

## Inside this Issue

- Pneumonia vaccines make a year-round difference
- North Dakota's only comprehensive reproductive medicine clinic now open
- MammoSite®: A new way to deliver radiation therapy in less time
- HIPAA compliance: As important today as ever
- MS clinical trial gains regional attention — and participants
- The surgical repair of heart valves: Today's standard of care
- MeritCare extends spine rehab program

**Baby Alfunz brings imagination to life in MeritCare's NICU.**



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## Newly renovated and expanded NICU cares for the region's critically ill babies — and families, too



Stephen Nelson, M.D.  
Neonatologist

For more than three decades, the Neonatal Intensive Care Unit (NICU) at MeritCare Children's Hospital has provided highly specialized, nationally ranked care to critically ill infants from throughout the region. Today, the renovated and expanded unit provides the same high-level care in a unique new design concept that is one of the first in the nation.

Ideally located next to MeritCare Family Birth Center, the new 33-bed NICU offers a healing environment for newborns, including low light, low sound and space for family. Divided into "pods," the re-designed NICU offers semi-private areas where babies and families can be together in their own quiet space, away from the activity of the rest of the unit. The former 24-bed NICU was one large, open unit.

"The comment I've heard most often from physicians who have toured the unit is, 'This is really going to advance family-centered care,'" says Stephen Nelson, M.D., neonatologist and medical director of the NICU. "In this new setting, our advanced medical capabilities go hand-in-hand with a welcoming, supportive environment for families. That's a powerful combination, especially when you consider families often come here in crisis, fearing what the future might hold."

### High-level expertise and capabilities

The advanced level of care offered in the NICU requires the appropriate balance of experts, technology and teamwork, including:

- Five neonatologists and three neonatal nurse practitioners, ensuring 24/7 NICU coverage.
- An impressive depth and breadth of subspecialty support thanks to the full range of pediatric subspecialists at Children's Hospital.
- A complete team of specifically trained professionals: neonatal intensive care nurses, neonatal therapists

(respiratory, physical and occupational), a social worker, a pediatric pharmacist, a pediatric nutritionist and others.

- State-of-the-art technology complemented by in-depth knowledge. The NICU now has its own fully equipped surgical suite.

"As the state's only children's hospital affiliated with the National Association of Children's Hospitals and Related Institutions, we have the full capabilities of a regional referral center, enabling us to treat the vast majority of cases right here. Families don't have to drive long distances to have access to highly specialized neonatal care," says Dr. Nelson.

Examples of conditions treated include spina bifida, gastroschisis, omphalocele, severe respiratory failure, congenital hydrocephalus, necrotizing enterocolitis, congenital intestinal obstruction, surgical correction of patent ductus arteriosus, laser photocoagulation for retinopathy of prematurity and more.

The NICU provides care for infants ranging 23 weeks gestational age to full-term; outpatient infants up to a chronological age of 28 days have access to either the NICU or the nearby Pediatric Intensive Care Unit (also located in Children's Hospital), depending on clinical circumstances. For highly complex cases, the NICU has a close working relationship with more advanced children's facilities in Minneapolis and Rochester.

### Transportation and consultation readily available

No matter where in the region you are located, the NICU has full transport capabilities — ground, helicopter and airplane. Transportation includes fully trained, readily available teams for maternal transports or maternal-child transports. Know, too, that 24/7-neonatology coverage ensures a specialist will be available to answer your questions or consult with you. For NICU consultation or transport, please call (800) 443-4779 (press #1).

"We're here at any time for any physician in the region," says Dr. Nelson. "And with our newly expanded and renovated NICU, we are well prepared to meet the needs of babies and families today and for years to come."



*by Rhonda Ketterling, M.D.  
Internal Medicine  
and Quality Management*

**PNEUMONIA VACCINES  
MAKE A YEAR-ROUND DIFFERENCE**

Are your patients up-to-date on their pneumonia vaccines? No matter what time of the year, it's an important question, especially when you consider the effectiveness of today's vaccine. More sophisticated than ever, the current 23-valent pneumonia vaccine has proven up to 75 percent effective in preventing pneumococcal bacteremia and meningitis — diseases that can be devastating for older patients and those with certain health problems.

At MeritCare, we now screen all adult inpatients for pneumonia-vaccine status, resulting in significant improvement in the past year. Our vaccination rate increased from 45 percent in January 2005 to 80 percent by December 31, 2005. Patients who qualify to receive the vaccine must meet one of the following criteria:

- Age 65 or older **and** never received the vaccine
- Age 65 or older **and** vaccine status unknown
- Age 65 or older **and** received the vaccine more than five years ago
- Age 18 to 64 with one of the following chronic illnesses: heart disease, CHF, COPD, asthma, diabetes, liver disease or renal failure
- Age 18 to 64 **and** are immunocompromised (cancer, chronic steroids, transplant or HIV)

**Questions you may encounter**

In the hospital setting as well as the clinic setting, we at times face the challenge of patients not knowing their immunization history. They're not sure if they've had a pneumonia vaccine, an influenza vaccine or both. **I would like to stress that revaccination of the pneumonia vaccine will not pose a problem.** And always, make sure to note the vaccination in the patient's medical record.

A couple more areas of clarification regarding the pneumonia vaccine:

- The pneumonia vaccine **can** be given at the same time as the seasonal influenza vaccine.
- Mild illness, pregnancy and breastfeeding are **not** contraindications for the pneumonia vaccine.

The pneumonia vaccine, the influenza vaccine, tetanus — they're all part of routine health maintenance. For the optimum health of our patients, it's worth our time and effort to pay attention to all of them — and keep good records, too.

*An internist at MeritCare Internal Medicine Resident Clinic, Dr. Ketterling also serves as executive partner for quality management.*

## North Dakota's only comprehensive reproductive medicine clinic now open



*Steffen Christensen, M.D.  
Reproductive  
endocrinologist*

From a 1,400-square-foot area 12 years ago to today's stand-alone building of 10,000 square feet, MeritCare Reproductive Medicine has grown considerably over the years. North Dakota's only comprehensive reproductive medicine clinic, the new facility opened in late January, continuing to provide fertility treatment to couples from throughout the tri-state area.

"What's most exciting about this new facility is that it was built and specially designed for the needs of this particular group of patients," says

Steffen Christensen, M.D., reproductive endocrinologist and medical director of the clinic. "We can now offer greater privacy and increased convenience, while at the same time continuing our emphasis on high-quality, results-oriented care."

**Privacy is key**

Away from other medical facilities, but situated among office buildings, MeritCare Reproductive Medicine doesn't loudly announce itself. "Patients appreciate the discretion," says Dr. Christensen.

Dedicated to fertility treatment, the clinic includes two ultrasound rooms, four exam rooms, two specimen collection rooms, recovery rooms with three bays, two embryo transfer rooms, a large classroom, two consultation rooms and physician offices. "We configured these areas in such a way that people can come in, efficiently get the test or treatment they need for that day, then be on their way," says Dr. Christensen.

**Convenient and comfortable**

"The location is great," says Dr. Christensen. "No matter what direction people are coming from, we're easy to get to." Reproductive Medicine's new building is located just south of 32nd Ave. S. on University Dr. in Fargo, at 1111 Harwood Dr. S. Plenty of parking is available, too. In addition to convenience, the clinic offers comfortable surroundings, extended hours, educational classes, massage therapy and acupuncture. If needed, psychiatric support is now more readily available, too.

**Meeting individual needs**

Because not all fertility patients require the same level of care, treatment is customized to meet individual needs. "Many couples who come here don't need to proceed to in vitro fertilization. They're helped by one of our educational classes, and if not that, education plus medication," says Dr. Christensen.

If you'd like to refer a patient or you'd like to consult with Dr. Christensen, please call (701) 234-2700 or (800) 437-4010.

## MammoSite®: A new way to deliver radiation therapy in less time

Patients with early-stage breast cancer now have another option. In the past, women who preferred breast-conservation therapy over mastectomy would undergo a lumpectomy followed by five to six weeks of external beam radiation therapy. With MammoSite® Radiation Therapy System, now available at MeritCare Roger Maris Cancer Center, the radiation therapy can be delivered in just five days.

"It's unfortunate, but often women choose mastectomies over the less-invasive lumpectomies because of the travel time involved in getting the follow-up radiation therapy. With this new approach, women who are appropriate candidates can get their treatments done in five days," says Nicolas Zouain, M.D., radiation oncologist at the Cancer Center. "Our hope would be that this would encourage more women to choose the less-invasive, evidence-based option of lumpectomy followed by radiation therapy."

National statistics indicate up to 40 percent of patients with early-stage breast cancer still opt for a mastectomy, despite comparable long-term recurrence and survival rates of the less-invasive lumpectomy/radiation option. "In the Midwest, and particularly here in North Dakota, we have a very high rate of women getting mastectomies when their cancer is at an early stage — a mastectomy for a tumor as tiny as four millimeters, for example," says Dr. Zouain. "Women need to know that in early-stage breast cancer, lumpectomy plus radiation is the equivalent of a mastectomy — without the risk. It's the current standard of treatment. And with MammoSite, the course of radiation can be completed in much less time."

### How MammoSite works

FDA-approved in 2002, MammoSite involves a single small balloon catheter placed inside the surgical cavity following tumor removal.

"The fit is critical, and for that reason, the surgeon must be well-versed in MammoSite," says Dr. Zouain. At MeritCare, surgeon Ann-Marie Hugh, M.D., who specializes in breast cancer, typically performs the procedure.

Within a week after the surgery, the patient undergoes additional tests to ensure the surgical cavity will accommodate the balloon. In nine out of 10 cases, MammoSite can continue. (If not, external beam radiation therapy can still be used.) A radioactive seed inserted inside the inflated balloon delivers the precise dose of radiation directly to the site. Typically the patient comes to the Cancer Center for two brief treatments per day, five days in a row. After the entire course of treatment, the balloon is deflated and easily removed.

### Quick course of treatment appreciated

Dr. Zouain, who joined the Cancer Center in 2005, has considerable experience in the use of MammoSite therapy, including two years at the University of Montreal.

"Typically patients love it because it's completed very quickly with minimal side-effects," he says. "They're happy to be done with their treatment so they can get on with their lives."

MammoSite can be considered an option when tumor size is three centimeters or less, with no more than three lymph nodes involved. Dr. Zouain emphasizes the need to discuss MammoSite with patients prior to surgery because of the specialized surgical technique required. "I highly recommend patients get as much information as possible, talking with their radiation oncologist, medical oncologist and surgeon to learn about all the options," says Dr. Zouain.

For more information or to consult with Dr. Zouain, call (701) 234-5126 or (800) 511-6161.

## Cancer Center welcomes Dr. Nicolas Zouain



Nicolas Zouain, M.D.  
Radiation oncologist

MeritCare Roger Maris Cancer Center is pleased to welcome Nicolas Zouain, M.D., radiation oncologist. Dr. Zouain is trained and experienced in high-dose rate brachytherapy for the treatment of breast, prostate, gynecological and gastrointestinal cancers. His special area of interest is radiation therapy for colorectal cancers. Prior to joining MeritCare, he was senior medical resident in radiation oncology at the University of Montreal.

Board-certified in internal medicine and forensic medicine, Dr. Zouain is board-eligible in radiation oncology. His training includes:

- Medical degree from St. Joseph's University in Beirut, Lebanon
- Residency in radiation oncology from the University of Montreal
- Residency in internal medicine and forensic medicine at Staten Island University Hospital, New York

### Treating the whole person

"As a team comprised of several disciplines, we must always make sure patients are well-informed about the options available to treat their particular cancer," says Dr. Zouain.

"We need to encourage them to consider not just the short-term view in making their decision, but the long-term, too. And once they've made their treatment decision, it's important to support them. This is part of what it means to treat the whole person."



*by Jane Voglewede  
Associate General Counsel  
MeritCare Health System*

**HIPAA COMPLIANCE: AS IMPORTANT TODAY AS EVER**

When the Privacy Rule of HIPAA (Health Insurance Portability and Accountability Act) went into effect in April 2003, MeritCare and other health care organizations across the region made certain the appropriate policies and systems were in place to help ensure the privacy of patients' health care information. Today, three years later, is it still important?

Absolutely, and for three reasons:

1. In our ever-increasing "information age," it's easier than ever to access and transfer confidential health care information about patients; people truly do have a legitimate concern in wanting to know their health information is protected.
2. In the past three years, **the general public has become much more aware of HIPAA**; they may not know the details of how HIPAA works, but they know a patient privacy right exists and they often recognize when a possible violation has occurred.
3. **It's the law.** Not complying with HIPAA carries penalties, both civil and criminal; penalties can range from monetary fines to prison time.

**Third-party requests:**

**An area fraught with peril**

HIPAA can be violated in many ways, but one of the situations most fraught with peril — and a situation many health care providers in the region may be confronted with — is the demand for information by a third party. A law enforcement official, for example, may come to your office requesting the medical records of an individual. Or you may receive an urgent request from an attorney for a hearing the next day. Or the request may

come from an insurance representative or an investigator. What do you do? In smaller towns in particular, this presents a difficult situation because you likely know the person making the request.

The first thing I recommend is — pause. Ask to see the written authorization from the patient or a court order. If not available, does the request fall into an exception to the Privacy Rule? You may not know the answer to this, but likely the privacy officer in your organization could find out. Another good source is the U.S. Department of Health and Human Services Web site —

[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). You'll find a wealth of information here, particularly in the section "Your Frequently Asked Questions on Privacy." In short, when you hand information over, know that you're doing so appropriately.

**A rule of thumb**

If there was one rule of thumb I could give to health care providers for complying with the Privacy Rule of HIPAA, it would be this: Don't act too quickly. If a request is from another treating health care provider, speed may be important and the information can almost always be shared. But when you receive a request for patient medical information from a third party and you're uncertain of its appropriateness, take a deep breath. Take time to analyze the situation and keep in mind this Italian proverb: To a quick question, give a slow answer.

*Before joining MeritCare in 2004, Voglewede was in private practice for 26 years, specializing in health law and defense of medical malpractice claims.*

# MS clinical trial gains regional attention — and participants

Patients diagnosed with relapsing-remitting multiple sclerosis (MS) who have not been treated with disease-modifying agents can participate in a three-year clinical research trial now available at MeritCare Multiple Sclerosis Center in Fargo —

the only MS center in North Dakota, as designated by the National MS Society.

Sponsored by the National Institutes of Health and the National Institute of Neurological Disorders and Stroke, the CombiRx study aims to enroll 900 patients from 70 sites in the United States and Canada.

The CombiRx study compares the efficacy of two FDA-approved drugs when used together: Avonex (Interferon beta-1) and Copaxone (Glatiramer Acetate). Both

have proven effective when used as single agents. "We're interested in knowing if together, the two might have an enhanced effect as far as slowing the progression of the disease and its related disabilities," says neurologist Susan Scarberry, M.D., medical director of the MS Center and principal investigator of the study. "We also need to know how patients respond to the treatment on an ongoing basis, though we won't know what they're receiving until the study concludes." The three-arm study compares the efficacy of Avonex alone, Copaxone alone or both Avonex and Copaxone as measured by the relapse rate and progression of the disease.

Relapsing-remitting MS is the most common type of MS, with approximately 80 percent of all MS patients initially diagnosed with it. But over the course of time, the disease can change. Within eight to 10 years, 40 percent of people with relapsing-

remitting MS will transition to a more debilitating form of the disease. The drugs used together may alter this course.

### Interest from throughout the region

The MS Center began enrolling patients in CombiRx — a Phase III study — in 2005. So far, 12 patients have enrolled here, making it one of the top enrolling centers in the country. "This study has gotten quite a bit of attention in the MS community, in part because of the research link on the MS Society's Web site. People with MS tend to be a very informed group," says Dr. Scarberry. "We've gotten many calls from people wanting to know if the study is available here."

The study requires commitment on the part of patients. They must agree to three years of eight injections of study medication per week, periodic physical and neurological exams, blood draws, MRI scans and monthly follow-up calls from the MS Center. "The study participants like the close follow-up," says Dr. Scarberry. "They also appreciate the fact that the study drugs are paid for. These are very expensive drugs, and by being in the study, they're getting one — or both — of the drugs known to be effective in relapsing-remitting MS."

The CombiRx study continues to accept participants. "We've been very pleased with the response we've gotten to this trial, and we very much appreciate what a willing, proactive and cooperative group of patients we get to work with," says Dr. Scarberry. "I also want to express my appreciation to the primary care physicians. In our efforts to provide comprehensive care to people with MS, the role of the primary care physician is key. We here at the MS Center appreciate the good work they do."

For more information about the CombiRx study, please call Dr. Scarberry at (701) 234-4036 or study coordinator Tish Skarloken at (701) 234-4091.



Susan Scarberry, M.D.  
Neurologist

## CLINICAL RESEARCH TRIALS

For more information, visit  
[research.meritcare.com](http://research.meritcare.com)

## Your opinion matters

MeritCare is conducting a strategic planning process for 2007-2012. We invite you to participate by providing your thoughts and ideas about MeritCare's future direction.

As a physician and colleague, you represent a valuable perspective. This brief survey has been developed to solicit your ideas.

We would appreciate receiving your completed survey by **March 20, 2006**. Please send to MeritCare, Attn: LaRayne Longtine, PO Box MC – Route 400, Fargo, ND 58122.

All responses will remain anonymous. If you have any questions, please do not hesitate to contact us. Thank you in advance for your assistance with this process.

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1. What are the core elements that make MeritCare what it is today?

2. In your opinion, what should receive MORE emphasis over the next five years for MeritCare to be successful?

3. In your opinion, what should receive LESS emphasis over the next five years for MeritCare to be successful?

4. What are three ideas you have to enhance the health and vitality of the MeritCare organization?

5. What is the most important reason you are associated with MeritCare?

6. What can be done to make your relationship with MeritCare the best it can be?

7. Please add any additional thoughts or comments you may have.

Please check one:

- MeritCare colleague
- Independent colleague



## The surgical repair of heart valves: Today's standard of care

Patients in need of surgery to repair heart valves don't have to travel long distances. Commonly performed at MeritCare Heart Center, the procedure is highly successful.

"Years ago, patients with valve disease were told to put off surgery as long as possible because the surgery typically involved replacement, not repair. It required 10 days in the hospital, a major incision down the chest, a mechanical valve

replacement and the need for blood thinners for the rest of their lives," says Roxanne Newman, M.D., cardiovascular surgeon at MeritCare Heart Center. "Things have changed quite a bit since then. In the last five years, mitral valve repair — rather than replacement — has become the standard of care."

Approximately 550 open heart surgeries are performed annually at MeritCare; 250 of these involve valvular heart

disease, with the majority affecting the mitral valve. Most of the valvular disease treated at MeritCare is either mitral valve prolapse or mitral regurgitation related to coronary artery disease. "Most regurgitant valves can be surgically repaired instead of replaced, and the benefits in keeping the native valve are many," says Dr. Newman. "Benefits include better function, better durability, no chance of rejection, less risk of infection and no lifelong use of blood thinners — factors that contribute to a better quality of life for the patient."

### Sooner rather than later

Years ago, by the time people had surgery to replace a heart valve, they showed severe symptoms of valvular disease. "In many cases they'd already sustained permanent damage to the

heart muscle and certainly that had an effect on the success of the surgery, particularly the recovery," says Dr. Newman. "In the past five years, the success rate for surgery to repair heart valves has been overwhelming, to the point it has changed the indication and timing of surgical intervention. The current recommendation is when a patient starts exhibiting moderate to severe regurgitation as evidenced by the echocardiogram, whether the patient has symptoms or not, we advocate repairing it. And the surgery is not age-dependent. We've performed it on people in their 20s to their 80s, all with a high rate of success."

For patients who are not morbidly obese and whose surgery is limited to repair only, the procedure can often be performed using a minimally invasive approach. "The difference is not so much in the surgery itself — which typically takes about three to four hours, but in the recovery," says Dr. Newman. "For those who undergo the mini-thoracotomy, the recovery rate is more rapid. Patients really appreciate it."

Patients who undergo surgery for heart valve repair can expect to be hospitalized for four to five days. Within a week after discharge, they begin cardiac rehab. By one month out, they're about 80 to 90 percent recovered. Most patients are back to work without limitations in four to six weeks. "This isn't the kind of surgery where patients immediately feel better. Valvular disease has a slow progression and people compensate along the way, not even realizing it," says Dr. Newman. "But six months post-surgery, patients are amazed at how their capacity for endurance has improved and how their energy has increased. They often tell me, 'I had no idea how sick I was. I just thought I was out of shape and getting old.'"

If you'd like more information about surgical heart valve repair at MeritCare Heart Center, or you'd like to consult with Dr. Newman, please call (701) 234-2371 or (877) HRT-CNTR.



Roxanne Newman, M.D.  
Cardiovascular surgeon

## MeritCare extends spine rehab program



*William Klava, M.D.  
Physical medicine  
& rehabilitation*

MeritCare has renewed its contract to license spine rehabilitation programs for another five years. The programs, recently renamed LIFEBACK™ Spine Programs, have been licensed since 2001 to provide MeritCare with an evidence-based solution for its non-surgical and post-operative chronic back pain patients.

"The patient results we get with LIFEBACK Spine Programs have been excellent," says William Klava, M.D., medical director, MeritCare Spine Rehabilitation. "They help patients avoid surgery, significantly decrease their use of other therapies and pain medication and most important of all, improve their quality of life."

Results of 400 MeritCare patients surveyed one year after completing a LIFEBACK program show:

- 70 percent reduction in pain
- 65 percent stopped or reduced medication usage
- 94 percent improved/maintained home/work activity
- 93 percent improved/maintained quality of life
- 94 percent patient satisfaction

The LIFEBACK programs are scientifically engineered, evidence-based programs that empower patients to master their own pain and manage their own functional recovery. Delivered by specially trained spine rehab therapists, the programs consist of:

- Core stabilization/strengthening exercises
- Flexibility training
- Spine weight unloading therapies
- Therapeutic activities
- All delivered in a group setting

"The program varies from and is an adjunct to physical therapy in that it trains versus treats," said Tim Beyers, lead physical therapist. "We're able to spend 24 hours with patients in a group setting that addresses the psychological factors linked to chronic back pain." Patients leave the clinic with an individualized LIFEBACK program that they can follow at home. Nurses then coach and track the progress of patients by phone for two years, resulting in a 70 percent compliance at one year post program.

If you'd like to learn more or to make a referral to a LIFEBACK program at MeritCare, please call (701) 234-7887 or (800) 437-4010.

### EDUCATIONAL OPPORTUNITIES

For a complete listing of upcoming educational opportunities, visit

[providers.meritcare.com](http://providers.meritcare.com)

### What is InterLink?

InterLink is a newsletter for physicians and mid-level providers 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](http://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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