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Winter 2017

examiner

**An Exam That May
Already Be Covered
by Insurance.**

**Meet Dawn Lauer,
MPAS, PA-C
Orthopedic
Physician Assistant**

**What Do You
REALLY Want
to Ask Your
Pediatrician?**



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Heard of Medicare's Annual Wellness Exam? You Should!

For more information or to schedule an appointment please call 605-665-1082.

Written by Board Certified Internal Medicine Physician
Susan Fanta, MD



Are you aware Medicare Part B covered individuals are eligible for a yearly preventative visit? If not, you are not alone. This has been a new Medicare feature introduced and enacted by the Affordable Care Act of 2010. Many people do take advantage of this, but I suspect many more would if it were understood more fully. So read on, and I'll help improve your awareness of this yearly, preventative visit.

If you are a Medicare patient, there is no doubt you should have a primary care provider (PCP). This is an individual, perhaps a medical doctor (MD), advanced nurse practitioner (CNP) or a physician assistant (PA-C or MPAS) who can educate Medicare Beneficiaries about potentially life-saving, preventative services and screenings. These services can be arranged and coordinated by your PCP by scheduling your preventative wellness visit. This is not considered a "routine physical check-up," but one does tend to end up with an examination of major organ systems. However, I want to make it clear that technically, a wellness visit does not include a physical exam beyond taking of a height, weight, and blood pressure. Most providers likely will perform a more extensive exam to fully assess a patient. This expectation of a physical examination has been an area of confusion, and great frustration on the part of both physicians and patients since the inception of this Medicare preventative visit.

This visit likely will include: a review of your medical and social history, detection of cognitive impairment, counseling about preventative services, an offer to talk about creating an advance directive, updating immunizations, and a screening schedule for appropriate preventative services. The preventative screenings include: colonoscopy, mammogram, bone density, cholesterol and blood sugar, abdominal aortic aneurysm, and lung cancer. A checklist may be utilized ensuring all aspects are covered.

Because of its newness, I would like to explain the screening test paid by Medicare for lung cancer. Medicare started paying for this in February of 2015. The service includes a yearly Low Dose Computed Tomography (CT scan) of the chest. Before the first scan, you must visit with your provider to discuss the risk and benefits. To qualify for this benefit you must:

1. Be age 55-77 and currently smoke or have quit smoking in the past 15 years
2. Have smoked an average of one pack per day for at least 30 years
3. Have no symptoms or signs of lung cancer
4. Receive the chest scan at a qualified radiology facility (of which Yankton Medical Clinic, P.C. is one)

This is just one of many preventative screening services paid by Medicare. There are others as well, and this is just one example of the benefits of scheduling for your Preventative exam.

As long as you meet basic eligibility standards, Medicare will cover these services. However, you may be charged additional fees for certain services during this preventative visit. If during your annual wellness visit your PCP needs to investigate or treat a new or existing problem, costs may then apply. For instance, if you are followed for multiple medical problems such as hypertension, diabetes, etc., and these are addressed, this additional treatment could be billed as a separate office visit, with Medicare paying 80% of the allowed charges and the rest applied to your deductible or copay. This additional charge is determined by the complexity of managing the health concerns.

Another important aspect of this wellness visit is an opportunity for your PCP to discuss a Living Will. This document allows you to designate a Durable Power of Attorney and/or detail other wishes about care at the end of life. This obviously can be a sensitive topic, but should be a priority for you to discuss with your chosen, trusted medical provider. Many individuals may set up a living will through a lawyer, and I encourage them to bring this to their PCP so that the document can potentially be reviewed and discussed at each wellness exam.

As you can sense, there is a lot to cover to adequately complete a yearly wellness visit. To make the visit run smoothly, I would encourage you to come prepared. I find it helpful if you bring an active medication list, a list of any other providers you see, a list of immunizations received outside of the clinic, and an updated interim health history (for example, if you were traveling in another state or country and had some issues with your heart). This would be vital information for your PCP to review.

I urge you to schedule a wellness visit with your PCP. This has been a good additional service provided by Medicare, and a chance for you to take advantage of some very beneficial life-saving screening interventions. Your doctor wants to see you, so they can catch any concerns early, and watch you live as healthy a life as possible.

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“We are here to serve our patients and make a positive contribution to their overall wellness.”

Meet Dawn Lauer

MPAS, PA-C,
Orthopedic Physician Assistant



JOINED YMC
2015

BACHELOR'S
DEGREE

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College

MASTERS OF
SCIENCE

University of
South Dakota

1. Talk about the moment you felt called to enter the field of medicine?

For as long as I can remember, I have wanted to work in healthcare. Biology and math were my favorite subjects all throughout school. When I was little, my mom had a medical book with questions and flow-charts you could use to diagnose illnesses, and I loved reading through all the different scenarios. I have always wanted to make a positive impact on people's lives, and working in healthcare is a great way to do that.

2. What made you choose your specialty?

I chose to work in orthopedics because I love the hands-on aspect of orthopedic medicine. It is very rewarding to see patients who have been suffering from a musculoskeletal problem find relief, whether that is through medications, physical therapy, injections, surgery, or some other type of treatment. I enjoy the variation of my work environment – seeing patients in the clinic as well as assisting the surgeon in the operating room.

3. Do you have a personal philosophy of patient care?

My philosophy is to deliver quality healthcare to all patients in a compassionate and caring manner. I strive to treat every person with respect. I believe that taking the time to answer questions and explain things creates a better provider-patient relationship and a better outcome for the patient.

4. What do you wish your patients would do better to care for themselves?

No matter if you are 5 or 95, the positive effects of staying active are well-known. Physical activity is good not only for your heart, lungs, and mind, but it is extremely beneficial for your muscles, bones, and joints.

The average adult should get at least 30 minutes of exercise most days of the week.

5. What would be your advice for helping patients communicate better or feel more confident in receiving care?

Clear, open communication between patients and their providers is essential to receiving appropriate care. Please do not be afraid to ask questions if there is something you don't understand or that we could explain better. We are here to serve our patients and make a positive contribution to their overall wellness. We always start with conservative methods of treatment and progress to the more invasive approaches if they are needed.

6. What is the role of follow up care in your area – and what is most important to know for healing or care post-surgery or post-injury?

Follow-up care in orthopedics is extremely important. We want to be informed of how our patients are doing and whether they are improving or not. We like to be able to answer questions and address any concerns in a timely manner. It is important to catch issues early on so that they can be addressed before things could potentially worsen. It is always important to follow the recommendations of your healthcare provider, especially after an injury or surgery. People often tend to start feeling better and try to push their bodies too soon which can result in further damage. Orthopedic injuries take time to recover from while the body heals. We monitor them through a variety of resources such as speaking with the patient, physical examinations, radiographs, and reports from other providers such as physical therapists.

7. Why did you come to practice in Yankton, SD? What drew you to the area?

Both my husband and I grew up near Hartington, NE and our families are in the area. Some of my fondest memories as a child are of family outings to the Lewis and Clark Lake and bicycle trail. While attending college at Mount Marty, I volunteered at the hospital and became an EMT for the Yankton County EMS. I completed three of my physician assistant clinical rotations in Yankton, one of which was an orthopedic rotation at YMC. I very much enjoyed the atmosphere at the clinic and was excited when the opportunity arose to work with Dr. Brent Adams in the orthopedic department.

8. Tell us about yourself, your interests, hobbies, family.

I grew up a few miles southeast of Yankton and graduated from Cedar Catholic High School in Hartington, NE. I then received my B.A. in Biology and Chemistry from Mount Marty College in Yankton, and my MPAS from the University of South Dakota in Vermillion. I received the Academic Achievement-Clinical Year award and was inducted into the Pi Alpha National Honor Society for physician assistants. I worked for a short period of time as a hospitalist in Sioux City. I have a wonderful and supportive husband, Lucas, and we have two beautiful daughters named Madison, who is 20 months old, and Hayden, who is 4 months old. We enjoy watching Husker football, golfing, camping, and many other outdoor activities. I look forward to always improving my skills as a PA and providing excellent orthopedic care to the people of Yankton and the surrounding communities.

For more information or to schedule an appointment call 605-665-1722.

FAMILY MEDICINE



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605-665-8910



McKenzie Hanson, MD*
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Carrissa Pietz, MD*
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Scott A. Weber, DO*
605-665-8910
Family & Sports Medicine



Jennifer McGinnis, CNP, MSN
605-665-8910

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Susan E. Fanta, MD*
605-665-1082



John J. Frank, MD*
605-665-1082



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605-665-1082



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605-665-1152



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Our Pediatricians Answer Parents' Most Commonly Asked Questions

So much care for your children, so close to home.

For more information or to schedule an appointment please call 605-665-5538.

What are the most common questions we hear in our clinic exam rooms from parents? Read on, and you'll see our individual responses – and know that all parents are often concerned about the same things!

Q: When should I worry about fever?

DR. WITHROW: Fevers are probably the most common concern for all parents, but they are also a very common symptom for children. There are times when a fever is more concerning. Your child could have a medical condition where fever is more worrisome and your child should be seen. As doctors, we can help educate you in advance if your child has such a condition. If your child is two months or younger and has a rectal temperature of 100.4°F or 30°C, your child needs to be seen by his or her physician. For me, it is important to see how the child looks and is behaving at that point, rather than simply going by a number.

DR. LARSON: Agree – after 2 months old the height of the temperature is not as important as what is going on with the temperature. Before 2 months, any temperature greater than 100.4 rectal means your child needs to be seen by his/her physician.

DR. WILLMAN: I would add that once your baby has received their first set of immunizations at the 2-month well child check, then you could have the baby evaluated within 24 hours of the start of the fever. If your child is 3-24 months old and has a fever for over 3 days, then bring them in to be seen. If at ANY point your child seems to be getting worse or has a stiff neck, severe headache, sore throat, repeated vomiting/

diarrhea, strange rash, looks very ill or is extremely drowsy or fussy, or has underlying health problems, then do not hesitate to call a doctor or bring your child in to be seen.

Q: What age can I give Tylenol, ibuprofen, or aspirin?

DR. LARSON: Tylenol 8 weeks and older. Ibuprofen 6 months and older. Aspirin ONLY if directed by your doctor. All of these over-the-counter medications are dosed by weight.

DR. WILLMAN: I would not want you to give Tylenol to a child under 2 months of age without being directed to do so by your pediatrician. And yes, ibuprofen is recommended after six months of age. Other than a couple of exceptions, aspirin should not be given to children under age 12. You should always check with your doctor before giving your child aspirin.

DR. WITHROW: The concern with ibuprofen is that it can sometimes have an effect on developing kidneys, so best to avoid before 6 months of age. I would add that there are a few medical conditions where acetaminophen or ibuprofen should NOT be used, so if you have questions check with your physician. Of course, we all do not recommend aspirin because of the rare risk of Reye's Syndrome.

Q: My baby is fussy. What should I be concerned about?

DR. WITHROW: It is normal for most infants to have a short period of fussiness daily. Babies are going to cry every once in awhile. However, it is not typical for your child to be fussy all day long. Fussiness and illness symptoms are different issues. If your child is fussy and you are concerned, I would suggest an appointment with your physician or ConvenientCare.

DR. LARSON: I always advise parents and caregivers to first review that all your baby's basic needs have been met and take a moment to calm yourself. Babies have no other communication aside from crying. If this is causing you stress or concern, come in and have your doctor check her/him out.

DR. WILLMAN: I would add that if your baby seems to be in pain or has a fever, then we should evaluate the baby in clinic looking for common things such as ear infection, thrush, nasal congestion, digestive problems, constipation or injury.

Q: I want to breastfeed, so I shouldn't use a pacifier right?

Drs. LARSON, WILLMAN & WITHROW: We're all on the same page with this question. Babies know where their food comes from, and you can certainly use a pacifier,



Board Certified Pediatrician

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even if you are breastfeeding. Babies have a need to suck for soothing and the vast majority of infants who are breastfeeding do just fine with a pacifier.

Q: What if my baby doesn't stool every day?

DR. LARSON: Stooling once every 5-7 days for breastfed babies and once every 2-3 days for formula-fed can be normal. We always tell parents, if you're having concerns – contact us.

DR. WILLMAN: Yes, as Dr. Larson says, babies do not poop every single day, particularly breastfed babies. I would add, that if your baby is not a jaundiced newborn and is comfortable, then I wouldn't worry about it.

DR. WITHROW: Babies do have variability with stooling frequency but also type of stool. As for breastfed infants, we'll often see multiple stools per day in the first month of life. Then after a month, some breastfed infants will go up to a week and pass a large soft stool. Formula-fed infants tend to have more pasty soft stools.

Q: My child does not listen/pay attention and/or is naughty. What do I do?

DR. WILLMAN: You need to set firm, consistent boundaries and communicate what the consequences will be when the expectations are not met. Positive reinforcement is equally important. In general,

I recommend setting specific goals, providing rewards and consequences consistently – and over time behavior will be shaped in a positive way.

DR. WITHROW: It's extremely important to be consistent, as Dr. Willman states, but also important that limits are set and enforced consistently by both parents. Absolutely praise good behavior. Remember that children aren't perfect just like we are not perfect, and a time out for a few minutes never hurt anyone.

DR. LARSON: I would also add that if he/she has behavior problems in all areas of life (home, school, daycare) and is not performing well, there might be a cause. Your doctor can review the issues to recommend a course of action which may include counseling, special education or medication.

Q: My school-aged child is constipated. Can I give her anything?

DR. LARSON: Some initial steps that I recommend are to increase water and fiber in the diet, increase physical activity, and finally and importantly, provide adequate toilet-sitting time. These steps can often fix constipation.

DR. WILLMAN: If those steps don't offer improvement, one option to try is over-the-counter Miralax, which is a powder you mix in a drink that helps soften the stools. If a longer term option becomes necessary, be sure to

discuss using Miralax for a longer amount of time with your doctor.

DR. WITHROW: School-aged children with constipation can take medicine if needed, but the first place to start treatment would be with diet – and fluids are key! Two to four cups of milk per day is enough, and then I would encourage drinking water. A balanced diet high in fiber can help, yet we also know many children are picky eaters. Again, that's when to talk to us about medication and dosage.

Q: I have heard vaccines are dangerous, so I do not want them for my child. Will you still see us as patients?

DR. LARSON: No, I will not. If a parent cannot trust me regarding this important, life saving and universally approved treatment there is not the trust needed for a doctor/patient relationship.

DR. WILLMAN: Yes, I will still see you at the clinic – so that we can visit about the recommended vaccines and their safety.

DR. WITHROW: Immunizations are one of the best ways to protect your child from potentially very life-threatening illness. The World Health Organization rank immunizations as the #1 improvement in health care. The Internet is full of misinformation. I will still see people not wanting to immunize their child, but I will very strongly recommend immunizations.



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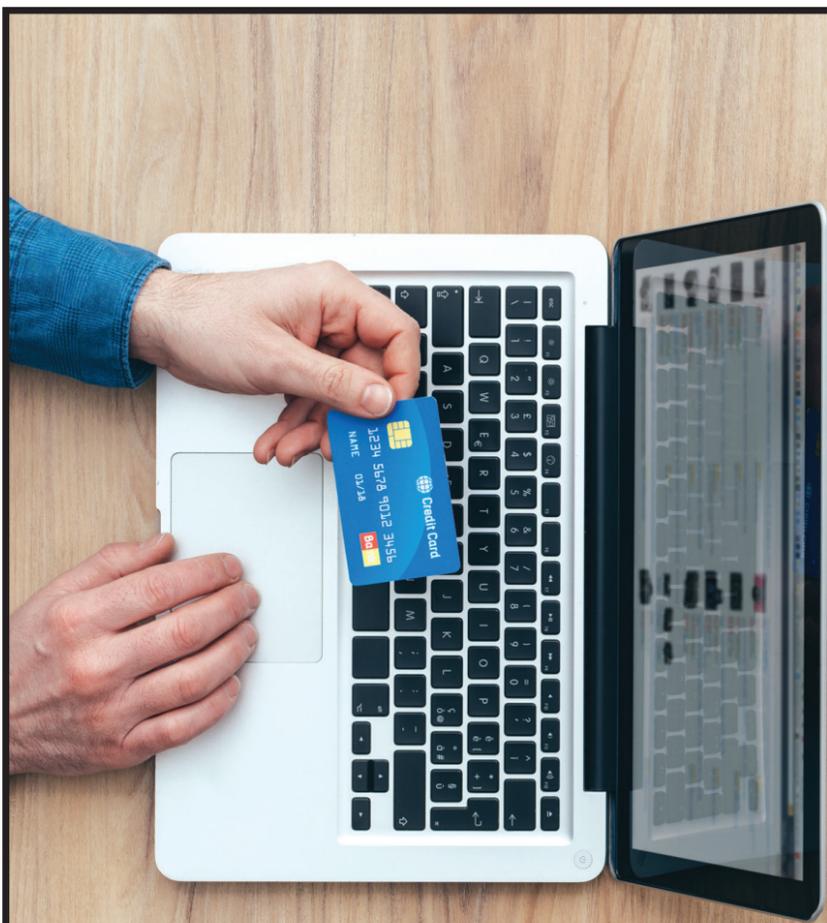
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