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# Link

# Inter

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*Samy Karaz, MD*

## Are all "sleep centers" the same?

When you have a patient whom you suspect has sleep apnea, the easiest course might be to refer the patient to the nearest facility that offers a sleep study.

Recently, more sleep centers have opened throughout the region, giving you more choices for referral. But how do you know if the facility is providing high

quality sleep medicine? Will your patient's problem be accurately diagnosed and appropriately treated? Will follow-up occur? What are the staff's level of expertise and professional credentials?

Knowing the answers to these questions is critical to your patient's outcomes. In fact, no licensure or medical accreditation is required to open a sleep center, making it even more important for you to research your options before making a referral.

Sleep medicine specialist Samy Karaz, MD, medical director of MeritCare Sleep Disorders Center, sheds some light on what happens when a sleep study is properly and professionally initiated, conducted and assessed. He outlines the steps taken at MeritCare Sleep Disorders Center, the only center in the region accredited by the Academy of Sleep Medicine:

1. A pre-evaluation prior to a sleep study establishes whether or not a sleep study is really needed, and if so, what the technologists will be looking for. "Many people don't realize this, but there are more than 20 commonly seen sleep disorders and many of them overlap," says Dr. Karaz. "An accurate diagnosis is key to the appropriate treatment."
2. Once the sleep study has been conducted, the data undergoes analysis by a trained professional. "The data from a sleep study provides many levels of information," says Dr. Karaz. "It takes a trained, experienced professional to accurately interpret the study, not just somebody who has completed a brief educational course." At MeritCare Sleep Disorders Center, all eight technologists are

respiratory therapists who are certified in sleep medicine. Dr. Karaz, the region's only board-certified sleep medicine specialist, works closely with them, ensuring high-quality sleep studies that will ultimately benefit the patient.

3. Sleep studies at MeritCare take place in a comfortable environment. MeritCare Sleep Disorders Center recently expanded to a six-bed unit with the potential for eight. Special features such as sound barriers and individual, climate-controlled bedrooms encourage peaceful sleep.

4. When the patient receives the diagnosis, it's accurate and complete. "If the patient is diagnosed with chronic obstructive sleep apnea, it's because that's what he or she really has," says Dr. Karaz. "Too often, patients who undergo sleep studies at unaccredited centers might have a minimal amount of sleep apnea, but because it's present, that becomes the diagnosis. They receive a CPAP, yet they continue to suffer with their problem because the real problem hasn't yet been diagnosed." Dr. Karaz points out an interesting statistic: 50 percent of men snore, but of these 50 percent, only 4 to 5 percent truly have obstructive sleep apnea.

5. MeritCare Sleep Disorders Center provides follow-up. After a patient receives an accurate diagnosis and targeted treatment, the patient receives follow-up. Is the treatment working? What changes are needed? "It's a disservice to patients not to take the care and time needed to accurately diagnose their problem, treat it appropriately, then follow-up to see how they're doing," says Dr. Karaz. "That's what a full-spectrum sleep disorders center can do, and that's what we do here every day."

To refer a patient for a consultation, please call (701) 280-4600 or (800) 437-4010. If you have questions about whether or not your patient might be appropriate for a referral, please ask to speak directly with Dr. Karaz. For more information about the Sleep Disorders Center, visit [meritcare.com](http://meritcare.com) (keyword: sleep center).

## Now available: PET/CT



Donald Stallman, MD

PET/CT scanning – a new technology that combines two advanced diagnostic tools – is now available at MeritCare. PET (positron emission tomography) detects changes in a patient's cellular function, while

CT (computed tomography) uses X-rays and computers to enable a non-invasive look inside the body. When combined together in one scan, the two aid in earlier detection, increased accuracy in diagnosis and treatment evaluation for various types of cancer.

"It's an amazing technology," says MeritCare radiologist Donald Stallman, MD, who has completed a two-year fellowship in nuclear medicine. "Being able to look at a study and determine if a patient has had a positive response to therapy or realizing the management of the disease needs to take a different direction – that's pretty powerful." MeritCare offers the only in-house PET/CT scanner in North Dakota, and the only one between Minneapolis and Spokane.

### How effective is PET/CT scanning?

Dr. Stallman notes several ways PET/CT scanning can make a positive difference in a patient's care including:

- PET/CT scanning changes the management of malignancies in about 25 to 30 percent of cases. For patients, this means the best possible treatment tailored to his/her particular cancer.
- PET/CT scanning has a high degree of accuracy. Dr. Stallman has found it's most accurate for malignancies that are more aggressive. In terms of initial staging, PET/CT scanning is in the 85 to 95 percent range. CT alone is between the 50 and 75 percent range.
- PET/CT scanning excels in finding distant metastases. "Accuracy in initial staging and information regarding distant metastases contribute greatly to

determining whether or not a resection is the appropriate course of treatment," says Dr. Stallman. "This is especially true in lung cancer."

- With PET/CT scanning, radiation therapy can be targeted more effectively, decreasing damage to surrounding tissues.

"Of all the strengths of PET/CT scanning, I think the most impressive are its breadth and sensitivity," says Dr. Stallman. "Breadth in this case means you're doing a whole body scan, not just one body part at a time; this enhances the evaluation. In terms of sensitivity, PET/CT is able to pick up lesions as small as 7 or 8 mm – lesions you wouldn't necessarily find by CT alone."

### Current applications of PET/CT scanning

Located in the Radiation Oncology Department at MeritCare Roger Maris Cancer Center, PET/CT scanning has been available at MeritCare since February 2004. It has been used primarily for Medicare-approved applications, including initial staging and restaging of several types of cancer. Medicare-approved applications at this time include:

- Lung cancer
- Colon cancer
- Melanoma
- Lymphoma
- Head and neck cancers
- Esophageal cancer
- Breast cancer

Other applications that have proven beneficial but are not yet Medicare-approved include ovarian cancer, cervical cancer, certain sarcomas and certain childhood cancers. Dr. Stallman notes neurological applications as well, including dementia evaluations. PET/CT scanning has also been useful in determining the effectiveness of radiation therapy in the treatment of brain tumors.

For questions please call Dr. Stallman at (701) 234-6260 or (800) 437-4010. If you'd like to read more about MeritCare's PET/CT scanning services, go to [meritcare.com](http://meritcare.com) (keyword: PET/CT).

## How to refer a patient for a PET/CT scan

Oncologists will be the heaviest users of PET/CT scanning, but occasionally primary care physicians will have reason to refer, too. For example, PET/CT scanning works well in the evaluation of a solitary pulmonary nodule. "For a patient who has a lesion in the lung, even a lesion as small as 1 cm, a PET/CT scan rather than a biopsy can provide a pretty accurate assessment as to malignancy," says Dr. Stallman.

The Radiology Department offers two ways you can make a referral:

1. Call the Radiology Department's centralized scheduling at (701) 234-5664 or (800) 437-4010.
2. Use the referral form available online at [providers.meritcare.com](http://providers.meritcare.com).

"When physicians refer a patient for PET/CT, we'll typically need a little more information than for other types of scans, such as prior therapies or biopsies," says Dr. Stallman. The scan itself lasts about 35 to 45 minutes, and patients are asked to come in an hour early in order to receive the tracer injection (a glucose analog). Currently patients can get in quickly for a PET/CT scan and results are typically available within the next day or two.

# Antidepressant use and adolescents

## What's the safest, most effective approach?



Jeanine Roembach, MD

The issue of antidepressant use among adolescents has recently come to the forefront with the FDA's caution of possible increased risk of suicide among patients on commonly prescribed antidepressants.\* The warning raises several questions: How significant is the risk? Do the benefits outweigh the risks? What is the safest, most effective way to treat adolescents who have depression? To learn more, we talked to Jeanine Roembach, MD, board-certified child and adolescent psychiatrist at MeritCare Psychiatric Services, Fargo.

"First, it's important to point out that for most of the population, these medications are effective in treating depression and preventing suicide. Epidemiological data has shown the suicide rate in adolescents has decreased when these medications are used appropriately," she says. "That said, we as psychiatrists have always known that yes, for a small percentage of patients, there may be an initial adverse response to these antidepressants, whether the patients are adults or adolescents. The adverse mood response could range from mild, transient irritability to precipitation of a bipolar mania." Three key steps help ensure the safe, effective use of antidepressants in adolescents: careful diagnosis, educating the patient and parents, and follow-up.

### Careful diagnosis sets the stage for successful treatment

Though it's difficult to predict who might have an adverse reaction to an antidepressant, careful diagnosis certainly comes into play. "It's important to be able to delineate bipolar disorder from more routine depression. Take a careful look at family history: Is there a family history of suicide? Have there been psychiatric hospitalizations? Apparent bipolar disorder? What's the family history as far as response to medication? These are really important things we're looking for, in addition to the patient's symptoms, when making a diagnosis and choosing a medication," says Dr. Roembach. A careful diagnosis takes time, which is why Dr. Roembach will typically schedule 60 to 90 minutes for the initial appointment.

Based on the diagnosis, Dr. Roembach determines the treatment plan. "The emphasis today is on total remission, not just a partial response. We want to get the patient completely out of the depression," she says. "It may take a higher dose of medication than a primary care physician would be comfortable prescribing, it may take a combination of two medications or it may take a combination approach with psychotherapy."

### Educating adolescents and parents begins early

"You want to include the adolescent in the decision to take the medication, making sure there's an understanding as to why the medication is being prescribed, what it should do, what to be aware of

in terms of side effects, and the fact that if one medication doesn't work, there are other options," she says. "It's also very important to be up front about how long you're expecting them to take the medication. Sometimes people will come back to a follow-up appointment and they've already stopped taking their medication because they didn't understand the importance of getting refills and continuing the regimen. In general, patients should expect to remain on the medication for a minimum of six months."

Dr. Roembach educates the parents, too, stressing two key points:

- **Awareness/communication.** "Parents need to know what the adverse reactions could be so that they're aware of what to look for," she says. "But it's not just looking, it's asking. They need to ask simple, straightforward questions such as, 'How are you feeling with the medication?' and 'Anything about the medication that you don't like?'"
- **Take charge of the medication.** "A lot of parents might feel that once their kids are in high school or even junior high, they should be responsible enough to manage their medications on their own," says Dr. Roembach. "From my perspective, this has not proven true. Parents need to take the oversight of handling the bottle and making sure their kids are taking the medication. This is critical."

### The importance of follow-up

Is the medication working? What adjustments need to be made, either in type or dose? Any side effects? To learn the answers to these questions, Dr. Roembach typically sees a patient for follow-up within a week to a few weeks after medication has begun. "Frequency of follow-up varies, depending on how much risk you see with the patient, how responsible the parents will be in overseeing the medication use and the family dynamics," she says. "If you have an adolescent who is extremely angry with the parents and the communication is minimal, you as a physician are going to have to take a more active role in monitoring."

### Anytime you have questions

Dr. Roembach urges physicians to call any time they have questions. "Primary care physicians and pediatricians are often on the front line, prescribing antidepressant medications to patients who may resist referral for further psychiatric services," she says. "But anytime they see something out of the ordinary, or have questions about a patient's care, or want to refer a patient, we urge them to call. And if it's important that the patient be seen quickly, please let us know this and other pertinent information so we can schedule accordingly." To refer a patient or for more information, please call (701) 234-4171 (option 2) or (800) 437-4010.

\* The specific drugs: Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro, Wellbutrin, Effexor, Serzone and Remeron.

## PACS – Revolutionizing radiology

A physician puts an X-ray in a light box, then views it. Sound simple? It can be, but as you know from experience, it can have its occasional complications, too: trips to the Radiology Department to see films, waiting to confer with a radiologist, the frustration of lost films, and just the fact that you can't always get the information when you need it. Now in place at MeritCare, PACS (Picture Archival Communication System) revolutionizes radiology by enabling radiology services to operate in a virtually filmless environment.

In simplest terms, PACS means that almost any type of radiological image taken, such as X-ray, ultrasound, CT or MRI, can be transmitted digitally, allowing for real-time viewing. With a few clicks of the mouse, the images appear on a computer screen, just seconds after the study was performed. In addition, the digital images become part of the patient's electronic medical record, making them easy to retrieve for other medical professionals who need to see them.

"With PACS, physicians have the images they want, when they want them," says radiologist Richard Marsden, MD, physician leader of the MeritCare Radiology Department. "Rather than having to wait for films to be transported from one location to another, the images are just a few clicks away on computers in physicians' offices, at other workstations throughout MeritCare or at the radiologist's home anytime day or night."

### A time-saver and more

Orthopaedic Associates in Fargo, one of a handful of independent physician groups with access to MeritCare's PACS, has had the system in place since early 2004. "I think the main benefit is it saves time," says orthopedic surgeon

Howard Berglund, MD. "You don't have to be looking around for X-rays, which can be misplaced, and if you have a question about an X-ray, all you have to do is find a PACS workstation and with a few clicks, you can see the image. Ultimately, it helps us be a little more expedient in our care to patients."

In addition to saving time, other PACS benefits include:

- **High-quality images.** "I've found the clarity and resolution to be very good," says Dr. Berglund.
- **Increased capabilities.** PACS includes tools that allow users to easily zoom in on certain areas, make comparisons, take measurements and more.
- **Real-time consultations.** A physician in one location can look at the same image as the radiologist in another location, enabling easy interaction and discussions.
- **Continuum of care.** Because PACS is linked with Logician (MeritCare's electronic medical record system), physicians at regional MeritCare locations can easily view patients' studies performed at MeritCare in Fargo.
- **Opportunity to educate patients.** With PACS, both patient and physician can easily view images on the in-office computer screen. "It is important for a patient to be able to see exactly what the doctor is talking about," says Dr. Marsden. "It contributes so much to the patient's complete understanding of a condition."

For more information about PACS, please call (701) 234-3757 or (800) 437-4010 or visit [meritcare.com](http://meritcare.com) (keyword: PACS).

## Molecular Center of Excellence

Laboratories don't often get recognized for the work they do, yet they're key players in accurately diagnosing diseases. Recently MeritCare Laboratory Services received a level of recognition that sets it apart.

Roche Diagnostics has named MeritCare a "Molecular Center of Excellence" – the only one in Minnesota, North Dakota, South Dakota and Montana. Indianapolis-based Roche is a leading developer of molecular and genetic testing technologies.

The designation means MeritCare will have the latest state-of-the-art laboratory equipment, including the Roche LightCycler system. The LightCycler can bring dramatic improvements for patients being tested for a variety of

illness because it can more accurately and quickly detect illnesses. Current uses of this technology include diagnosing Group A strep, factor V leiden and prothrombin. Future uses may include diagnosing Group B strep and viral infections such as herpes B complex.

"Being named a center of excellence in molecular and genetic testing is a major step, not just for MeritCare, but for the people we serve," says pathologist Jerry Baldwin, MD, medical director of MeritCare Laboratory Services. "They'll benefit from the latest, cutting-edge laboratory technology available in our laboratories."



## MeritCare named one of the nation's 100 Top Hospitals

Whether you practice in a small rural clinic or a larger multi-specialty setting, you strive to provide your patients with the best care possible. But when you refer them to a hospital, how do you know what kind of care they'll receive? When they come to MeritCare Hospital, you can be sure they're receiving care noted for its high quality. Solucient, a leading healthcare information firm, recently named MeritCare to its 11th annual "Nation's 100 Top Hospitals" study. Selected from 6,000 hospitals nationwide, MeritCare was the only North Dakota hospital to make the list.

Appearing in the May 24 issue of Modern Healthcare magazine, Solucient's "100 Top Hospitals" study considered all U.S. acute-care hospitals with 25 or more in-service beds, using MedPAR data and Medicare cost reports. Among the measures and results (in comparison to peers):

- **Patient mortality:** Nearly 18 percent lower at the 100 Top Hospitals.
- **Complications:** Nearly 13 percent fewer at the 100 Top Hospitals.

- **Length-of-stay:** Patients at the 100 Top Hospitals were released nearly half a day sooner, on average.
- **Expenses:** Expenses-per-discharge at the 100 Top Hospitals were 16 percent lower.
- **Salaries:** The 100 Top Hospitals pay higher salaries to attract quality staff; salary and benefits for full-time employees were nearly 3 percent higher.

"One more important measure in this study was case mix. The 100 Top Hospitals typically treat greater numbers of sicker patients – those with more complex medical conditions," says MeritCare President Roger Gilbertson, MD. "That said, we at MeritCare recognize that this could not happen without the trust that physicians from throughout the region have placed in us. We appreciate the opportunity to participate in the care of their patients, and we thank them for choosing us."

For more information about the "100 Top Hospitals" analysis and results, visit [providers.meritcare.com](http://providers.meritcare.com).



## MeritCare, UND partner to study Parkinson's disease

In North Dakota, the incidence of Parkinson's disease is relatively high. At MeritCare Parkinson's Clinic, many patients from throughout the state come for comprehensive treatment. At University of North Dakota School of Medicine and Health Science (UNDSMHS) in Grand Forks, accomplished medical researchers want to learn more about the causes and progression of Parkinson's. Recognizing the potential of a cooperative relationship, the organizations recently made partnering a goal.

Today with a grant proposal already in the works, this partnership has begun. "This partnership has great potential," says UNDSMHS researcher Manuchair Ebadi, PhD, associate vice president for health affairs and medical research and principal investigator in the proposed study. "With MeritCare as the clinical arm and UND as the research arm, we will be able to compete for grants to help us learn more, including the prestigious 'Morris K. Udall Parkinson's Disease Research Center of Excellence' grant."

The Udall grant amounts to \$7.5 million dollars over a period of five years. If received, the MeritCare/UND "Parkinson's Clinic and Research Center" would be one of several currently funded Udall Centers in the country including Columbia University, Duke University, John's Hopkins University School of Medicine, Mayo Clinic and others. Dr. Ebadi's proposed project delves into an area that has not yet been researched by any of these centers.

The title of the proposed project is: "Markers, Mechanisms, and the Neuroprotective Models in Parkinson's Disease." For Dr. Ebadi and his research team, one focus will be delineating the cellular and molecular mechanism of cell injury and death in Parkinson's disease, using genetically engineered mice. Dr. Ebadi has already produced a colony of weaver mutant mice. Another research mission will be to discern the markers of Parkinson's disease onset, progression and response to therapy using platelets from Native American patients with Parkinson's disease.

"Over the last year, the collaboration between UNDSMHS and MeritCare has already benefited Parkinson's patients in our region. As this research project moves forward, we believe the benefits will be even greater," says neurologist Bret Haake, MD, medical director of MeritCare Neuroscience Center. "With Dr. Ebadi's excellence in research and our skills in clinical work, this is a very synergistic relationship that benefits patients with Parkinson's disease and other neurodegenerative conditions. From a clinical perspective, our hope is that in the future we will be able to diagnose Parkinson's earlier than it's ever been diagnosed, which is key in being able to use drugs to stave off the disease."

More information will be available as the grant process proceeds and the partnership grows. If you have questions, please call either Dr. Ebadi at (701) 777-2284 or Dr. Haake at (701) 234-4036 or (800) 437-4010.

## Consider MeritCare's Pediatric Intensive Care Unit

When faced with a seriously ill or injured child, where do you turn for specialized care? For four important reasons, consider the Pediatric Intensive Care Unit (PICU) at MeritCare Children's Hospital in Fargo. The eight-bed PICU is part of the 56-bed MeritCare Children's Hospital, located at MeritCare Hospital in downtown Fargo. Since 1985, MeritCare Children's Hospital has been an officially established and recognized member of the National Association of Children's Hospitals – the only one in North Dakota.

### 1. An expert, experienced team.

Pediatric critical care specialists lead the PICU team, involving other pediatric subspecialists as needed. MeritCare Children's Hospital offers a wide range of pediatric subspecialists including a pediatric gastroenterologist, pediatric oncologist, pediatric cardiologist and others. Fundamental to the PICU team are the specially-trained pediatric intensive care nurses, pediatric respiratory therapists, pediatric physical and occupational therapists, a PhD pediatric nutrition specialist and others. All specialize in working solely with children.

**2. Capabilities and knowledge to treat a wide range of problems.** "In addition to the high level of expertise we offer, our pediatric subspecialists stay informed of the best places to refer nationally for any type of medical problem, even the highly unusual," says pediatrician Ron Miller,

MD, medical director of MeritCare Children's Hospital. "This ability to discern can prove invaluable." Examples include neurological problems, severe respiratory problems, shock, a need for a ventilator, severe asthma, uncontrolled seizures, a need for strict isolation and more. For the specific PICU transfer criteria, go to [providers.meritcare.com](http://providers.meritcare.com).

**3. A well-equipped unit.** The level of care needed by a child in the PICU demands advanced technology and professionals who know how to use it. "During those first few hours and days, certain aspects of care take priority: extremely close monitoring, fluid management, breathing assistance and maximum pain control. Our PICU is well-equipped and prepared to provide the high level of care needed," says pediatric critical care specialist Waldemar Storm, MD. And soon the PICU will be more child- and family friendly. With the upcoming renovation and expansion of MeritCare Children's Hospital, the PICU will go from an open ward design to private rooms, with plenty of space for equipment, the care team and family members.

**4. Easy and direct referral process.** If you have a patient whom you would like to refer to the PICU (typically any patient transported by MeritCare LifeFlight will go to the PICU), or if you have questions, call (800) 437-4010 and ask for the pediatric critical care specialist on call.

## PICU adds a second pediatric critical care specialist



*Vytautas Sapiega, MD*

The expertise and 24/7 availability of a pediatric critical care specialist play a key role in the MeritCare PICU. With the recent addition of Vytautas Sapiega, MD, MeritCare Children's Hospital now has two of these highly-trained professionals.

Dr. Sapiega received his medical degree from Vilnius University, Lithuania. In 2000, he completed his pediatric residency training at State University of New York Health Science Center and Kings County Hospital, both in Brooklyn, NY.

Prior to joining MeritCare, Dr. Sapiega completed a three-year pediatric critical care fellowship at Lutheran General Children's Hospital, Park Ridge, Ill. The PICU at Lutheran General provided extensive experience in managing many types of cases, including trauma, general surgery and cardiovascular surgery.

### PICU TRANSFER CRITERIA

Save precious time by referring directly to MeritCare Children's PICU.

Visit [providers.meritcare.com](http://providers.meritcare.com) for direct transfer criteria.

## MeritCare Pain Management Clinic adds physicians

If you have patients who struggle with chronic pain (persistent pain lasting three or more months), you now have a new level of help to offer – and it's readily available. "We want patients to know they don't have to suffer for years before seeking help, plus we want referral physicians to know this help is readily available. They can feel free to refer patients to us, knowing we are now able to respond promptly to the need," says Michael Gonzales, MD, board-certified physical medicine and rehabilitation specialist who recently joined MeritCare's Pain Management team.

MeritCare Pain Management Clinic in Fargo offers a team approach to managing chronic pain, including pain caused by:

- Nerve damage
- Injuries
- Fibromyalgia
- And many other causes

"The treatment begins with an extensive assessment, which then sets the stage for an individualized, focused approach," says Dr. Gonzales, who brings with him 25 years of experience in chronic pain management, in addition to teaching at Northwestern University. He joined MeritCare in January 2004, now putting his expertise to use on the multidisciplinary Pain Management team. This team includes anesthesiologists, a psychologist, a nurse

practitioner and others.

The individualized treatment often includes medications and injections – the mainstay of any pain management clinic, but MeritCare goes a step further. The team also utilizes:

- Fluoroscopy to more precisely guide injections
- Various types of therapy including biofeedback
- Pain support groups

"As physicians know well, chronic pain varies widely from one person to next, but one thing I've learned over the years is this: There's almost always something you can do to help, and that's what we're here to do," says Dr. Gonzales.

Majid Ghazi, MD, the newest member of MeritCare Pain Management team, will join MeritCare in August. Dr. Ghazi received his medical degree from University of Saarland, Germany. Prior to joining MeritCare, Dr. Ghazi practiced at Dartmouth Hitchcock Medical Center, Labanon, New Hampshire.

To refer a patient to MeritCare Pain Management Clinic, or if you have questions about the clinic, please call (701) 234-7400 or (800) 828-2901 (option 2). Information is also available online at [meritcare.com](http://meritcare.com) (keyword: pain).



Michael Gonzales, MD



Majid Ghazi, MD

## MeritCare Children's Hospital Referral Directory

As a physician, if you need to transfer a young patient to MeritCare Children's Hospital, or if a child requires pediatric specialty care, you have three important needs: You want to know whom to call, you want information regarding your patient's hospitalization and you want your patient returned to you. Please don't hesitate to call us, we are here to help. If you have questions, call **Ron Miller, M.D.**, pediatrician and MeritCare Children's Medical Director at (701) 234-2431.

Unless listed, all services can also be reached toll free at (800) 437-4010.

### MeritCare Children's Hospital (701) 234-2000

For a consult or to transfer a patient, when the operator answers, ask for the "pediatrician on call." They will be paged 24-hours a day.

- Pediatric Intensive Care Unit  
(701) 234-6038 – (800) 443-4779 #4
- Neonatal Intensive Care Unit  
(701) 234-6031 – (800) 443-4779 #2
- LifeFlight Air Ambulance  
(701) 234-6000 – (800) 437-6886
- Emergency Center (701) 234-5121

### MeritCare Pediatric Specialties – Answered between 8 a.m.-5 p.m. Mon.-Fri.

- Allergy (701) 234-2929
- Cardiology (701) 234-2568
- Endocrinology (701) 234-2431
- Gastroenterology (701) 234-2431
- Hematology (701) 234-7544
- Immunology (701) 234-2929
- Metabolic Diseases (701) 234-2431
- Neurology (701) 234-4036
- Oncology (701) 234-7544
- Orthopaedics (701) 234-8770
- Neuropsychology (701) 234-4021
- Nutrition (701) 234-2431
- Psychiatry (701) 234-4171
- Pulmonology (701) 234-2929

### MeritCare Children's Multidisciplinary Clinic (701) 234-6600 or (800) 828-2901

- Cerebral Palsy
- Cystic Fibrosis
- Child Maltreatment Medical evaluations
- Down Syndrome
- Myelodysplasia
- Metabolic Conditions
- Muscular Dystrophy
- Neonatal Growth and Development
- Pediatric Developmental evaluations
- Pediatric Neurorehabilitation (Brain Injury)

**Contact MeritCare**  
at (701) 234-6931 or  
(800) 542-8763

**Online**  
[feedback@meritcare.com](mailto:feedback@meritcare.com)

**Mail**  
PO Box MC  
Fargo, ND 58122

## What is InterLink?

InterLink is a newsletter for physicians, midlevels and healthcare administrators 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 healthcare 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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