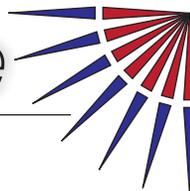


# Elbowoods Memorial Health Update



1058 College Drive, New Town, ND 58763 | www.elbowoodshealth.com

JANUARY 2013



VOL. 1 NO. 4

*Dear Elbowoods Memorial Health Center and Field Clinic Associates,*

**G**reetings! I would like to take this opportunity to share information regarding some of the activities and services in development for implementation. These essential services will assist in improving access to much needed medical services for the people of MHA Nation.

The Health Authority Board and staff are working on an after-hours call service. This service will allow our patients to contact a medical professional after clinic hours to obtain medical advice and reduce unnecessary emergency room visits. The Health Authority Board and staff are excited to offer this service in the near future.

The Health Authority Board and staff are also working on providing telemedicine services at Elbowoods Memorial Health Center and Field Clinics. This service will assist in providing essential primary care services at the Field Clinics as well as expansion of services with greater access to spe-

cialty providers. A Telemedicine Coordinator has been hired to effectively implement the program.

Elbowoods Memorial Health Center is in the initial phase of researching and developing a home health and hospice program. Through patient communication Elbowoods Memorial Health Center recognizes that these are necessary services throughout Fort Berthold. We are currently working with the state on obtaining licensure and program development.

The Contract Health Department has been diligently working on streamlining processes by relying on technology. The operational changes will improve the turn-around for referrals and payment processing. In addition Patient Benefits is providing greater outreach to assist with confidential consultations and enrollments into a variety of alternative resources.



Elbowoods Memorial Health Center and Field Clinics have taken steps in modifying clinical hours. The schedule changes will allow for providers to see more patients daily and provide for greater access to primary health care.

Thank you for your contribution in improving the health care delivery system for MHA Nation. All of your efforts are greatly appreciated and essential in delivering exceptional patient care.

*Keep warm!*

Respectfully,

*Dawn Berg*

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"The greatest wealth is health"



# Is it a Cold or the Flu?

<b>Cold</b>	<b>Symptoms</b>	<b>Flu</b>
Rare	Fever	Characteristic, high (101-104°F); lasts 3 to 4 days
Rare	Headache	Prominent
Slight	General aches, pains	Usual; often severe
Quite mild	Fatigue, weakness	Can last 2 to 3 weeks
Never	Extreme exhaustion	Early and prominent
Common	Stuffy nose	Sometimes
Usual	Sneezing	Sometimes
Common	Sore throat	Sometimes
Mild to moderate, hacking cough	Chest discomfort, cough	Common; can become severe
Sinus congestion or earache	<b>COMPLICATIONS</b>	Bronchitis, pneumonia; can be life threatening
Respiratory hygiene	<b>PREVENTION</b>	Annual vaccination; antiviral medicines; respiratory hygiene
Over-the-counter medication for temporary symptom relief	<b>TREATMENT</b>	Antiviral medicines - see your doctor



1-800-472-2180  
www.ndflu.com

# The Flu: Frequently Asked Questions

## What is the flu?

- Respiratory infection of the nose, throat and lungs caused by influenza virus.
- Highly contagious and can spread from person to person. When someone who has influenza sneezes, coughs or even talks, the influenza virus is released into the air and may be inhaled by anyone nearby.
- Influenza affects all age groups and causes moderate to severe illness, loss of school and work, and complications such as pneumonia, hospitalization and death.

## How do I know if I have the flu?

- Chills & fever (usually high)
- Headache
- Body aches
- Cough
- Sore throat
- Fatigue
- Runny or stuffy nose
- Sometimes stomach problems, such as nausea, vomiting and diarrhea are present but more likely in children than adults

## What should I do if I get sick?

- Stay at home and rest to recuperate and help decrease spread to others
- Drink lots of fluids
- Avoid cigarettes, caffeine & alcohol
- Your doctor may prescribe antiviral drugs that may prevent or decrease flu symptoms and must be started right after exposure or right after symptoms start
- Certain people are at greater risk of serious flu-related complications (including young children, elderly, pregnant women and people with certain long-term medical conditions) and its best for you to contact your doctor

## How can I prevent the flu?

- The best way to avoid the flu is to get a flu shot
- Frequent hand washing
- Stay at home when you are sick
- Cover your mouth and nose with a tissue when coughing or sneezing
- Avoid close contact with others
- Avoid touching your mouth and nose
- Good health habits such as eating a healthy diet, exercise regularly and manage stress

## When should I get vaccinated?

- It is never too late to get vaccinated!
- You can get vaccinated as soon as vaccine is available
- The flu season typically peaks after the New Year so you can still get vaccinated in December or later
- In North Dakota, the flu season can start in October and last as late as May

## Where can I get flu vaccine?

- The influenza vaccine is available at the Elbowoods Memorial Hospital and all field clinics so stop in for your influenza vaccine today!



Submitted by: Anna Mae Batke, RN

January is Cervical Cancer awareness month



# January

SUN	MON	TUE	WED	THU	FRI	SAT
		1 New Years Day NO WORK	2	3 Mandaree WIC 9am-3pm	4	5
6	7	8	9	10	11 Parshall WIC 9am-3pm	12
National Folic Acid Awareness Week						
13	14	15 Twin Buttes WIC 10am-2pm	16 New Town WIC Main Office 5pm-7pm	17 White Shield WIC 9am-3pm	18	19
20	21 MLK Day NO WORK	22	23	24	25	26
27	28	29	30 Bone Marrow Drive at North Lights Building 4-7pm	31		



*Cervical Health Awareness Month*  
*National Birth Defects Prevention Month*  
*National Glaucoma Awareness Month*  
*National Radon Action Month*  
*National Stalking Awareness Month*  
*Thyroid Awareness Month*





American Heart Association  
Learn and Live

FEBRUARY

CANCER AWARENESS

National Cancer Prevention Month

# February

SUN	MON	TUE	WED	THU	FRI	SAT
					1 National Wear Red Day	2
3	4	5	6 HD/DP Meeting 1pm	7 Mandaree WIC 9am-3pm	8	9
10	11	12	13	14 Valentine's Day	15 Parshall WIC 9am-3pm	16
National Random Acts of Kindness Week						
17	18 All Chiefs Day NO WORK	19 Twin Buttes WIC 10am-2pm	20 New Town WIC 5pm-7pm	21 White Shield WIC 9am-3pm	22	23
24	25	26	27	28		
National Eating Disorder Awareness Week						

American Heart Month

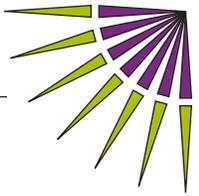
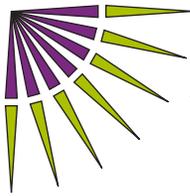
National Cancer Prevention Month

National Children's Dental Health Month

National Condom Month

February is  
National Children's  
Dental Health Month





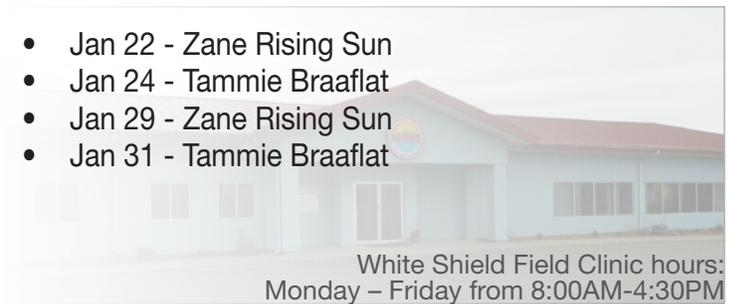
*Twin Buttes Clinic*

- Jan 8 - Lori Jepson
- Jan 15 - Well Child Clinic (Lori Jepson)
- Jan 17 - Diabetes Clinic (Dr. Arcelay)
- Jan 29 - Lor Jepson



*White Shield Clinic*

- Jan 8 - Zane Rising Sun
- Jan 10 - Tammie Braaflat
- Jan 15 - Zane Rising Sun
- Jan 17 - Well Child Clinic (Tammie Braaflat)



*Parshall Clinic*

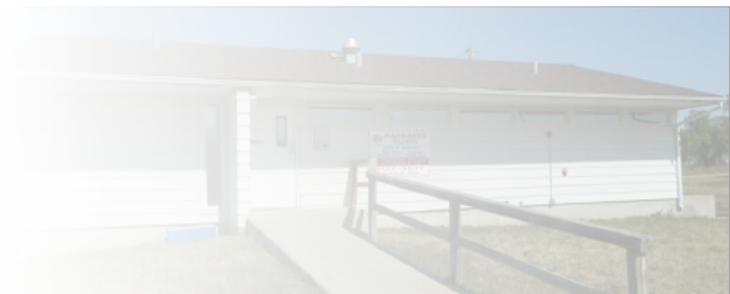
- Jan 2 - Tammie Braaflat
- Jan 4 - Well Child Clinic (Tammie Braaflat)
- Jan 9 - Tammie Braaflat
- Jan 11 - Tammie Braaflat
- Jan 16 - Tammie Braaflat

- Jan 18 - Tammie Braaflat
- Jan 23 - Tammie Braaflat
- Jan 25 - Tammie Braaflat
- Jan 30 - Tammie Braaflat



*Mandaree Clinic*

- Jan 3 - Well Child Clinic (Tammie Braaflat)
- Jan 18 - Juan Gaido
- Jan 25 - Juan Gaido



# MEANINGFUL USE TIDBITS



## THE MEANINGFUL USE REPORT CARD FOR EMHC & FIELD CLINICS

JANUARY 17, 2012 - JANUARY 17, 2013

SET	MEANINGFUL USE MEASURE	GOAL %	ACTUAL %
Core	MU-1 Computer Physician Order Entry (CPOE)	30	100
Core	MU-3 Problem List	80	53
Core	MU-4 Prescriptions Sent Electronically	40	86
Core	MU-5 Active Medication List	80	90
Core	MU-6 Active Medication Allergy List	80	95
Core	MU-7 Demographics Recorded	50	98
Core	MU-8 Vitals Recorded	50	98
Core	MU-9 Smoking Status Recorded	50	46
Core	MU-17 Electronic Health Information On Request	50	0
Core	MU-19 Clinical Summaries Provided	50	0
Menu	MU-10 Electronic Health Lab Results	40	100
Menu	MU-13 Patient Reminders	20	0
Menu	MU-18 Electronic Health Information Access	10	0
Menu	MU-20 Access to Patient Education Resources	10	34
Menu	MU-21 Medication Reconciliation Performed		<i>not being recorded at this time</i>

### WAYS TO IMPROVE AND SOLUTIONS TO ADDRESS:

**MU 3:** Problem Lists must be created and updated regularly at each patient visit.

**MU 9:** Nurses are to record smoking status and document smoking cessation education.

**MU 17:** Electronic Health Information On Request is currently not available, but IT is aware that we would like to meet this Meaningful Use criteria and will be working on this.

**MU 19:** Clinical Summaries Provided, we do not currently provide clinical summaries to our patients, but it will be the responsibility of the providers to keep patient records

up to date and should a patient or referring physician request a Clinical Summary we should be able to provide one. Plan is to provide an on-service on creating a clinical summary.

**MU 13:** Patient Reminders, this is the percentage of unique patients who are 5 and younger or 65 and older during a Reporting Period who are provided with reminders. This could be in the form of verbal and/letter sent to provide the patient and/or their guardian with Health reminders. (Consider Vaccination reminders, screening test reminders)

**MU 18:** Electronic Health Information Access, this would allow for patients to access their Health Information/chart electronically. IT is aware of this requirement and will be in the IT work plan.

**MU 21:** Medication Reconciliation Performed, this information is not being captured therefore we are trying to trouble shoot and determine how to capture this information. In the meantime providers are being asked to reconcile patient medication lists.

*For more information about our Quality Care department, including information about program goals and a report on our progress in meeting those goals, Please contact the Quality Care Director:*

**KATHRYN R. EAGLE, MD**  
**701.627.7791 | [kathy.eagle@mhahealth.com](mailto:kathy.eagle@mhahealth.com)**

# News Staff News Staff News Staff News Staff

## ***Welcome New Employees!***



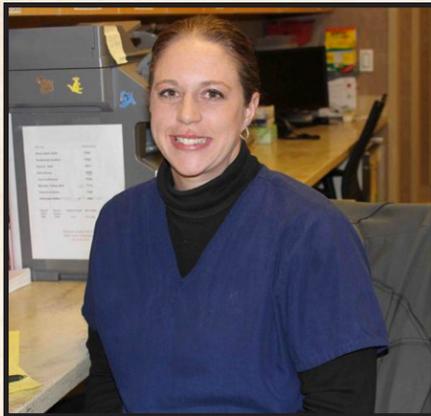
*Gilbert Mann*  
*Housekeeping*



*Judy McDonald*  
*Provider*



*Pearl Roy*  
*CHS Specialist*



*Jennifer Parsons*  
*RN*



*Kathern Moreno*  
*HIM Tech*



*Aurora Lockwood*  
*PBX Switchboard Operator*



*Nicole Beston*  
*GTFJC Nurse*

# BE THE MATCH



**Ethel Reeves** donated marrow to her brother years ago. "I never thought twice about donating marrow to my brother during his battle with lymphoma (blood-related cancer). It was the right thing to do."



Thousands of patients, like 8 year old **Zoe Pesch**, depend on Be The Match to find a donor who can give them the chance for a cure.

*Life is Sacred...Give the Gift of Life  
Join us. You have the power to Save Lives.*

**American Indian families** need people in your community who know the sacredness of life and who are willing to give a small part of themselves so another can live.

**American Indian donors are needed!** Patients are more likely to match someone who shares their heritage.

**Wednesday, January 30th**

**4:00PM - 7:00PM**

**New Town Civic Center  
Main Street | New Town, ND**

Free dinner meal and prizes available for attendees.

There will also be educational booths provided by the Tribal Health Programs (Community Health Representatives, Diabetes, Head Start, Boys & Girls Club, Four Bears Casino, Health Education).

**BeTheMatch.org**

To join at the drive, you only need to be **between the ages of 18 and 44**, be willing to donate to any patient in need and meet the health guidelines.

Questions? Please contact your local **BE THE MATCH** representative:

**Kristine Reed | [kreed2@nmdp.org](mailto:kreed2@nmdp.org)  
1-800-526-7809 x8389 | 612-616-6534 (text)**

## New Year's Resolutions **THREE STEPS TO SUCCESS**

It's a new year and a great time to start fresh! What was your New Year's resolution for 2013? If it had something to do with eating healthier, exercising more, or losing weight, you are right in line with many other Americans.

If you are on track so far – congratulations to you! However, sticking to a new habit can be tough. For many people, the real work starts a few weeks after

the holidays, as your initial motivation wears off and life returns to its normal pace.

Don't let that discourage you. It may not be easy, but it is possible to make healthy changes that stick. This year, set yourself up for success. Set specific, realistic goals and make a plan to help yourself achieve them.

### **STEP ONE: SET A GOAL**

It's great that you have made a resolution to improve your health. Start thinking of your resolution as your health goal for 2013. If your goal is very general, increase your chance of success by writing down the specifics. For example, I will walk for 20 minutes after lunch every day. Or, I will always fill ½ my plate with non-vegetables for dinner. Saying I'll be more active or I'll eat more vegetables is great – but not specific enough to help you follow through when faced with the obstacles of daily life.

When setting goals, think about whether or not your goal is realistic. For example, losing 10 pounds in the next week is not a realistic, attainable goal for most people. Healthy weight loss is 1/2-2 pounds per week, so it might be more realistic to lose about 1 pound per week over the next 10 weeks.

Making a lot of changes at the same time can be overwhelming. We suggest a step-by-step approach. If your over-arching goal is to start exercising 45 minutes 5 days a week and you haven't been active for a while, break it up into smaller goals. Keeping your timeline short for achieving these smaller goals will help you stay motivated and focused.

For example, you could start out walking for 15 minutes at least 3 days a week during January. As

your fitness improves and February hits, you can increase the amount of walking you do each day and set a new goal. All the while you are working toward that larger goal of 45 minutes 5 days a week.



[continued from page 8]  
**THREE STEPS TO SUCCESS**

Let's recap! When setting goals, think about 3 things:

1. What do you want to change and how often will you do this? What are the specifics?
2. Is your goal realistic and attainable?
3. Within what time frame will you achieve your goal? Don't try to change too much at once. One or two small changes at a time is a great way to go!

Write your goals down and put them somewhere visible. This will serve as a reminder to keep you feeling accountable and motivated.

**STEP TWO: MAKE A PLAN**

Once your goals are set, it's time to make a plan that will help you achieve them. Consider the following:

- What do you need to start working toward your new goal?
- What might get in the way of your plan?
- What can you do when you hit an obstacle or barrier?
- When will you start?

It's important to be ready to tackle your goals and to have a back-up plan.

Remember even with a plan, there will be times when you eat too much or decide to take a day off from exercising. Don't see this as a failure. Just get back to your routine the next day.



**STEP THREE: TAKE ACTION**

Start working toward your goals with your plan in mind. For many people, tracking their progress is helpful. Keep a food log or physical activity log – whatever is relevant to your goal.

Once a new habit becomes second nature, add a new goal to keep working toward that over-arching goal. Let's say you've successfully started filling half your plate with vegetables at every meal. Perhaps your next step toward healthier eating could be to change your bedtime snack from ice cream to a sugar-free popsicle. Without much work, you are cutting calories and carbohydrate by eating more vegetables and lower-calorie treats.

Last, remember to reward yourself for achieving your goals. Your small successes are important! If you successfully lose 10 pounds by March, treat yourself to a manicure or go to that movie you've been meaning to see.

**Fort Berthold Diabetes Program  
AWAII WELLNESS CENTER**

**January Saturday Hours**

Mon-Thu	8AM - 8PM
Friday	8AM - 5PM
Saturday	9AM - 12PM



# Cervical Cancer

**Inside Knowledge**

Get the Facts About Gynecologic Cancer



There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

This fact sheet about cervical cancer is part of the Centers for Disease Control and Prevention's (CDC) Inside Knowledge: Get the Facts About Gynecologic Cancer campaign. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.

## What is cervical cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant. Cervical cancer is the easiest gynecologic cancer to prevent with regular screening tests and followup. It also is highly curable when found and treated early.

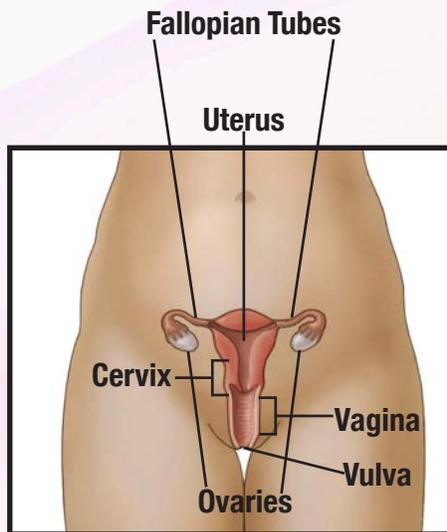
## Who gets cervical cancer?

All women are at risk for cervical cancer. It occurs most often in women over age 30. Each year, approximately 12,000 women in the United States get cervical cancer. The human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually

active people will have HPV at some point in their lives, but few women will get cervical cancer.

## What are the symptoms?

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.



## Are there tests that can prevent cervical cancer or find it early?

There are two tests that can either help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes, on the cervix that can be treated, so that cervical cancer is prevented. The Pap test also can find cervical cancer early, when treatment is most effective. The Pap test is recommended for women aged 21-65 years old. The Pap test only screens for cervical cancer. It does not screen for any other gynecologic cancer.
- The HPV test looks for HPV—the virus that can cause precancerous cell changes and cervical cancer.

## What raises a woman's chance of getting cervical cancer?

Almost all cervical cancers are caused by HPV. You are more likely to get HPV if you started having sex at an early age, or if you or your partner have had sex with several others. However, any woman who has ever had sex is at risk for HPV. There are many types of HPV. Usually HPV will go away on its own, but if it does not, it may cause cervical cancer over time. In addition to having HPV, these things also can increase your risk of cervical cancer:

- Smoking.
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.

## How can I prevent cervical cancer?

- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. It is given in a series of three shots. The vaccine is recommended for 11 and 12 year old girls. It is also recommended for girls and women aged 13 through 26 who did not get any or all of the shots when they were younger. (Note: The vaccine can be given to girls beginning at age 9.)
- See your doctor regularly for a

Pap test that can find cervical precancers.

- Follow up with your doctor, if your Pap test results are not normal.
- Don't smoke.
- Use condoms during sex.\*
- Limit your number of sexual partners.

## What should I do if my doctor says I have cervical cancer?

If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like this. This doctor will work with you to create a treatment plan.

## Where can I find free or low-cost Pap tests?

If you have a low income or do not have insurance, you may be able to get a free or low-cost Pap test through the National Breast and Cervical Cancer Early Detection Program. To learn more, call 1-800-CDC-INFO or visit [www.cdc.gov/cancer/nbccedp](http://www.cdc.gov/cancer/nbccedp).

Where can I find more information about cervical and other gynecologic cancers?

### Centers for Disease Control and Prevention:

1-800-CDC-INFO  
or [www.cdc.gov/cancer](http://www.cdc.gov/cancer)

### National Cancer Institute:

1-800-4-CANCER  
or [www.cancer.gov](http://www.cancer.gov)

The Pap test is one of the most reliable and effective cancer screening tests available. You should start getting regular Pap tests at age 21. If your Pap test results are normal, your doctor may say that you will not need another Pap test for three years. The HPV test can be used to screen for cervical cancer along with the Pap test in women aged 30 years and older. It also is used to provide more information when women aged 21 years and older have unclear Pap test results. If you are age 30 or older, you may choose to have an HPV test along with the Pap test. If the results are normal, your chance of getting cervical cancer in the next few years is very low. Your doctor may then say that you can wait up to five years for your next screening. For women aged 21-65, it is important to continue getting a Pap test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore. However, your doctor may tell you that you do not need to have a Pap test if either of these is true for you:

- You are older than 65 and have had normal Pap test results for several years.
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

\*HPV infection can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. While the effect of condoms in preventing HPV infection is unknown, condom use has been associated with a lower rate of cervical cancer.

# Contract Health Service

## IMPORTANT FACTS THAT YOU SHOULD KNOW ABOUT

### FACT #1

#### **CHS Coverage is not automatic**

Should you have an emergency situation requiring you to obtain care at a NON-Tribal/IHS Facility, you must notify the CHS office within 72 hours. If you do not do this, you will be held responsible for the bill. All emergency room visits must be reported. Medical information will be requested from the providers and reviewed by the CHS Committee to prioritize the date of service and assure that a true emergency exists BEFORE PAYMENT IS AUTHORIZED.

### FACT #2

#### **Tribal and IHS, CHS Coverage is for Emergency life-threatening situations only.**

If there is an IHS or Tribal facility in the area and you choose not to use the Tribal/IHS facility, you will be denied and held responsible for the bill.

### FACT #3

#### **A referral is not an implication that care will get paid.**

Tribal and IHS physicians write medical referral's when patients need medical care that is NOT available at a Tribal/IHS Facility. A patient must meet eligibility criteria, medical priorities and use of alternate resources. The referrals are reviewed daily and based on availability of funds; the referral is then approved, deferred, or denied. If a referral is denied, the patient can appeal the decision to the Chief Executive Officer (CEO) within 30 days.

### FACT #4

#### **Alternate Resource: Tribal/IHS, CHS is always payer of last resort.**

When a patient has or is ELIGIBLE for Medicare, Medicaid, ND Healthy Steps, ND Caring Program, Veteran Assistance, Commercial Insurance, ND Workmen's Compensation, Motor Vehicle Insurance, or covered by any other resource, that resource is the primary carrier and/or payer. All third party coverage must be reported to the EMHC Business Office – Patient Registration Department. Tribal and IHS Health is always payer of last resort. (See Code of Federal Regulations 36.61 c.) (CFR).

### FACT #5

**Tribal and IHS CHS Approval Process:** The CHS Committee must review all referrals and call-in requests. The CHS Committee is the only authority to approve or disapprove.

Please call: CHS Referral Dept. (701) 627-7639. Prior to any follow up appointments for approval to verify your coverage is still in effect. All referrals are for medical services within one month from the date of approval. For all call-in telephone requests and/or notifications, call: (701) 627-7639.

**REMEMBER:** Contract Health is not an entitlement program and not everyone is eligible. Know your status before obtaining service. **The patient must apply for any alternate resource for which they may be eligible.** Denied/approved alternate resources notification letter's must be presented to the CHS Office. Noncompliance with the application process may serve as the basis for denial of payments by CHS.

If you have any questions about Contract Health Service that you don't understand please call or stop by the office and we will be more than happy to explain our service to you.



Dr. Rising Sun,  
Chief Medical Officer



Dr. Gaido



Dr. Zerr,  
Endodontist



Dr. Jeske,  
Optometry



*Our Mission*

The Elbowoods Memorial Health Center and Field Clinic Team is a dedicated group of medical and administrative professionals committed to providing safe and appropriate health care, with a respectful and caring attitude, to each individual we serve.



Dr. Melland,  
Dentist

*Our Vision*

“To strengthen the circle, our staff and the individuals we serve. We will walk the path of wellness together.”



Dr. Arcelay



Dr. Judy McDonald  
Locum Provider

**Providers Not Pictured:**

- Lori Jepson, LPN-C
- Tammie Braaflat, LPN-C
- Dr. LeBeau
- Dr. Doug McDonald

**For more information about the Elbowoods Memorial Health Update please contact:**

Sierra Abe  
sierra.abe@mhahealth.com | 701.938.4540