Rapid Response Team to provide the stabilization needed, and if necessary, transfer the patient to the Intensive Care Unit."

For more information about the Rapid Response Team, please call (701) 234-2731 or (800) 437-4010.

Meet MeritCare's hospitalists

The hospitalist program at MeritCare includes 12 board-certified internal medicine physicians dedicated solely to the care of hospitalized patients, with four more expected to join this summer.

This program offers advantages for primary care physicians:

1. Allows primary care physicians the opportunity to focus their practice on outpatient care.
2. Frees primary care physicians from having to make hospital visits several times per day and evening.
3. Improves quality of care, including shorter length of stays, reduced mortality rates and greater efficiency.

If you've referred a patient to one of the general medicine units at MeritCare Hospital or plan to and would like to speak with a hospitalist, please call (701) 234-2528 or (800) 437-4010.



*Adheesh Agnihotri, M.D.
Internal medicine*



*Neville Alberto, M.D.
Internal medicine*



*Satish Chandrashekar, M.D.
Internal medicine*



*Weimin Hao, M.D.
Internal medicine*



*Darko Hauer, M.D.
Internal medicine*



*Prashant Kapoor, M.D.
Internal medicine*



*Sandeep Laroia, M.D.
Internal medicine*



*Vishnu Parvathareddy, M.D.
Internal medicine*



*Mohammed Rahman, M.D.
Internal medicine*



*Mohammed Sanaullah, M.D.
Internal medicine*



*Leonid Vilenski, M.D.
Internal medicine*



*James Volk, M.D.
Internal medicine*

Online provider directory available



*Steven Clemenson, M.D.
Internal medicine
Chief Medical
Information Officer*

If you'd like a quick, convenient way to get accurate information about all of the providers at MeritCare, visit doctor.meritcare.com. You'll also find contact information, such as practice locations and direct phone numbers.

"One of the best features of our online directory is it's up-to-date and easy-to-use, including several different kinds of search capabilities," says Steven Clemenson, M.D., board-certified internal medicine physician and Chief Medical Information Officer at MeritCare.

"Referral physicians and patients appreciate the increased convenience in finding what they need."

The directory can be searched by last name, medical specialty and/or location. If you're wondering, for

example, whether MeritCare has a pediatric gastroenterologist, you can easily find out by searching "pediatric gastroenterology."

"Referral physicians and patients appreciate the increased convenience in finding what they need."

Dr. Clemenson

The directory provides an opportunity for referral physicians as well as patients to learn more about individual MeritCare physicians, including educational background, areas of expertise, experience and often their philosophy of care.

Convenient printing capabilities are also available, making it easy to give your patients a single sheet that includes biographical information and a photo.

If you prefer a printed directory, you can easily create one for yourself. Just click on the link to the printable directory at the bottom of the search page. You can print the entire directory organized by medical specialty, last name or location.

See for yourself! Visit doctor.meritcare.com today.

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.

Contact MeritCare
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