



**MeritCare**  
providers.meritcare.com

# Link

# Inter

SUMMER 2007  
VOLUME 6, NO. 3

## Inside this Issue

- ECP addresses persistent heart-related chest pain
- Pain Management takes pain relief to advanced level
- New N.D. law protects expressions of empathy, compassion
- Gastroenterology adds high-definition, narrow-band imaging
- Dementia: Make a more specific diagnosis
- Cancer Center offers HDR brachytherapy and more
- Stage III colon cancer clinical trial draws patients from region
- Welcome new colleagues



*Theodore Sawchuk, M.D.  
Urology*

U.S. News & World Report ranked MeritCare Hospital number 35 in the elite list of the nation's top 50 in urology — one of several specialties evaluated in the annual “America’s Best Hospitals” issue published July 25, 2007. The recognition, which is neither applied for nor paid for, is based on a study of Medicare data as well as the availability of services to best meet patients’ needs. MeritCare is the only hospital in North Dakota to receive this distinction.

“As urologists at MeritCare, we benefit from practicing in an integrated health system. That’s why I view this recognition as a reflection of the entire medical center,” says Theodore Sawchuk, M.D., board-certified urologist and managing physician partner at MeritCare. “At MeritCare, we have the set-up that allows us to work collaboratively with oncologists, interventional radiologists, anesthesiologists, internists, cardiologists, hospitalists, specially trained nurses and more. All contribute to the best possible care — and outcomes — of hospitalized urology patients.” In addition, MeritCare has the full gamut of advanced services needed by patients, from a trauma center to palliative care.

**“I view this recognition as a reflection of the entire medical center.”**

**Dr. Sawchuk**

## Urology offers wide range of services

As in every specialty, up-to-date care that incorporates the latest knowledge and technology makes a key difference for patients. Examples in urology at MeritCare include:

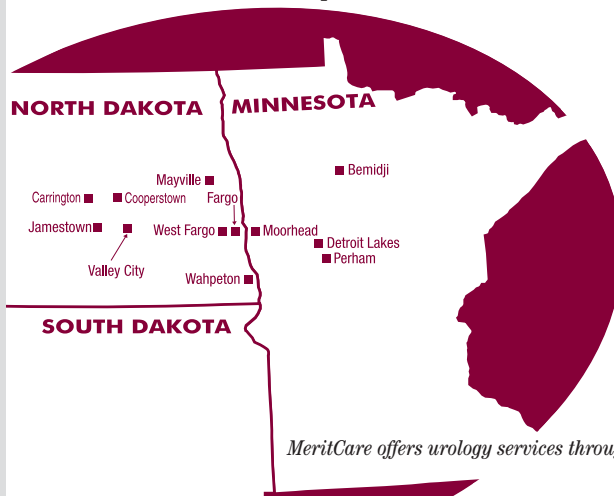
- Laparoscopy to support nearly every type of minimally invasive procedure
- Extensive laser capabilities to provide state-of-the-art prostate and stone operations
- Advanced medical treatments including Deflux injections to address vesicoureteral reflux
- Several types of incontinence services/procedures for men and women, including the availability of a specialized physical therapy program
- Extensive in-office diagnostic testing capabilities including recently upgraded uro-dynamic testing equipment
- Specially trained ostomy nurse for urostomy services
- Capability to treat many types of urologic cancer, from the common to the unusual, thanks to collaboration with oncologists at MeritCare Roger Maris Cancer Center. Clinical trials are also available through the Cancer Center’s affiliation with the North Central Cancer Treatment Group.

## Available to patients throughout the region

MeritCare’s five board-certified urologists diagnose, treat and manage the full range of urologic conditions in adults and provide basic pediatric care as needed. In addition to seeing patients in Fargo, they travel to various locations in the region on a regularly scheduled basis.

## Making a referral

To refer a patient to MeritCare Urology, call (701) 234-2301 or (800) 437-4010.



*MeritCare offers urology services throughout the region.*

# ECP addresses persistent heart-related chest pain



Wallace Radtke, M.D.  
Cardiology

Patients whose heart-related chest pain persists even after medical therapy and surgical interventions, or who are not candidates for additional procedures, now have a new option: external counterpulsation (ECP). MeritCare Heart Center began offering the therapy in August.

“It’s low-tech, and for many people, that’s the beauty of it,” says Wallace Radtke, M.D., board-certified cardiologist. “Often patients who are eligible for this therapy have had multiple procedures and they’re still having chest pain. They welcome this noninvasive option.”

in increased blood flow back to the heart, thereby improving heart function and relieving symptoms. After the treatment, patients can resume their usual activities. Patients accepted for ECP undergo 35 hours of therapy — one hour at a time, five days a week, over a period of seven weeks. “Though the specific mechanism of action is not yet well-defined, reputable studies including one from Mayo Clinic have shown that ECP clearly works in appropriate candidates — even for up to two years, and it appears it can be repeated after that period of time,” says Dr. Radtke. “People experience very definite improvement and appreciate a better quality of life.” Medicare and other payers now reimburse for the therapy.

### Eligibility criteria

Candidates for ECP include:

- Patients who have chest discomfort or an anginal equivalent such as shortness of breath due to blockage in the blood vessels of the heart
- Patients who are ineligible for or choose not to undergo additional invasive procedures
- Patients who do not get adequate relief from medical treatment

Reasons for ineligibility include:

- Problems with lower extremity blood vessels
- Heart rhythm abnormalities, making it difficult to appropriately cycle ECP equipment
- High blood pressure
- Rapid heart rate

For more information or to consult a cardiologist, call (877) HRT-CNTR.

**“Often patients who are eligible for this therapy have had multiple procedures and they’re still having chest pain. They welcome this noninvasive option.”**

**Dr. Radtke**

### How ECP works

Performed on an outpatient basis at the Heart Center, ECP therapy involves placing blood-pressure-like cuffs on the patient’s legs and trunk. While the patient relaxes on a padded table, the cuffs deflate and inflate in synchronization with the heartbeat. The gentle but firm compression results



# Pain Management takes pain relief to advanced level



Majid Ghazi, M.D.  
Pain management

You expected your patient's fracture would heal in three to six months, but eight months later? Continued pain. "This patient has chronic pain — pain that persists beyond the expected time for healing," says Majid Ghazi, M.D., board-certified interventional pain management specialist at MeritCare Pain Management. With today's advanced treatments, your patients

with chronic pain can gain noticeable relief, resulting in improved day-to-day life.

At MeritCare, successful pain management begins with a multidisciplinary team. "That's what really sets our clinic apart," says Dr. Ghazi. "The multidisciplinary approach offers wide-ranging expertise combined with several treatment options." In addition to Dr. Ghazi, the team includes Michael Gonzales, M.D., board-certified physical medicine and rehabilitation specialist; anesthesiologists; psychologists; nurse practitioners; nurses; physical and occupational therapists; exercise physiologists; social workers; nutritionists and other disciplines as needed.

"While medical therapy is one option for treatment, there are other options, too — interventions, physical medicine (including biofeedback) and behavioral modification therapy," says Dr. Ghazi. "Regardless of the type of chronic pain, we base the treatment plan on these four modalities, recognizing some patients will do well with one modality, while others may need a combination. Always, we focus on what works for each individual patient."

## A closer look: Interventional treatments

In recent years, interventional treatments have advanced in chronic-pain management. Examples include:

- **Epidural steroid injections.** "We do approximately 2,500 of these per year to treat pain due to herniated disks, spinal stenosis and other chronic conditions," says Dr. Ghazi. "The injections reduce inflammation, resulting in decreased pain and improved functional status." Indications include: radiculopathy, herniated disc and spinal stenosis.

- **Radiofrequency denervation.** "Radiofrequency is our second most common type of intervention. The outcomes have been excellent — 80 percent of patients improve, and the improvement lasts a year or longer," says Dr. Ghazi. "Patients have been very pleased." Indications include spondylosis, facet syndrome (upper, middle and lower back pain) and whiplash injury.
- **Implantable devices (spinal cord stimulator, intrathecal drug delivery).** "Spinal cord stimulators can help relieve intractable nerve pain in many parts of the body including the back, abdomen and chest. Most eligible candidates gain 70 percent or more pain relief, while others gain enough relief to reduce their pain medication," says Dr. Ghazi. Indications include pain after back surgery; chest, abdominal and pelvic pain; complex regional pain syndrome or reflex sympathetic dystrophy. Patients not suited for the spinal cord stimulator may be eligible for intrathecal drug delivery. Indications for this device include intractable pain, spasticity and pain due to cancer, arthritis and other diseases.

Eligibility for both devices relies on results from a minimally invasive trial procedure. If the device works well for the patient, surgical implantation is scheduled.

*"The multidisciplinary approach offers wide-ranging expertise combined with several treatment options."*  
Dr. Ghazi

## Making a referral

"We are pleased to partner with primary care physicians in managing patients' chronic pain — the sooner, the better for optimal results," says Dr. Ghazi. "Published studies indicate better outcomes if we see the patient in early onset."

The full array of pain management services is available in Fargo with many services also available in Bemidji, Minn., where William Dicks, M.D., board-certified pain management physician, practices. Treatments not offered in Bemidji can easily be coordinated with care in Fargo, when needed.

To refer a patient, visit [providers.meritcare.com](http://providers.meritcare.com) and download a copy of the referral form or call (701) 280-4540 or (800) 828-2901.



*by Jane Voglewede  
Associate General Counsel  
MeritCare Health System*

**NEW N.D. LAW PROTECTS EXPRESSIONS OF EMPATHY, COMPASSION**

Most physicians would agree the following scenarios — all of them unexpected — present considerable concern in addition to difficulty in knowing what to communicate to patients and/or families:

- A patient comes into the Emergency Center with a minor wound, then goes into cardiac arrest and cannot be resuscitated.*
- A patient is given the wrong dose of medication while in the hospital.*
- A woman proceeds through a normal pregnancy, but delivers a stillborn infant.*

A new North Dakota law that took effect August 1 makes statements of condolence, compassion and even apology inadmissible in court as evidence of liability. This protection allows providers to be open and candid with patients and families without fear that such expressions may be used against them in court. Though Minnesota does not yet have an “apology” law, more than half the states do. Some of those laws protect expressions of sympathy, and a few, like the one in North Dakota, include direct expressions of apology.

For several reasons, we view this law positively:

- Doctors’ freedom to openly express empathy and compassion to their patients creates an atmosphere of trust.
- Patients and families want frank communication, particularly if there is an unexpected complication. They want to know what happened and that someone cares.
- The new law furthers the patient-safety movement. The Joint Commission strongly supports patient safety, including a requirement to disclose medical errors to patients.
- The new law improves the practice environment and may even reduce claims.

**Empathy or responsibility?**

In teaching medical students, I often tell them apologies in medicine tread new ground, prompting the need to distinguish between expressions of empathy and expressions of responsibility. I advise the following:

- Whether you’re a provider in North Dakota or Minnesota, it’s always appropriate in the case of an

adverse outcome to go to the patient or family and express empathy. Such phrases might include: “I’m so sorry this complication has happened,” or “I feel badly that you’re having to go through this.” At the same time, I encourage all physicians, especially physicians in Minnesota, to be careful in making statements to patients and families such as, “I never should have done that,” or “This should not have happened.”

- That said, it is appropriate in some cases to go further and indeed acknowledge responsibility. A word of caution: First make sure you have all the facts. This often takes time, and in the end, it may turn out that no one was at fault. Don’t wait, though, to express empathy. Also, let the patient or family members know that you will be looking into it further and will talk with them when you know more.
- Patients may interpret some comments as admissions of responsibility, even though meant only as statements of sympathy. For example: “I’m very upset that this happened, and I know you are, too,” or “I wish things could have turned out differently.” The new law eliminates some worry for physicians about the exact words they use to express their sincere feelings to patients.

Without a doubt, bad outcomes are difficult for all — patients, families *and* physicians. And they’re especially difficult when they’re unexpected. Under the new law, physicians in North Dakota are free to be more open and compassionate, expressing condolences without fear of litigation effects.

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

## Gastroenterology adds high-definition, narrow-band imaging



*Stephen Spellman, M.D.  
Gastroenterology*

Patients who undergo endoscopic examinations at MeritCare now benefit from state-of-the-art technology that delivers high-definition and narrow-band imaging. A recent upgrade in instrumentation enables both advancements.

“With high definition, you get remarkable clarity which helps better define what you’re seeing during the various types of gastrointestinal exams,” says Stephen Spellman, M.D., board-certified gastroenterologist and managing partner of MeritCare Gastroenterology. “But when you add narrow-band imaging, it makes a striking difference in visual contrast.”

In exams of the colon, examples of how this dual technology can make a difference include:

- Increased accuracy in defining polyps, then precisely removing them.
- Improved decision-making in relation to tiny polyps. “Reports indicate that by using narrow-band imaging along with magnification, you can do an optical biopsy to determine whether these tiny polyps are hyperplastic, which means we would leave them; or whether they’re adenomatous, which would prompt removal,” says Dr. Spellman.
- Strategically placed biopsies to determine pre-malignant changes in ulcerative colitis.

In exams of the upper intestinal tract, a main area of benefit will be in monitoring Barrett’s esophagus, a condition that occurs in approximately 10 percent of patients with chronic heartburn, increasing esophageal cancer risk. “In people who have Barrett’s, we do repeat exams and biopsies periodically to look for precancerous changes,” says Dr. Spellman. “With narrow-band imaging, we’ll be able to get a much better look, including the ability to focus our biopsies on specific areas in question.”

***“With high definition, you get remarkable clarity which helps better define what you’re seeing during the various types of gastrointestinal exams. When you add narrow-band imaging, it makes a striking difference in visual contrast.”***

**Dr. Spellman**

At MeritCare, all colonoscopes now have the new technology and select scopes used in the upper intestinal tract are equally equipped. The new technologies do not add additional costs to exams.

To learn more or to make a referral, call MeritCare Gastroenterology at (701) 234-2525 or (800) 437-4010.

**CONNECT**  
meritcare.com  
research.meritcare.com

## Dementia: Make a more specific diagnosis



Patrick Konewko, Psy.D.  
Neuropsychology

Do you suspect your patient has dementia? Easy-to-use tools are now available to help you reach an objective, assessment-based diagnosis. To review, dementia is a syndrome of acquired and persistent impairment in intellectual ability affecting at least three of the following: memory, language, emotion or personality, complex cognition or visuospatial abilities.

“Dementia’ is a nonspecific term, but today we can definitively diagnosis a specific type of dementia in its early stages,” says Patrick Konewko, Psy. D., neuropsychologist and clinical director of MeritCare’s Alzheimer’s Disease and Related Disorders Program. “Specificity is important because it sets the stage for the correct treatment. Treatment for a patient with Alzheimer’s disease, for example, differs from treatment for dementia associated with Parkinson’s disease.”

### Is it dementia?

The algorithm at right is one tool to guide you in the diagnosis process. The first step focuses on determining if suspected cognitive impairment is indeed dementia. This determination involves:

- A physical examination
- Basic laboratory studies (complete blood cell count, thyroid screening, BUN/creatinine, liver function, glucose, serum electrolytes, serum B12)
- Mental status assessment using a Mini Mental Status Exam, geriatric depression scale, assessment of functional assessment as observed by family, assessment of “problem behaviors” as observed by family (Note: These tools are available to MeritCare physicians through Centricity. Dr. Konewko will provide the materials to all others upon request.)

### What type of dementia?

“The physical exam, the lab studies and the mental status assessment will establish whether the person has dementia,” says Dr. Konewko. “Once established, we proceed with determining the type. Most often, it will be Alzheimer’s disease and with the tools now available, primary care physicians can confidently make this diagnosis.”

**“Specificity is important because it sets the stage for the correct treatment.”**

**Dr. Konewko**

If the findings don’t point to Alzheimer’s, further evaluation may be needed to determine the dementia type. Other common forms of dementia should be considered, including frontotemporal or vascular dementia, dementia with Lewy Bodies or dementia associated with Parkinson’s disease. The second

half of the algorithm outlines steps involved in diagnosing rare types of dementia.

### What course of treatment?

Certain types of common dementias (e.g. Alzheimer’s disease) can be treated and managed in the primary care setting. Treatment of Alzheimer’s disease includes:

- Cholinesterase inhibitors.
- Referring patients/families to the Alzheimer’s Association for information and support.
- Following the appropriate patient-care guidelines for Alzheimer’s disease. Learn more at [providers.meritcare.com](http://providers.meritcare.com).

For other forms of dementia, treatment plans should be developed through partnership with a specialized program like MeritCare’s Alzheimer’s Disease and Related Disorders Program. “At MeritCare, our evaluations for the non-Alzheimer’s dementias come from the unique neurological, neuroradiological and neuropsychological findings,” says Dr. Konewko. “We continue to follow the patient in collaboration with the primary care physician. We know this team approach benefits patients and families.”

**When is specialized care needed?**

The following clinical features suggest non-Alzheimer's disease. Patients who present with these may benefit from a more extensive evaluation in a specialized program:

**Onset and course**

- Sudden onset and/or onset before age 60
- Rapidly progressive course

**Neuropsychiatric symptoms**

- Changes in personality and behavior
- Hallucinations

**Neuropsychological profile**

- Focal deficits (e.g. language)
- Abnormal attention, slowing, executive function problems

**Neurological findings**

- Parkinson's disease signs, involuntary movements, ataxia
- Focal or lateralizing signs
- Seizures
- Myoclonus, peripheral neuropathy

To request the mental status assessment tools described in this article, or to discuss a case or arrange a consult, call (701) 234-4180 or (800) 437-4010.

**Learn more at MeritCare's Dementia Conference**

Advances in the Understanding & Management of Dementia:

**November 3**

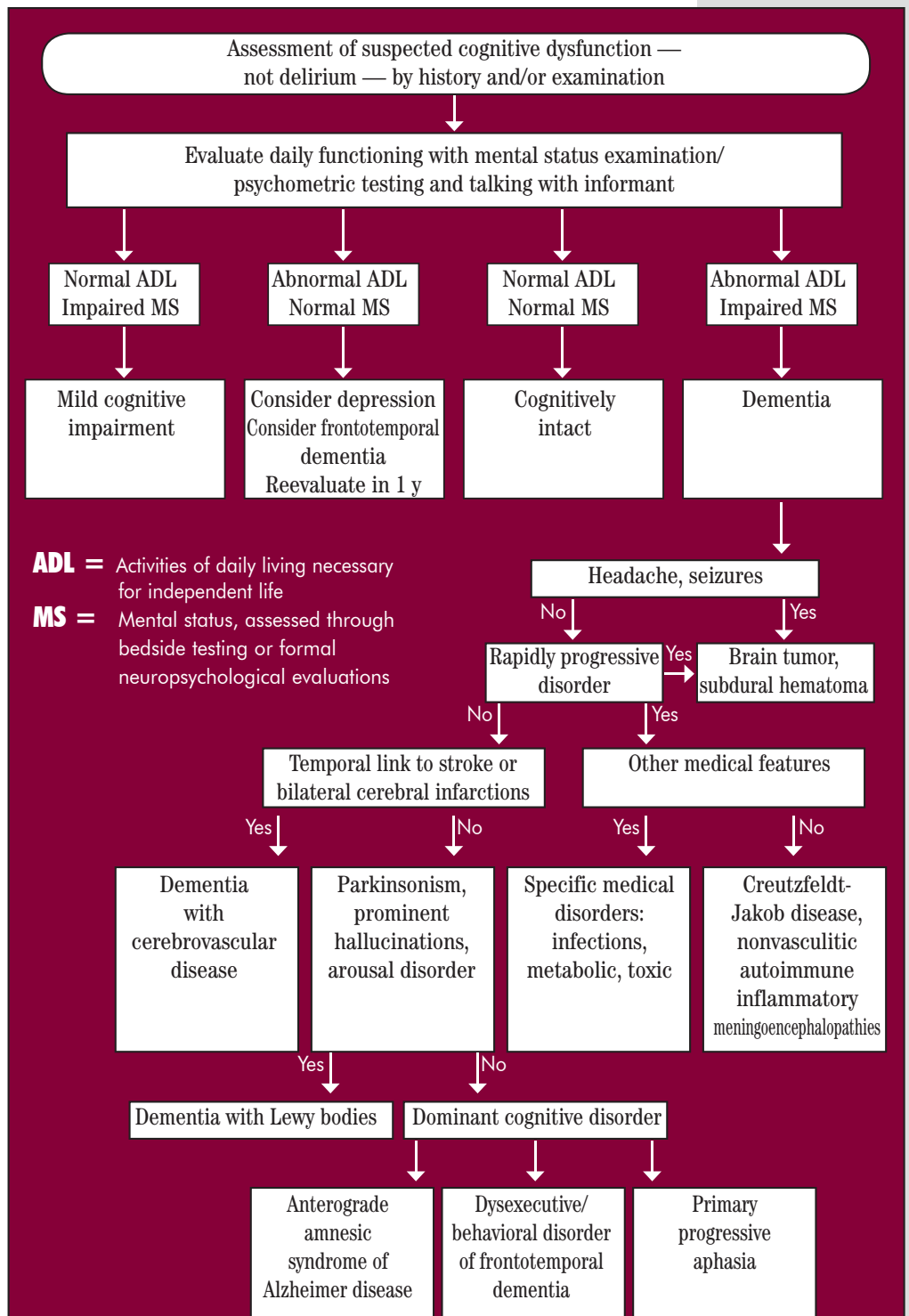
Holiday Inn, Fargo

Also attend the pre-conference presentation, Assessment & Management of Alzheimer's Disease in Primary Care Settings:

**November 2**

Holiday Inn, Fargo

Pre-registration is required. Call (800) 437-4010 or visit [providers.meritcare.com](http://providers.meritcare.com).



This sequence of decisions reflects a hierarchy of importance of diagnostic information: features appearing earlier in the decision tree suggest diagnoses regardless of features assessed later.

Printed with permission: Knopman DS, Boeve BF, Petersen RC. Essentials of the proper diagnoses of mild cognitive impairment, dementia and major subtypes of dementia. Mayo Clinic Proceedings 2003;78:1290-1308.

# Cancer Center offers HDR brachytherapy and more



*Dennis Bier, M.D.  
Radiation oncology*

Whether delivered internally or externally, radiation therapy at MeritCare Roger Maris Cancer Center covers the spectrum, including several advanced options. “More than ever, patients are very aware

of the latest in treatment options. They know about the advances and they’re willing to travel to get them,” says Dennis Bier, M.D., board-certified radiation oncologist at MeritCare. “But more often than patients realize, we’re able to offer the latest treatments right here in Fargo.”

**“More often than patients realize, we’re able to offer the latest treatments right here in Fargo.”**

**Dr. Bier**

## HDR brachytherapy

A long-standing treatment, high dose rate (HDR) brachytherapy involves placing a radioactive source in or near a tumor, thereby radiating the specific area and sparing surrounding healthy tissue. The treatment requires an applicator or interstitial device to internally deliver the radiation. In years past, brachytherapy required days of confinement in a hospital room. Today, it can be done on an outpatient basis, sometimes over a period of several consecutive days or once a week for several weeks. “HDR is a further refinement of brachytherapy,” says Dr. Bier. “With

HDR, we are able to attach a very high intensity radioactive source to a steel cable. A remote-controlled machine inserts the cable into the applicator to deliver radiation. Then, by controlling the amount of time the source spends in the applicator, we can maintain precise control of how much radiation is being delivered along a specific number of points in the applicator. As a result, treatment becomes highly targeted to the specific tumor.”

Types of malignancies often treated with HDR brachytherapy include breast, esophagus, prostate, gynecologic and colorectal. Benefits for patients include shortened treatment time, greater ease and convenience, and in some cases, decreased side effects from treatment.

## Other advanced treatments available

- **Stereotactic radiosurgery.** “This is an area of radiation therapy that is rapidly expanding both in terms of treatment for tumors affecting the brain as well as for extra-cranial sites such as the lung and liver,” says Dr. Bier. “Our number-one use for it right now is metastatic disease involving the brain. For many patients, if you can preserve their central nervous system capacity, it makes a huge difference in their quality of life.”
- **Image guided radiation therapy (IGRT).** “In terms of external beam radiation, this is certainly one of the advances,” says Dr. Bier. “The goal again is to deliver the radiation dose as closely as possible to the intended target, limiting dosage to the surrounding normal tissue.”

## An experienced team

Each of MeritCare’s three board-certified radiation oncologists is qualified and

experienced in HDR brachytherapy and other advanced radiation therapy techniques. In addition, they have excellent support from three full-time physicists trained in the latest techniques. To learn more or to arrange a consultation, call (701) 234-5126 or (800) 511-6161.

## Award-winning cancer care

MeritCare was recently awarded the Outstanding Achievement Award by the Commission on Cancer. To earn this honor, MeritCare Roger Maris Cancer Center met 36 standards representing the full scope of cancer care, including:

- Institution and programmatic resources
- Cancer committee leadership
- Cancer data management
- Clinical management
- Research
- Community outreach
- Professional education
- Support staff
- Quality improvement

MeritCare is one of only 31 organizations in the nation and the only one in North Dakota in the Community Hospital Comprehensive Hospital category to receive this prestigious recognition. “This reflects a high-quality program, says John Leitch, M.D., board-certified oncologist and executive partner of MeritCare Roger Maris Cancer Center. “Referring physicians can be assured that their patients are getting the best possible treatment and support.”

# Stage III colon cancer clinical trial draws patients from region



Preston Steen, M.D.  
Medical oncology

A randomized, phase III clinical trial is now available to patients with stage III colon cancer — a common stage at diagnosis, but one for which few clinical trials have been available. MeritCare Roger Maris Cancer Center offers

this trial through its affiliation with the North Central Cancer Treatment Group. Several patients from the region have already enrolled.

“For eligible patients, the decision to participate in this clinical trial has not been difficult because either they receive the current best treatment, which is FOLFOX — an acronym for a specific combination of chemotherapies — or they receive FOLFOX plus a promising drug called Cetuximab. In addition, all the patients receive particularly close follow-up, which they very much appreciate,” says Preston Steen, M.D., MeritCare Roger Maris Cancer Center medical oncologist and principal investigator of the Community Clinical Oncology Program at MeritCare.

The study will determine if the addition of Cetuximab will further reduce the risk of recurrence in people newly diagnosed with stage III colon cancer who have undergone curative resection. “Depending on how many lymph nodes are involved, people at this stage have a 30 to 80 percent chance of recurrence, but we have good reason to believe the addition of Cetuximab can further reduce the chance,” says Dr. Steen. “Cetuximab has already proven effective in people with recurrent colon cancer and now the challenge is to find out if adding it to adjuvant chemotherapy is of benefit or not. The only way we can know for certain is through a clinical trial.”

## Clinical trials lead to progress

This stage III colon cancer clinical trial is one of more than 100 clinical trials involving patients at the Cancer Center. In fact, depth of clinical-trial participation was a key reason why MeritCare recently received the outstanding achievement award from the American College of Surgeon’s Commission on Cancer.

**“Cetuximab has already proven effective in people with recurrent colon cancer and now the challenge is to find out if adding it to adjuvant chemotherapy is of benefit.”**

Dr. Steen

“Participation in clinical trials is how we make progress in the fight against cancer,” says Dr. Steen. “Twenty years ago, for example, when I began oncology training, stage III colon cancer patients did not receive chemotherapy as part of their treatment regimen because no benefit had been proven. Now, chemotherapy for stage III is the current standard, and in recent years, we’ve seen a 45 to 50 percent reduction in recurrence.

Progress like that would not be possible without clinical trials. They give us good, solid data we can carry into future treatments, ultimately affecting people’s quality and quantity of life.”

## Who is eligible?

To be eligible for the stage III colon cancer clinical trial, the patient must have:

- Complete resection within the past 56 days
- At least one lymph node involved
- Generally good health
- Past five years cancer-free (if there have been previous cancers)

If you have a patient who may benefit from this trial, call the research nurses at MeritCare Roger Maris Cancer Center at (701) 234-7514 or Dr. Steen at (701) 234-6161. Both can also be reached at (800) 511-6161.

For information about other clinical research trials available at MeritCare, visit [research.meritcare.com](http://research.meritcare.com).

## Welcome new colleagues



*Jason Asheim, M.D.  
Radiology  
MeritCare Hospital  
MeritCare South University*



*Mary Beegle, D.O.  
Adult Psychiatry  
MeritCare South University*



*Mary Jo Crissler Belanger, M.D.  
Internal Medicine and  
Palliative Medicine  
Broadway Health Center*



*Becky Benz, M.D.  
Radiology  
MeritCare Hospital  
MeritCare South University*



*Mark Bernatson, M.D.  
Family Medicine  
MeritCare East Grand Forks*



*Jon Bradbury, M.D.  
Family Medicine  
MeritCare East Grand Forks*



*Rebecca Caillier, M.D.  
Neurology  
MeritCare Neuroscience Center*



*Tom Cariveau, M.D.  
Family Medicine  
MeritCare East Grand Forks*



*Germaine Cheslock, O.D.  
Optometry  
MeritCare Bemidji Eye Center*



*Martha Duff, M.D.  
Radiology  
MeritCare Broadway*



*Robert Edwards, O.D.  
Optometry  
MeritCare Bemidji Eye Center*



*Kevin Faber, M.D.  
Neurology & Sleep Medicine  
MeritCare Neuroscience Center  
MeritCare South University*



*Mark Fisher, M.D.  
Radiology  
MeritCare Broadway  
MeritCare Hospital*



*Sajid Jalil, M.D.  
Gastroenterology  
MeritCare Broadway*



*Hasrat Khan, M.D.  
Critical Care  
MeritCare Hospital*



*Vijay Korimilli, M.D.  
Hospitalist  
MeritCare Hospital and  
MeritCare South University*



*Heidi Lako-Adamson, M.D.  
Emergency Medicine  
MeritCare Hospital*



*James Molde, O.D.  
Optometry  
MeritCare Bemidji Eye Center*



*Yuri Rafael Nakasato, M.D.  
Rheumatology  
MeritCare Southpointe*



*Eric Pearson, M.D.  
Family Medicine  
MeritCare East Grand Forks*



*Elena Rodgers-Rieger, M.D.  
Pathology  
MeritCare Broadway*



*Samuel Sant, O.D.  
Optometry  
MeritCare Bemidji Eye Center*



*Eram Shahira, M.D.  
Hospitalist  
MeritCare Hospital  
MeritCare South University*



*Mark Shanfeld, M.D.  
Ophthalmology  
MeritCare Bemidji Eye Center*



*Terry Breidenbach, N.P.  
Pain Medicine  
MeritCare Neuroscience Center*



*Kaili Jacobson, N.P.  
Oncology  
Merit Care Roger Maris  
Cancer Center*



*Heidi Peterson, N.P.  
Family Medicine  
MeritCare Hawley*



*Shannon Roth, N.P.  
Oncology/Hematology  
MeritCare Roger Maris  
Cancer Center*



*Alison Becker, P.A.  
Neonatology  
MeritCare Children's Hospital*



*Deborah Abbey, L.I.C.S.W.  
Child & Adolescent Psychology  
MeritCare Professional Building*



*Julie Dokken, L.P.C.  
Eating Disorders & Psychiatry  
MeritCare South University*

**Learn more**  
about these and  
other MeritCare  
colleagues by visiting  
[doctor.meritcare.com](http://doctor.meritcare.com).  
To arrange a  
consultation,  
call (800) 437-4010.

# MeritCare KIDNEY SERVICES

NEPHROLOGY ▼ DIALYSIS ▼ TRANSPLANT



## *Nephrology, Dialysis & Transplant Symposium*

Learn about the current status, recent advances and future application of dialysis, nephrology and transplant concepts.

# September 19 & 20

Ramada Plaza Suites, Fargo

Pre-registration is required. Visit [providers.meritcare.com](http://providers.meritcare.com) or call (800) 437-4010, ext. 6715.

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, 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 online at [providers.meritcare.com](http://providers.meritcare.com), along with up-to-date research and clinical trial information, educational opportunities and more. InterLink is published by MeritCare. Your feedback is welcome.

#### 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

MeritCare  
Health System  
PO Box MC  
Fargo, ND 58122-0400

NONPROFIT ORG  
US POSTAGE  
PAID  
MERITCARE