



the review

Randy Perkins, PA-C, Editor

January, 2014

This edition features an article that was originally published in "ND Physician" in 2012. It reviews the busy oil field medical practice of Dr. Gary Ramage. "The review" would be interested in reviewing any of your similar stories relating to oil field medicine.

Mission:

The mission of NDAPA is to promote quality, cost-effective, accessible health care to enhance the health and well-being of the people of North Dakota and to promote the professional and personal development of Physician Assistants.

NDMA’s CDL-Certified Medical Examiner Course Offers On-line Training from the Convenience of your Home or Office

Beginning **May 21, 2014**, all CDL medical certificates issued to interstate commercial vehicle drivers must be issued by medical examiners listed on the National Registry of Certified Medical Examiners (NRCME).

The North Dakota Medical Association (NDMA) is a registered NRCME training provider for medical professionals seeking to be listed on the National Registry website. NDMA’s online training course is designed to meet the core curriculum requirements for medical examiners according to the Federal Motor Carrier Safety Administration (FMCSA).

In addition, this training, through the use of a pretest, posttest and case scenarios, will prepare you to take the NRCME certification exam. Delivered 100% online, this course is designed to meet the needs of busy medical professionals. No travel, no classroom time, no time away from work or home. You can access and participate in this training when and where you choose.

Further information can be found at:

<http://ndma.essentialeducationwebinarnetwork.com/>.

Inside this issue:

Dr. Gary Ramage: Caring for an Unabated Influx	2
NDAPA Primary Care Seminar	3
PA Gets Ready for Africa	4
Seeking Nominations for PA of the Year	6
UND PA Program Update	6
AAPA Seeks Clarification on Hospitalization Rule	7
If Your Patient was using or Abusing Illicit Drugs, Would You Know?	7

My Two Cents Worth By Curt Kroh President

This year's AAPA Impact 2013 was very interesting because it covered a wide variety of CME topics. Learning about how the “congress” of AAPA works was educational as was the AAPA House of Delegates. This reinforced the fact that your vote and membership really do matter. I encourage you to talk to your co-workers about becoming members of the NDAPA. With our combined voice, we, as an organization, can better represent PAs in the state

legislature. In turn, this facilitates the changes necessary for our professional growth.

That said, if you haven’t attended an AAPA National conference before, I would recommend you think about attending one in the future. In the mean time, the NDAPA Spring Seminar in is the next best thing.

Also, don’t forget to check out our website, as there are always new articles and helpful links being added.

Dr. Gary Ramage: Caring for an Unabated Influx

(Reprinted with permission by ND Physician and Dr. Gary Ramage)

When Medcenter One offered Dr. Gary Ramage an opportunity to practice medicine at McKenzie County Healthcare Systems in Watford City, N.D., he intended to work in the community for a few years and move on to a larger practice in Bismarck.

Then the Ramage family fell in love with western North Dakota and put down roots. Now – eighteen years later – they have no intention to leave.

In those early days, the family medicine doctor saw, on average, 15 after-hours patients per month in the emergency room. Last month alone, 422 patients sought medical care in his ER. Typically, that includes oil-field traumas, motor vehicle accidents, violence-related injuries and some trauma deaths.

In addition to being the only permanent physician in McKenzie County, Ramage is the chief of staff at the hospital and clinic, director of the nursing home, director of the ambulance service, city medical officer and county health officer. He jokes that, so far, he's managed to not get involved with the fire department. While others may have buckled under the pressure, Ramage is still going strong, thanks in part to a three-pillared support system: a strong family, a close community and a dedicated staff.

"I'm very lucky," Ramage said. "We participate in medicine as a family, and we've developed a close bond with our community through my work. This has always been such a family deal for us. My children have been deeply influenced by the work I do here. I can see both of them becoming physicians."



Dr. Gary Ramage, McKenzie County Healthcare Systems, Watford City, ND

Photo published by Neal A. Shipman, McKenzie County

A graduate of the University of Saskatchewan College of Medicine, Ramage has been impressed by the value system of the people of McKenzie County. "Western North Dakota is a place where ranchers and farmers have paid their bills with a handshake. These are people whose word is good, people whose honor and integrity are beyond reproach," he said.

But things began to change about five years ago. "We knew the oil boom was coming, but we didn't realize the scope of the Bakken and other formations," Ramage said. "The influx of people started about two-and-a-half years ago, and it hasn't stopped. The official population of McKenzie County is 7,000; I suspect the real number is closer to 15,000.

"This unabated influx has overwhelmed our resources," he said. "Oil field traffic has decimated our road system. The oil boom has overwhelmed our city infrastructure, our health care system and the value system of our small community,

despite our best efforts to take care of the population. We simply are unable to keep up with the volume of traffic that comes through our doors, both through the emergency room and the clinic."

"When I moved here, everyone was covered by Blue Cross Blue Shield, Medicare or Medicaid. I didn't anticipate the number of uninsured and underinsured who were coming into our community with a set of socioeconomic norms completely different from those of western North Dakota."

"With this influx has come drugs, stabbings, beatings, bar fights, prostitution, gangs, sex offenders – a whole new level of violence, things associated with socioeconomic disadvantage," Ramage said. "They've come with a host of medical problems we've not dealt with much before, including disabilities, poor dental hygiene and chronic pain conditions that have been treated with narcotics by narcotic analgesic 'factories' in other states.

36th Annual NDAPA Primary Care Seminar

May 1 & 2 - Holiday Inn - Fargo, ND

The Primary Care Seminar is designed to update professional knowledge in primary care for Nurse Practitioners and Physician Assistants. Its purpose is to enhance the performance of providers through the modernization of attitudes, elimination of outdated information and exposure to contemporary theory, practice and knowledge.

Registration Fee:

<i>Full Conference Fee</i>	\$235
<i>NDAPA Member Full Conference Fee</i>	\$185
<i>Thursday Only Fee</i>	\$160
<i>Friday Only Fee</i>	\$130
<i>Full-time PA or NP Student Fee</i>	\$ 65

After April 24th, add \$50.00

Your Fee Includes the Following:

- ◆ Instruction from national and local experts
- ◆ Continuing education and contact hours (pending approval)
- ◆ Access to the exhibitor showcase featuring the latest products and services from area representatives
- ◆ Handout/supplemental materials
- ◆ Continental breakfasts, lunches and breaks
- ◆ Option to join or renew your membership for one year with the NDAPA (\$235 registration fee only)

Follow the link to register today:

www.und.edu/conference-services/primary-care

PA Gets Ready for Africa!

Cindy Renner, PA-C

“Have you REALLY thought this through? I mean Africa!?” Or maybe, “I’m really proud of you. I wish I could do something like that!” And frequently, “don’t you think the heat will bother you?” These are some of the questions and comments we have been hearing since announcing our plans to join the Rafiki team at an orphanage in Africa.

We are definitely firm in our decision and the wait to finally BE there seems interminable, but the mundane tasks of getting ready are what seems to wear us down. Our list of the things to keep is much shorter than the things we need to get rid of, so unloading nearly

forty years of “stuff” is a daunting task. We just hope we can get it all done by next year! We have completed some remodeling projects in preparation for selling our home. We are sorting through papers, and have decided we have no further use for old report cards and mementos from our early days. We have transferred our role as power of attorney for my parents to my younger sister and are pulling back from our life in this community, where our roots have grown so deep.

As the seasons change here in North Dakota we are transitioning to a new season in our lives and

hope that we are prepared. I took a picture of a beautiful flower bouquet picked from our garden a few weeks ago, and posted it on Facebook with the caption “. . . probably my last bouquet of the season.” As we talked about it we realized that it may actually be our last North Dakota flower bouquet FOREVER! While it may

be the end of one season, it is the beginning of another, and although we may sound wistful as we talk of doing North Dakota things for the LAST time, we can hardly wait until we can start doing African things for the FIRST time!

I am still working on what to do about my PA license

while working overseas. The ND BOME said my ND license will have to be on inactive status, and deferred me to AAPA. Liz Roe and Ann Davis have tried to get some information for me, and also directed me to the website which says “the dynamics of the healthcare system and increasing demand for PAs require that AAPA sharpen its focus on PA practice in the U.S. Therefore, AAPA’s 2013-2015 Strategic Plan does not include any efforts or services associated with international PA practice. However, AAPA recognizes that some PAs have an interest in practicing abroad and has compiled a list of the most common

questions posed to its staff about international practice”.

The most helpful information I found there directed me to contact [Physician Assistants for Global Health](#) which is an active organization of PA’s and PA students interested in working in other countries. Their president has been very helpful in answering my questions and here is what I have learned so far:

The requirement for an attending physician as a PA depends on if you are going to Africa with a US based organization. There is definitely the understanding that if you go abroad with a US organization then you will follow US requirements for practicing as a PA. However, if you go to a foreign country by yourself, then your ability to practice independently and your scope of medicine is determined by the country you are in. Usually in Africa there are Clinical Officers and/or Medical Officers which are a rough equivalent to a mid-level provider. Likely the understanding would be that I would function as a medical officer and thereby follow their guidelines. Dr. Martin has agreed to serve as my supervising physician if needed – even though he could be assigned in another country.

I plan to take my boards early just before we leave, and keep up with ongoing CME requirements. I would welcome any other information you all might have.

(To be continued...)

The mission of
Rafiki
Foundation
is to
help
Africans know
God
and raise their
standard of
living.

(continued from page 2)

“Narcotics are a huge problem. Because of rampant opioid abuse, we minimize our involvement in chronic pain management by referring patients to pain center clinics. We make a few exceptions when treating cancer patients, things of that nature,” Ramage said.

“My colleagues and I have to be very diligent in our approach to every case. The overwhelming number of patients requires us to be very organized and to review cases over and over again to prevent mistakes. I rely on our staff of lab and x-ray technicians, nurses, physician’s assistants and family nurse practitioners to make good, informed decisions. There aren’t enough hours in the day to do it all myself. I’m very lucky to have excellent medical associates,” he said.

Despite manpower challenges, an ER physician is available at MCHS 24/7. Ramage relies on half-time support from Dr. Justin Shafer, Williston, N.D., and the assistance of a number of physicians from North

and South Dakota who work selected days. Of the physicians who have filled shifts in the ER, only about one-third return, he said. Each of them comes to MCHS with a different level of trauma experience, and many are not comfortable with the heavy volume of patients and/or the amount of oilfield trauma.

Five paramedics and many volunteer EMTs and ambulance drivers round out the McKenzie County Emergency System. They transport patients to the Watford City facility or to tertiary hospitals in the area.

“Our paramedics are activating trauma codes from the field and triaging patients directly from the highways and oil rigs to air ambulances and then on to Minot and Bismarck,” Ramage said.

“Patients receive treatment in the field, then physicians, nurses and lab and x-ray technicians are all activated and waiting at the hospital when patients arrive.”

The triage system is a valuable resource, but more doctors, nurses,

lab technicians and x-ray technicians are badly needed. “We interviewed three physicians in the past three months, but none accepted a position here,” Ramage said. There are not many docs out there who are willing to commit to this lifestyle.”

In spite of all the pressures, Ramage remains committed to his work and his community.

“It’s important for my colleagues to recognize that the level of medical and trauma cases – pediatric to geriatric – increases exponentially with the influx of a new socioeconomic demographic into a small community,” he said. “We run a small hospital doing its best to break even despite ongoing losses created by people who are unwilling or unable to pay their bills.

“My credo is to treat everyone like I would treat my own family, like those I hold most dear,” Ramage said. “What keeps me going is that I enjoy being needed – and I’m definitely needed here.”



The junction of U.S. 85 and N.D. 23 bypass on the south side of Watford City, ND, is one of the busiest intersections in western North Dakota. About 13,000 vehicles, of which 30 percent to 40 percent are trucks, go through the intersection each day.

Photo provided by Neal A. Shipman,
McKenzie County Farmer

Editors Note: "the review" recently interviewed Dr. Ramage in regards to his oil field medical experiences since the August, 2012 ND Physician article. As an update, Dr. Ramage notes that, "We continue to average three oilfield traumas per day and 3-5 car crashes per week." He says that the Highway Patrol statistics point to 18-19 highway fatalities from January to June, 2013. 12,500 semi-trucks pass through Watford City each day. "We do need more help and physicians in particular. Our mid-level practice has always been the backbone of MCHS (McKenzie County) and without them and their dedication we could not continue to keep our doors open." MCHS utilizes Coast to Coast locum groups, NMR, physician assistants and nurse practitioners.

Nominations Sought for PA of the Year

Annually, the North Dakota Academy of Physician Assistants (NDAPA) awards the distinction of North Dakota Physician Assistant of the Year. NDAPA would like to provide you the opportunity to nominate the PA of your choice. If you know a PA who you would recommend as a candidate, please e-mail or mail a letter (including your name, address and phone as well as the name, address and phone number of the person being nominated) detailing the reasons for your nomination to:

Terri Lang, Executive Secretary; NDAPA;
1412 Cottonwood Avenue;
Minot, ND 58701
Phone: 701.720-5010
E-mail: telang@srt.com

Deadline for nominations is **March 7, 2014**. All nominations will be reviewed and voted upon by the NDAPA Board. The award will be presented at the NDAPA Spring Conference in Fargo on Friday, May 2, 2014. Nominees do not have to be NDAPA members.

The Physician Assistant of the Year nominee must be a PA who works or resides in North Dakota. You may feel this PA deserves recognition because they provide excellent patient care, are well respected by the medical community as well as their patients, and/or are considered to be an asset to your community and to the PA profession.

This might be someone who has been involved in medical education – in an academic setting, or by interactions with PA/NP students and/or their colleagues. They might be dedicated to improving public health by involvement in community education programs in addition to the patient education they do every day in the office.

You might be aware of a PA who is involved in humanitarian projects; a PA you feel is giving of themselves in the service of others, above and beyond their normal daily responsibility to their local patients but also to their community, a third world community, and/or their profession.

UND PA Program Update *January, 2014*

The 55 students of PA Class of 2014 are in their final semester, busy with clerkships in general surgery and emergency medicine, working on their scholarly projects, and preparing for finals and ultimately the PANCE. Graduation is set for May 17th.

The Class of 2015 will start their first full didactic session on January 13th. There are 26 students in the 2015 class, as the admission cycle has changed back to yearly rather than every 2 years. The class of 2016 was recently selected and will have 35 students with classes starting at the end of May.

Curt Kroh, President of NDAPA, met with the UND PA students Class of 2015 to express the importance of being involved with the Academy and offered them free membership. In addition, the Academy provided the students with pizza and a free Tarascon Pocket Pharmacopeia. If you are interesting in helping to promote the NDAPA and participate in future meetings with the students, please contact Curt at curtis.kroh@va.gov

New Faculty

Jay Metzger, MPAS, PA-C, joined the faculty at the UND PA Program in July 2013. Jay started his medical career as an EMT for a rural North Dakota ambulance squad about 22 years ago. He enlisted out of high school and was a medic in the US Army for 3 years, subsequently went to paramedic school and worked for FM Ambulance in Fargo for about 6 years. He attended the PA program at Des Moines University, graduating with a B.S. in 2003 and received his Masters in PA Studies from the University of Nebraska-Omaha in 2004. Jay spent his first 4 years as a PA working in trauma and general surgery at a teaching hospital in Wisconsin and from there worked in a rural Minnesota ER for a 2 ½ years. Just prior to joining the PA Program at UND, he practiced for 3 ½ years at Family HealthCare Center in Fargo, ND.

The UND PA program would like to welcome Jay to the faculty and wish him the best. If you or any other PA's that you know have an interest in becoming a full-time faculty member for the UND PA Program, please email us at jeanie.mchugo@med.und.edu.

AAPA Requests Additional Clarification on Hospital Admission Rule

AAPA

The Centers for Medicare & Medicaid Services has proposed regulatory language that threatens to disrupt the important role of PAs and other qualified licensed practitioners in the hospital admissions process by mandating new requirements that limit the ability of PAs and NPs to admit patients. The final rule, contained in the fiscal year 2014 Policy and Payment Changes for Inpatient Stays in Acute-Care and Long-Term Care Hospitals, published in the Federal Register on Aug. 19 (see section 412.3, "Admissions"), prohibits physicians from delegating to PAs the authority to admit patients to hospitals. By removing this long-standing authority from the physician-PA team, CMS will cause access problems for patients who need to be hospitalized when no physician is physically present at the hospital. The regulation is scheduled to go into effect on Oct. 1.

AAPA Advocacy and Government Relations staff met with CMS officials on Aug. 23 to warn the agency about the potentially serious consequences regarding the regulation as written. During the meeting, CMS officials indicated the regulation was not meant to alter the important role PAs play in providing admission services in thousands of hospitals throughout the country. The officials promised a guidance document to help explain the intent of the regulation. On Sept. 5, CMS released the guidance document, <http://www.cms.gov/Center/Provider-Type/Hospital-Center.html>, to clarify regulatory language for hospital inpatient admissions. The guidance makes it clear that PAs are authorized to write the order to admit a patient and define the initial inpatient care as authorized by state law and hospital policy. However, it is less obvious whether or how a physician would have to authenticate the PA's order.

AAPA has requested further clarification from CMS that will allow us to determine if additional legislative or regulatory interventions are necessary to allow PAs to continue to fully function as part of the hospital admissions process. AAPA wants to thank all of you who responded to our call to action with your quick engagement with Congress and CMS, and we will inform you if any further assistance is needed. Be sure to visit AAPA's advocacy page, http://www.aapa.org/the_pa_profession/federal_and_state_affairs/resources/item.aspx?id=6661, for the latest updates and continuing developments on this issue.

For additional information contact, Tricia Marriott, PA-C, AAPA director of reimbursement advocacy (tmarriott@aapa.org - subject: cms hospital admissions rule)

If Your Patient was Abusing Prescription or Illicit Drugs, Would You Know?

In 2011, 3.1 million persons aged 12 or older reported using an illicit drug for the first time within the past 12 months. This averages to approximately 8,500 initiates per day¹. Additionally, 6.1 million persons aged 12 or older reported the nonmedical use of prescription psychotherapeutic drugs in the past month¹.

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, has developed NIDAMED, a portfolio of resources designed to help physician assistants better address drug abuse in their patients. Visit the NIDAMED Web site now to view the portfolio of science-based, free resources: <http://www.drugabuse.gov/nidamed-medical-health-professionals>.

Available materials include:

- The NIDA Drug Use Screening Tool—a one question quick screen and a full interactive screen
- Information guides on brief intervention and referral to treatment
- Two new Medscape CMEs
- Patient materials
- Faculty-developed curriculum resources designed for preceptors

If you have questions about any of the NIDAMED resources, contact nidacoeteam@jbsinternational.com.

¹Substance Abuse and Mental Health Services Administration. (2012). Results from the 2011 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration.



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