



South Dakota Chapter



Governor's Message

Eric Larson, MD MACP

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It is hard to believe we are well into 2024 and our Meeting Committee has nearly wrapped up the content for the program for the SD ACP Fall Meeting.

This year we will be in Sioux Falls at the Hilton Garden Inn Downtown, September 11-13. I'm very excited to report another excellent slate of speakers, both local and national, that we believe will educate and inspire. We will have familiar faces including **Dr. Donna Sweet, MACP** back to teach us about caring for patients with HIV and, a new face for most of us, **Dr. Marion McCrary, FACP** current Governor of North Carolina ACP speaking on physician wellness. To mix things up a bit we will also have **JP Dinnel**, a former Navy Seal speaking on being a team member, team leader and leading through adversity. I hope to have the opportunity to greet many of you in person at this great event.

Hopefully many of you will be able to attend the National Internal Medicine Meeting in Boston April 18-20. This is always a great learning experience and a great chance to have some fun in a wonderful city.

Our efforts in advocacy continue and mid May we will again have a team including Members, IM Residents and Medical students attending Leadership Day in Washington, DC. As always, SD ACP is active this time of year in Pierre and is led by **Dr. Rob Allison** and **Dr. Kelly Evans-Hullinger**.

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Health & Public Policy

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State report:

The legislative session has begun in Pierre. A myriad of health related bills will be monitored by our HPPC committee in conjunction with the South Dakota State Medical Association and their lobbyists. At the time of this article on Feb 1st the day for posting bills has finally passed. Now the legislature must work with the hundreds of bills before it. Of note, there was no PA scope of practice bill brought forward this year, which makes me happy for the time being.

Here are a few key bills so far that affect physicians. These are excerpts from the SDSMA legislative updates whom the SDACP Health and Public Policy Committee provides input and coordination of our “Gladiators” to assist in local advocacy.

HB 1013 enters South Dakota into the APRN Compact, with the intention to permit the interstate practice of APRNs. However, a provision in the bill allows APRNs with a multi-state license to practice outside of any supervisory or collaborative relationship in their home state or remote state. SDSMA has concerns with a compact whose text supersedes state law regarding scope of practice. For that reason, consistent with established AMA policy, the SDSMA opposed the bill and testified against it in the Senate Health and Human Services Committee. The bill passed committee 7-0 and later passed the Senate 30-3. The bill is going to the Governor for review and action.

SB 63 updates language related to the licensing process for ambulances and attempted to change the definition of ambulance service “Medical Director” to permit PAs and NPs. The SDSMA testified in committee against that specific provision in the bill, arguing the need for continued physician oversight, and the bill passed the Senate Health and Human Services committee 6-0. On the Senate floor, the bill was amended to maintain the definition of “Medical Director” for physician oversight, and create a hardship exemption process for ambulance services unable to fill that role. With the annual hardship exemption granted, a record of which will be maintained by the Department of Health, those ambulance services would be able to employ a Program Director position that could be filled by a physician assistant or nurse practitioner. The amended bill passed 29-4.

SB 64, a companion bill to SB 63, updates language related to EMS and associated personnel, including definitions of services that may be provided by each role, and authorizes the Board to approve programs for instruction of EMS personnel. Similar to SB 63, the bill was amended to ensure physician oversight to the extent possible and include the hardship exemption. The amended bill passed the Senate 33-0.

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SB 82 attempts to modify standards for a bona fide practitioner-patient relationship required prior to the issuance of a medical cannabis certification. It does so by defining the certifying practitioner as either 1) the patient's primary care provider, 2) a physician/PA/APRN specializing in the care and treatment of a debilitating condition for which the patient has been diagnosed, or 3) an individual to whom the patient has been referred by their PCP or someone meeting criteria #2. The SDSMA supported the bill due to its support for rigorous standards for the certification for medical cannabis that includes comprehensive medical histories for patients, and because of its attempt to address the pop-up certification clinics that have been a major issue since the inception of medical cannabis. The bill failed to pass the Senate Health and Human Services Committee, and was instead Deferred to the 41st Legislative Day on a 5-2 vote.

SB 87 brought by the Governors office that changes the make up of the South Dakota Board of Medical and Osteopathic Examiners adding allied health members as voting members (Physician Assistants, EMS/EMT personnel, Respiratory Care, Nutritionist/Dietician, Athletic Trainers, Occupational therapist, and Genetic counselors). The SDSMA opposed and amended this legislature to maintain a physician majority in voting but was unsuccessful in its efforts.

Federal Report:

Our HPPC plans to send our delegation to Washington DC on April 18-20 to reach out to Sen Thune and Rounds and Rep Johnson on key issues related to national health care as supported by the ACP National agenda. I have noticed a strong move towards scope of practice protection and resources for advocacy on this topic in the last year. Here are the priority topics for 2024:

Valuing the Care Provided by Internal Medicine Physicians - Protect patients' access to care by ensuring fair and appropriate physician compensation, including annual inflationary adjustments, and policies that support physicians' transition from fee-for-service (FFS) to value-based models of care.

Reducing Administrative Burden in Medicine - Put "Patients Before Paperwork" by advancing policies that will eliminate unnecessary red tape and improve prior authorization processes for patients and their physicians.

Ensuring Access to Care - Support policies that preserve access to telehealth services, improve the integration of behavioral health in primary care, and extend premium support and tax credits for enrollment in Affordable Care Act (ACA) health plans.

Protecting the Patient-Physician Relationship - Promote policies that protect and preserve patient-physician relationships, including access to reproductive health care, LGBTQ+ and gender-affirming care, and ensure non-physician health care professionals perform within their scope of practice.

Strengthening the Primary Care and Physician Workforce - Increase investments in federal programs that support and expand the primary care physician workforce, such as funding for Graduate Medical Education (GME), loan deferment initiatives, enable international medical graduates (IMGs) to practice in rural and underserved areas, and fund federal health professions programs that expand primary care training and diversity, equity, and inclusion in the healthcare workforce.

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Supporting and enhancing Health Information Technology - Support policies that will help leverage technology, including augmented intelligence, to improve patient care and reduce administrative and practice burdens on physicians. Promote policies to ensure technology is used in appropriate ways to enhance patient care, and not to discriminate or inappropriately restrict patient access to care.

Increasing Prescription Drug Access and Affordability - Support policies that improve the pricing and transparency, and increase access, affordability, and availability of prescription drugs.

Preventing Firearms-Related Injuries and Death - Reduce firearms-related injuries and deaths through investments in research and much needed evidence-based policy reforms at all levels of government.

Please reach out to our Governor Eric Larson, Kris Rahm our ED, and our HPPC committee for more information or your thoughts.



USD SSOM Residency Program

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The USD SSOM IM Residency Program is having another outstanding academic year in 2023-2024.

We are pleased to announce that for the 8th consecutive year we have had a 100% board pass rate for our graduating residents. Our ACP In-training Exam results for all PGYs put the program at greater than the 90th percentile. Just like the board exam this has been the 8th consecutive year.

Our current PGY3s have finalized their post graduate plans. We are excited that all 3 residents going into fellowship matched. These fellowships are Cardiology at Reading Hospital-Tower Health in Pennsylvania, Hematology/Oncology at University of Nebraska, and Rheumatology at Franciscan Health in Illinois.

We have 4 residents going into Hospital Medicine. Three are staying in Sioux Falls and the other is going to the Minneapolis area. Once again, we are excited to have a resident going into primary care and they will be practicing in Mitchell, SD. We would like to thank all faculty who teach, mentor, and support our residents. We would also like to thank SD ACP for their support of the USD SSSOM IM Residency.



Hospitalist Committee

Catherine Leadabrand, MD FACP

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I'm excited to introduce myself, Catherine Leadabrand MD FACP, as the new chair for the South Dakota ACP chapter Hospitalist Committee. I have practiced medicine for 25 years, initially as a general internist, and then since 2014 as a hospitalist. Like you, I have experienced immense change along my career path, especially with the mounting challenges of providing health care in our largely rural state post-pandemic. I especially value ACP's commitment to address the diverse needs of all our members, be they med students/residents, early/late career physicians, private/academic practitioners, specialists/generalists, rural/urban or inpatient/outpatient clinicians.

Even now, after 25 years in the ACP, I'm still discovering useful resources for multiple areas of my professional and personal life. I plan to feature a few of these "ACP gems" in each of my newsletter reports, and encourage you to explore them via the attached links:

February 2024 ACP Gems

1. **Dynamed:** As part of your ACP membership, you have access to this wonderful medical reference search engine. I find it a succinct alternative to up to date when looking for evidence-based guidance, especially to clinical quandaries/controversies.
https://www.acponline.org/sites/default/files/documents/clinical_information/dynamed_plus/dynamedex_overview.pdf
(For a good example, check out management of acute pancreatitis). <https://www.dynamedex.com/condition/acute-pancreatitis-in-adults>
2. **ACP group insurance:** ACP offers member negotiated rates for several insurance categories. For years I personally have carried the robust ACP group Disability Plan, which currently provides up to \$12,500 per month. This plan has saved me \$500 a month over the comparable plan offered by my financial advisor! Moreover, it refunds me \$100 off my yearly ACP membership dues just for participating. <https://www.acponline.org/membership/additional-membership-benefits/member-insurance-options>

3. **CME Meetings.** I have attended both ACP meetings regularly through the years, including state chapter and national meetings as well as ACP Leadership Day--the wonderful advocacy meeting held in Washington, DC every spring. In addition to staying up to date on medical practice, exploring new cities, and hearing wonderful speakers, the networking and celebration of our profession never fails to restore my passion for the practice of medicine. <https://www.acponline.org/meetings-courses>
4. **Contract review:** A new intriguing benefit, ACP has partnered with a group called "Resolve" which provides access to MGMA reimbursement data and can even assist with contract negotiations. <https://www.acponline.org/membership/additional-membership-benefits/physician-contract-review-and-compensation-tools>
5. **Telehealth Resources:** Telemedicine connections are now vital to maintaining health of patients. ACP offers many helpful modules /guidance for those of us old-school docs who trained in the pre-digital era: <https://www.acponline.org/practice-resources/business-resources/telehealth-guidance-and-resources>

These resources, and more yet to be featured, are only a part of what makes ACP so strong. As members of the largest medical-specialty society in the world, we boast an expert front-line voice that we can apply to health problems in our state. I am particularly passionate about meeting needs for urban and rural residents alike, who suffer due to long waits for admissions and transfers, specialist evaluations and primary care follow up.

I am aligned with the ACP goal to improve the lives of our patients and of the teams who care for them. Please feel free to reach out to me with questions, concerns, or ideas for achieving this mission.





Frontier Medicine, Minesweeping & Hoffstenisms

By Rob Allison, MD MACP

Many of you may not know of the brilliant, ponytailed Internist-Nephrologist from Pierre South Dakota, but Phil Hoffsten was the epitome of an old school internist. He passed away last week in Florida with family and friends present after fighting Alzheimer's.

I had the privilege to join his multi-specialty group back in 1998. Phil was the 'senior' internist and had a gruff exterior to everyone he worked with. He demanded the best of himself and his staff. He was a constant teacher, challenging you to give evidence for what you saw and what you wanted to do. He wouldn't take the simple answer given and would research the answers till he was satisfied. He took the new internists – me and Phil Meyer - and built a legacy of high-quality frontier medicine. He challenged us always to be at the front of medicine and to find a way to provide great care.

In our ACP Phil was best known for presenting "Have I got a case for you" at our annual scientific meetings. He was an internists' internist and practiced both inpatient and outpatient medicine and ran our dialysis unit for central South Dakota. He was well known for his "Hoffstenisms" - words of wisdom that have only proven truer as I have aged in my practice. He made his thoughts known about efficiency many times in partnership meetings and brought us each a shirt on the topic once, one I still have to this day, and still rings true.

He loved to challenge himself, and for those of you who know the computer add on game "Minesweeper" he did them all ... in order ... to test himself. His dedication to his patients was just the same. I was so proud to award my friend his MACP Mastership in the College.

He was kind and gracious with his time. He loved to challenge himself physically and played racquetball and martial arts. Phil would always smile with a Boodle's Gin and Tonic in hand and that would lead to a great story or joke. His wife Peggy was ever his support and at his side, supporting the man she loved and being the special person she was.

Phil moved to Florida to be with his kids' families after retirement. He came back a few times to check in with friends and our last visit was in 2021. Thank you, Phil, for teaching me about life, past medicine and taking me out of my comfort zone to build the physician I am today.

Membership Committee

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There is a funny little cliché that has been used and overused in my family from as far back as I can remember. It goes like this " Whats up?"

To which my older family member (grandparent or grandaunt or other) would reply " cost of living". As a child that meant nothing. Today it's a stark reality.

I have been seeing more and more patients who are unable to afford the rising costs of healthcare. Many are tasked with choosing between the frequency of follow up, medications and food. Our advocacy work must continue.

If there is ever a time when we need active members to agitate for changes to our current health care system, its now. We have a vibrant hard-working chapter, but we need new members. The axe that continually grinds will one day become blunt and worn out.

I want to encourage each of us to recruit just one new member before the next annual scientific meeting.
Each one, reach one.

The SD ACP recently created a WhatsApp Group to facilitate ease of communication among the members. Please click the attached link to download the app - <https://www.whatsapp.com/download>

Once you have done this, send a message vía WhatsApp to our Group Administrator, Rob Allison, to join the subgroup of your choice. Subgroups are Membership, Early Career Physicians, and Health & Public Policy.

2023 Annual Meeting Moments



Upcoming SD ACP Events

2024

March 8	National Hospitalist Day
March 19	Council Zoom Meeting
March 25-31	National Physicians Week
April 1-30	National Volunteerism Month
April 16-20	BOG & IM Meeting, Boston, MA
May 14 - 15	Leadership Day - Washington, DC
September 11-13	SD ACP Annual Meeting - Sioux Falls
September 19-21	BOG - Boston, MA
October 28	National Internal Medicine Day

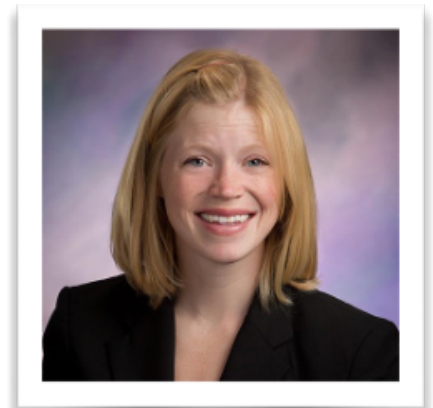
2023 Award Winners



Mahum Shahid
ECP of the Year



Amanda Sedlacek
ECP of the Year



Jennifer Hasvold
Volunteerism Award



Kelly Evans-Hullinger
Volunteerism Award



Russ Wilke
Teacher of the Year



Cathy Leadabrand
Laureate Award