Physician Advocate

NDMA in Action

News from UND SMHS

AMA Report

Opioid Treatment

Physicians Boost the Economy

Side Effects: Unintended Consequences of EHRs

Annual Meeting

Disability Insurance

UND SMHS Awards and News

Advertise in our next issue!

NDMA accepts one-quarter, one-half and full-page ads.
Contact NDMA at: 701-223-9475 • staff@ndmed.com
I enjoy talking about the North Dakota Medical Association because I believe the work it does is valuable yet largely unseen. The success of this organization is based upon relationships; cultivating and nurturing those relationships takes work, but in the end, all physicians in North Dakota reap the benefits. Here are some of the relationships I examined and found noteworthy:

The success of this organization is based upon relationships; cultivating and nurturing those relationships takes work, but in the end, all physicians in North Dakota reap the benefits.

Professional organizations and advocacy groups: One physical piece of proof of a good relationship is that we share a building with the North Dakota Hospital Association. Additionally, we work closely with organizations that have genuine interests in the health and well-being of North Dakotans. What are the proper roles for all of our health care professionals? We want to utilize every profession's talent and training to its maximum as we address the problem of providing care for the people of North Dakota in a climate of shortage of all disciplines.

Academic community: We cooperate in the efforts to maximize education opportunities in the health care fields for North Dakota’s young people. We delight in participating in the White Coat Ceremony at UND SMHS and also at attending commencement; two significant events that allow us to personally welcome physicians to the profession.

Why am I bothering to point out these facts? Because every moment of every day, every action taken for our patients or action which we may have chosen not to take, every decision we make is judged and measured by any number of disciplines, not all of them benevolent.

We need to participate in the discussions that determine how we will be allowed to practice medicine and how we might be judged. How do we do this? That is the strength of NDMA’s relationships. I will repeatedly say that no health care policy comes into being in North Dakota without physicians participating in the discussion.

So, while you and I are busy in our offices and hospitals taking care of patients, NDMA is busy looking after our interests. The responsibility of the work of medicine is your and my responsibility; the responsibility of ensuring that we can care for our patients in the best manner possible, is the work of NDMA.

While I am talking about doing good work and proper representation, it is important that I highlight physician leaders in our state. Before the election season, I mentioned that that we need more physicians to run for office, to be placed into increasing places of influence. I admire people who are
willing to put themselves out there; do what you can to support our physician legislators and tell your friends and neighbors to vote:

Senator Ralph Kilzer, MD (District 47, Bismarck) and Representative Rick Becker, MD (District 7, Bismarck) are seeking re-election and Joe Adducci, MD is running for the Senate in District 1 (Williston). Senator Spencer Berry, MD served for District 27 since 2011, but is not seeking re-election.

On the city level, Michael Brown, MD, serves as the Mayor of Grand Forks and Timothy Mahoney, MD, as City Commissioner/Vice-Mayor of Fargo.

Thank you doctors for your service. Our hats are off to you.

How about the rest of us? Most of us are not going to run for office but our participation is still needed.

• Attend your hospital staff meetings and participate in the committee structure of your hospital
• Attend your local medical association meetings
• NDMA has five commissions that evaluate issues and recommend positions to the House of Delegates or Council. One of them surely must fit your interests and concerns
• Attend the NDMA Annual Meeting October 3 in Grand Forks to participate in the House of Delegates, the principle policy maker of NDMA

At the risk of sounding presumptuous, I must share my final thoughts on this matter. We are the brightest group of people you can gather. We are educated. We are willing to do the work. We are trained to analyze and make informed decisions that will have a definitive impact on the lives of others and usually our decisions are pretty spot on. Therefore, I say, get involved. Participate. Our community, state, and profession can only be better for it.

The North Dakota Medical Association Political Action Committee (NDMA PAC) advocates on your behalf regarding crucial issues you encounter on a daily basis.

Politics have become more deeply embedded in the daily practice of medicine, which requires physicians to become more involved in the political process. Without active and engaged involvement, the voice of the physician community will not be heard or understood. The NDMA PAC plays a crucial role in these efforts through intentional action and advocacy. However, without your support, we will not have the necessary financial resources available to support candidates who are proven friends of medicine.

Your time is valuable and joining NDMA PAC is the quickest, easiest, and most effective way to make your voice heard in the political process. Please consider supporting your NDMA PAC with a financial gift today!
Although not in session in 2014, the North Dakota legislative interim committees have been quite active. NDMA has been attending meetings throughout the interim, both in Bismarck and throughout the state. The major committees of concern are the Health Care Reform Review Committee, the Human Services Committee, the Health Services Committee, and the Workers Compensation Committee. As usual, NDMA is always at the table and the opinions of the state’s physicians are sought at every juncture. The committees study issues throughout the interim and bill drafts are reviewed and recommended to legislative management. If accepted by legislative management, the bill drafts are introduced in the 2015 session. The following is a summary of some of the highlights of the past year.

Health Care Reform Review Committee
The Health Care Reform Interim committee, chaired by Representative George Keiser, has met seven times in the past year. Two significant bills have been approved for recommendation to Legislative Management. The first is a telemedicine bill to provide health insurance parity in health insurance coverage of telemedicine. Telemedicine is a rapidly developing method of delivering health care. Policy makers are interested because of the possibility of increasing access to all North Dakotans, particularly those in rural areas. The bill draft was revised to provide the mandate of coverage be limited to the Public Employees Retirement System (PERS) uniform group insurance plan for the first two years, to direct PERS to study the impact of the bill during that two-year period, and to direct PERS to introduce at the 2017 legislative session a bill to extend the mandate of coverage to the private market.

The second bill increases the role an advanced practice registered nurse may play in involuntary commitment proceedings by adding advanced practice registered nurses to the defined terms “expert examiner” and “independent expert examiner” as well as adding advanced practice registered nurses to those provisions in the chapter which authorize physicians to act. The bill is drafted with the goal of expanding the role advanced practice registered nurses may play in the involuntary commitment proceedings but not expanding the scope of practice established by the State Board of Nursing. NDMA is supportive of this bill, but is watching carefully so that providers are practicing within their scope of practice.

Human Services Committee
The interim North Dakota Human Services Committee, chaired by Representative Chuck Damschen, is looking at one of the most prominent issues facing the state and health care in general: behavioral health. In the 2013 session, Senate Bill 2243, provided for a Legislative Management study of behavioral health needs. The study was required to include consideration of behavioral health needs of youth and adults, and the scope of the study included consideration of access, availability, and delivery of services. The Human Services Committee was assigned responsibility for this study for the 2013-14 interim. The Chairman of Legislative Management authorized the committee to spend up to $45,000 for the consulting services. On January 7, 2014, the committee voted to hire Schulte Consulting. Ms. Renee Schulte, principal, is a former Iowa legislator and mental health professional and prides herself on building trust and respect among groups from differing backgrounds and perspectives.

On June 19, 2014, Schulte Consulting presented its report to the Human Services Committee. The draft report identified the following six primary opportunities to better address behavioral health needs of youth and adults in North Dakota:

1. Address service shortages
2. Expand workforce
3. Change insurance coverage
4. Change the structure and responsibilities of the Department of Human Services
5. Improve communication
6. Expand data collection and research

Statutory Changes
Schulte also identified low-cost/high-impact strategies to improve behavioral health services which may require statutory changes, including amending North Dakota Century Code Section 25-03.2-01 to change the definition...
of a “qualified mental health professional” to include professionals with a master’s degree in a behavioral health field or practitioners with a bachelor’s degree in a behavioral health field and experience; and create a new section of Century Code to identify professional licensing reciprocity requirements.

Other strategies to improve behavioral health services which may require statutory changes include:

- Establish an oversight system for licensing boards
- Mandate increased behavioral health training for law enforcement, emergency personnel, corrections personnel, and teachers
- Establish an independent appeals process for consumers
- Change the function of the human service centers to provide oversight and regulation of service providers rather than provide services
- Establish a behavioral health services provider registry to allow for identification of available services and gaps
- Establish an online system with voluntary private provider participation which identifies available beds for behavioral health services

Schulte identified other strategies to improve behavioral health services, which may require funding changes including:

- Provide funding for telemedicine services
- Provide funding for increased substance abuse services, including detoxification
- Provide funding to increase intensive dual disorder treatment
- Provide funding for grants to private or county case management service providers and eliminate state provision of case management
- Provide funding to increase availability of mobile crisis units
- Provide increased funding for peer support and recovery coaches
- Provide funding for increased law enforcement presence in schools
- Provide funding for addiction counselors training to become licensed addiction counselors
- Provide funding to increase oversight and accountability for contracts and to allow for an independent appeals process
- Provide funding to integrate health services and improve coordination of care
- Provide funding to further study transportation needs, judicial matters, service definitions, tribal partnerships, and advocate training

The committee met on August 28 and reviewed bill drafts related to the establishment of an oversight system and reciprocity language for behavioral health licensing boards; the definition of qualified mental health professional; and appropriations for adult and youth substance abuse services, ePsychiatry equipment for critical access hospitals, telemedicine equipment for the human service centers and federally qualified health centers, and mental health first-aid training for law enforcement. NDMA will be monitoring and offering testimony as necessary as these important issues move forward.

**Health Services Committee**

The Health Services Committee, chaired by Senator Judy Lee, met five times throughout the interim. The committee has been studying a number of issues, including Community Paramedics, Comprehensive Statewide Tobacco Prevention and Control, Dental Services, and autopsy funding, to name just a few. NDMA will be monitoring this committee with regard to developing legislation.

**Workers Compensation Review Committee**

The Workers Compensation Review committee, chaired by Senator Lonnie Laffen, will be meeting on September 8, 2014, and reviewing a WSI independent performance evaluation that was conducted during this interim on the following items:

1. Independent medical evaluations (IMEs), including a review and documentation of the entire IME process; including determining the total costs made to IME physicians and other third parties related to IMEs; reviewing and documenting the process WSI follows to recruit IME physicians and determining if WSI is following relevant state statutes; and determining the percentage of times the IMEs were conducted by North Dakota physicians
2. Fraud investigations, including a review and documentation of the processes WSI uses to detect and investigate employer fraud, employee fraud, and medical provider fraud
3. Claims, including evaluating the appeals process available to claimants
4. Vocational rehabilitation, including determining if WSI has sufficient policies and procedures established to guide the staff and to establish protocol to ensure consistent, quality services for the return-to-work injured employees

The committee picked four other topics for the independent evaluation: WSI preferred provider program, cost of living increases for beneficiaries, the issue of narcotics prescriptions, and payments for Post-Traumatic Stress Disorder (PTSD). Current law provides that WSI only provides payment for PTSD that is incurred along with a physical injury. The study will review whether WSI should cover PTSD regardless of physical injury.

The next few months will bring a flurry of legislative proposals – all to be thoroughly heard and debated during the 2015 legislative session. I will be looking forward to representing NDMA during the legislative session, along with NDMA communications director Katie Fitzsimmons.
Your care team is now just a tap away.

DocbookMD is a free benefit for NDMA members.

DocbookMD has now made it easier than ever to engage and communicate with your non-physician colleagues in a new feature to our app called Care Team. With Care Team, physicians can invite members of the patient care team to join them on DocbookMD to communicate in a secure, fast and efficient way through their mobile device. Now, all of those caring directly for patients can share messages and images like X-rays, EKGs and images of wounds or rashes wherever and whenever they need to. Simply download the app from either the App Store or Google Play and start building your Care Team.

For more questions, please visit docbookmd.com or you can contact us at 888-930-2048 or info@docbookmd.com. The Care Team feature is only available with the latest app version of 5.0.
Here’s a brief rundown regarding a variety of projects and issues related to the UND School of Medicine and Health Sciences:

**New Building** – The project is on budget and on time! A wonderful groundbreaking ceremony took place on June 12, and we were very pleased to have NDMA President Dr. Steve Strinden and Executive Director Courtney Koebele participate in the festivities. The building will be supported by over 350 pilings that extend down to as much as 160 feet below the surface. A huge crane has been erected to lift the various construction components into place. Construction should take just two years to complete, just in time to welcome the incoming medical school Class of 2020. Now that’s a 20/20 vision for the future that’s truly exciting! Please check out our website for further details, floor plans, and pictures.

**Healthcare Workforce Initiative** – The medical and health sciences student class size expansions are now complete. This year’s medical school Class of 2018 consists of 78 new students, up from 62 only a few years ago. And the health sciences programs have also grown, by 30 additional students per year. Residency slots have been expanded as well, with an emphasis on rural practice. Of particular note is our rural general surgery residency that has gained national attention for its focus on providing training for physicians with a particular interest in rural generalist surgical practice. The Master of Public Health (MPH) Program continues to expand, and we hope its graduates will help the state focus on community health issues, addressing in particular those behavioral aspects of health and disease that are so very important, including obesity, smoking, and sedentary lifestyle.

**LCME Reaccreditation** – The Liaison Committee on Medical Education (LCME) accredits all medical schools in the United States and Canada. We had our last review of the medical school curriculum by the LCME last March. We recently were notified that the school will again be accredited, although we were warned that we must address a variety of issues to ensure that the 10 standards out of 131 where we fell short of compliance are brought into full compliance; the LCME will also monitor six additional standards that are in compliance but are considered “works in progress.” One of the particular challenges that multicampus community-based medical schools such as ours face is coordinating the educational activities on those multiple campuses. As you know, we have third-year clerkship experiences at nine different sites scattered throughout the state (five involved in the Rural Opportunities in Medical Education or ROME Program: Devils Lake, Dickinson, Hettinger, Jamestown, and Williston; and four at our campuses in Grand Forks, Fargo, Minot, and Bismarck). While the LCME standard requires central oversight of the educational activities at all of these locations, the LCME interpretation of the standard is closer to a requirement for central management and control rather than just oversight. Accordingly, Dr. Gwen Halaas, senior associate dean for Education, along with her educational colleagues are working hard to ensure that we have an appropriate educational organizational structure along with attendant policies and procedures to ensure that we’ll be in full compliance with all of the LCME requirements.

Our school appears to be number one in the nation for having the smallest class size - even with our recent expansion - distributed over the largest number of clinical clerkship sites of any medical school in America.
Our school appears to be number one in the nation for having the smallest class size—even with our recent expansion—distributed over the largest number of clinical clerkship sites of any medical school in America. And whether or not we agree with the need for tighter central control and management, it is clear that we will need to comply with the LCME expectation. In fact, the LCME has warned us that our accreditation status could be at risk if we don't adequately address this issue and the other areas of noncompliance. So expect some changes in how the SMHS organizes and manages our clinical educational enterprise. These changes should have minimal effect on the cadre of voluntary clinical faculty members across the state who are so vitally important to our educational efforts, but change of any sort requires adjustments and accommodations. And I have every expectation that we will respond favorably to the changes that are required.

**Mitigation of Student Debt** – For some time, the SMHS has had the dubious distinction of having higher than average medical student debt for graduating seniors. This was despite having lower than average cost to attend for students. So we established a major focus on efforts to mitigate some of the debt. And thanks to donors and the state of North Dakota, our more recent graduating seniors have had a dramatically reduced average debt load. We’ve gone from about the 75th percentile in debt (meaning that the average student debt at our school was the same as or higher than the average debt at three-quarters of the schools in the United States) to the 50th percentile—all in one year! This impressive change likely is because of two factors: the beneficial effect of the RuralMed Scholarship Program, where participating medical students receive abrogation of all of their medical school tuition if they agree to practice family medicine in a rural area of North Dakota for five years; and increased philanthropy, with more scholarships available for medical students.

**Focus on Primary Care** – The SMHS was again recognized by the American Academy of Family Physicians as one of the Top Ten schools for producing family medicine physicians. Based on a three-year rolling average of the fraction of the class going into family medicine, the UND SMHS actually was ranked No. 1 in the nation, with almost a quarter of the graduating classes destined for family medicine practice! Quite an accomplishment for our school—and much of the credit goes to the dedicated family physicians throughout the state who are such wonderful role models for our students. Thanks again for all that you do!
A delegation of NDMA leaders attended the American Medical Association (AMA) Annual Meeting of the House of Delegates (HOD) June 7-11 in Chicago. The HOD is the legislative and policymaking body of the AMA, composed of elected representatives and others. AMA alternate delegate Shari Orser, MD, NDMA President Steve Strinden, MD, and NDMA executive director Courtney Koebele joined me at the meeting.

Maryland reproductive endocrinologist and OB-GYN Robert M. Wah, MD, assumed the AMA presidency. The 169th president of the AMA, and the first Asian American to hold the post, Dr. Wah emphasized in his inaugural address both the importance of tradition and the courage to embrace change.

Policies Adopted at the AMA 2014 House of Delegates
The AMA adopted the following policies at its House of Delegates meeting in June:

Critical Access Hospitals
Among the new policies adopted by the HOD was a resolution drafted by South Dakota regarding Critical Access Hospitals (CAHs), and joined by North Dakota, Nebraska, Wisconsin and Iowa. President Obama’s budget called for cuts to CAHs’ Medicare reimbursement and elimination of the designation affording cost-based payment for facilities within 10 miles of any hospital, regardless of whether the nearby hospital is capable of providing the services that would be lost if the CAH closed. These cuts would be detrimental to CAHs throughout the country – impeding their ability to provide high-quality care. CAHs play a vital role in providing access to health care, economic security for families and seniors, and jobs to rural communities across the nation. These hospitals provide inpatient and outpatient services, as well as 24-hour emergency care, and make it possible for patients with complex medical needs to remain at home in rural communities.

The new resolution calls on the Centers for Medicare & Medicaid Services to support individual states in their development of rural health networks, opposes the elimination of the CAH necessary provider designation, and asks that the federal government fully fund its obligations under the Medicare Rural Hospital Flexibility Program. After a committee referred this issue for further study, South Dakota members spoke against referral at the HOD, and the testimony led to voting against referral and the resolution passed on the HOD floor.

Quicker Care for Veterans
Physicians voted to ask President Obama to provide timely access to entitled care for eligible veterans via the health care sector outside of the VA health care system until the VA can provide health care in a timely fashion. The new AMA policy also directs the AMA to urge Congress to quickly enact long-term solutions so eligible veterans can have timely access to entitled care permanently. The policy came in response to recent access-to-care problems that have left thousands of veterans unable to receive care in a timely fashion.

Telemedicine
The HOD passed a new telemedicine policy that lays out principles for coverage and payment. The HOD approved a set of principles to ensure the appropriate coverage of and payment for telemedicine services.
The principles aim to support future innovation in the use of telemedicine while ensuring patient safety, quality of care, and the privacy of patient information, as well as protecting the patient-physician relationship and promoting improved care coordination and communication with medical homes. The policy reiterates the importance of national medical specialty societies continuing to be involved in the development of appropriate and comprehensive practice parameters, standards, and guidelines to address the clinical and technological aspects of telemedicine. Delegates also called for a study of the issues associated with the state-based licensure and the portability of state licensure for telemedicine services.

**e-Cigarette Regulation**
A new policy was adopted that opposes the sale and marketing of electronic cigarettes and nicotine delivery products to minors. The new policy extends existing policy that calls for all e-cigarettes to be subject to the same regulations and oversight that the Food and Drug Administration applies to tobacco and nicotine products. The use of e-cigarettes by students in U.S. middle schools and high schools more than doubled from 3.3 percent in 2011 to 6.8 percent in 2012, according to the Centers for Disease Control and Prevention.

**Electronic Data Interchange**
New policies adopted call for changes to health IT. The policies include directing the AMA to work with the federal government and electronic health record (EHR) vendors to establish a process to achieve data exchange. One policy addresses “data lock-in,” in which information stored in one EHR system cannot easily be transferred to another system. Another policy calls for the AMA to engage the EHR vendor community to secure changes to their systems that would better meet physicians’ practice needs.
Orthopaedic surgeons, patients, and researchers visited Capitol Hill on Thursday, April 3 to raise awareness about the debilitating and costly musculoskeletal diseases and disorders afflicting millions of Americans and emphasize the need for research funding. Advocacy teams urged Congress to appropriate $535.6 million in Fiscal Year 2015 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), maintaining the amount appropriated in the FY 2012 budget. FY2013 and FY2014 budgets were reduced due to the Budget Control Act, more commonly known as sequestration. In challenging economic times, it is imperative to preserve research funding.

“The funding that is currently available for research into new and better treatments, preventative measures, and diagnostic testing does not match the burden of disease,” says AAOS President Frederick Azar, MD. “These innovations will require an investment in both basic science and clinical research performed at the National Institutes of Health (NIH).”

Nearly one in every three Americans has a musculoskeletal condition requiring medical attention. The Research Capitol Hill Days event put a face to these statistics by focusing on patient stories, encouraging members of Congress to keep musculoskeletal research a high priority on the U.S. political and fiscal agenda. Orthopaedic patients, representing a diverse range of ages and conditions, offered legislators a personal viewpoint about how research advancements and new treatments and surgical techniques have benefited their health and overall quality of life.

“Millions of Americans suffer from disabling musculoskeletal disorders, but because of innovative treatments developed through medical research, patients like me have been able to return to their everyday activities,” said Pamela Schroeder, an orthopaedic patient and Research Capitol Hill Days participant. “Research Capitol Hill Days allows me to tell my story and get the word out about the importance of research funding to continue to improve the technology available to restore mobility to patients with musculoskeletal disorders.”

Musculoskeletal diseases are the most common health condition in the United States and the second leading cause of disability worldwide. Musculoskeletal diseases and disorders cost the U.S. economy $950 billion annually and represent 7.4% percent of the country’s gross domestic product. Despite the costly nature of musculoskeletal conditions, funding for orthopaedic research has grown slowly. Research is currently less than 2% of the NIH budget, while burden of musculoskeletal conditions expected to escalate in the next 10-20 years due to the aging population, and sedentary lifestyles.

“NIAMS research is critical to developing new treatments that get patients back to work and reduce spending on healthcare and federal aid programs,” said President Azar. “NIH needs a predictable and sustainable research budget to adequately address the epidemic of musculoskeletal disease.”

On behalf of the American Academy of Orthopaedic Surgeon (AAOS) as the ND delegation for this national event, Laura M. Bruse Gehrig, MD, FAAOS, CCD (center), and one of her patients, Alison Skogen (far right), went to Washington, DC to lobby for continued NIH funding. They met with representatives of the offices of Congressman Cramer and Senator Hoeven and were able to meet with Senator Heidi Heitkamp in person (pictured).

Source: www.boneandjointburden.org

For more information, please visit www.aaos.org/researchdays.
GET READY FOR ICD-10

STAY ON THE ROAD TO 10 STEPS TO HELP YOU TRANSITION

The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing.

CMS can help you prepare. Visit the CMS website at www.cms.gov/ICD10 and find out how to:

- Make a Plan—Look at the codes you use, develop a budget, and prepare your staff
- Train Your Staff—Find options and resources to help your staff get ready for the transition
- Update Your Processes—Review your policies, procedures, forms, and templates
- Talk to Your Vendors and Payers—Talk to your software vendors, clearinghouses, and billing services
- Test Your Systems and Processes—Test within your practice and with your vendors and payers

Now is the time to get ready.
www.cms.gov/ICD10
North Dakota begins the journey to Opioid Treatment Programs.

During the 2013 ND legislative session, the Department of Human Services was authorized to regulate Opioid Treatment Programs (OTPs) in North Dakota. OTPs use an opioid agonist medication in conjunction with counseling to treat opioid use disorder. North Dakota is one of the last states in the nation to incorporate this critical component of treating substance use disorders.

Effectiveness of Opioid Treatment Programs

Opioid Treatment Programs have proven to be effective. When treating opioid use disorders with agonist medication, research has shown a significant increase in treatment retention and decrease in illicit opioid use.1 The medications provided in North Dakota OTPs will include both methadone and buprenorphine.

Studies on the use of methadone have found not only a reduction or cessation of illicit opioid use, but also a decrease in adverse consequences such as cellulitis, hepatitis, HIV, and criminal behavior. Methadone has also been shown to improve overall adjustment, including reductions in psychiatric symptoms, unemployment, and family or social problems.2

After a year of buprenorphine use in addition to counseling, as many as 75% of patients were retained in treatment compared to those attending counseling and given a placebo.3

Minimizing Risks of OTPs

With the effectiveness of Opioid Treatment Programs, there are also risks. In order to reduce these risks, OTPs are required to demonstrate plans, procedures, and reporting mechanisms prior to operating. The program is required to develop a Diversion Control Plan, which demonstrates accountability to its patients and to the community in order to decrease diversion of medication. A community relations plan is required to provide education and open dialogue with community members. Also, the program must establish a system that provides 24-hour access to pertinent patient information in case of a medical or psychiatric emergency.

Program Roll-out

On April 1, 2014, the North Dakota Department of Human Services, Mental Health and Substance Abuse Division began accepting applications for Opioid Treatment Programs. As of June 30, 2014, four programs are in the licensing process. This process includes many steps of certification and licensure through both federal and state agencies. Prior to practicing as a licensed OTP, the program must:

1. Complete certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) following approved accreditation status
2. Be registered with the Drug Enforcement Administration (DEA)
3. Have DATA 2000 Waivered prescribers to prescribe buprenorphine
4. Become licensed as a Substance Abuse Treatment Program by the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services (DMHSAS).

Once these steps are achieved, the program will become licensed as an Opioid Treatment Program by the DMHSAS and can practice in North Dakota. It is anticipated that the first program will begin operating late 2014 or early 2015. Currently, there are providers in the licensing process for tentative locations in Bismarck, Mandan, Fargo, and Minot.

For additional questions, contact the Division of Mental Health and Substance Abuse Services at dhsmhsas@nd.gov.

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 a.m.</td>
<td>Breakfast with the Dean</td>
<td>Joshua Wynne, MD, MDA, MPH</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>AMA Update</td>
<td>Maya Babu, MD, MBA</td>
</tr>
<tr>
<td>9:00 a.m.</td>
<td>House of Delegates First Session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reference Committee of the Whole to Follow</td>
<td></td>
</tr>
<tr>
<td>10:30 a.m.-12:30 p.m.</td>
<td>Educational Sessions - Trish Lugtu, BS, CPHIMS, CHP, CHSS</td>
<td>Trish Lugtu, BS, CPHIMS, CHP, CHSS</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Dispelling the Myth: Cyber Risk is not a Technology Problem</td>
<td></td>
</tr>
<tr>
<td>11:30 a.m.</td>
<td>Managing Physician Reputations: When Your Online Reputation is On the Line</td>
<td></td>
</tr>
<tr>
<td>12:30 p.m.</td>
<td>Lunch and Award Presentations</td>
<td></td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td>House of Delegates Final Session</td>
<td></td>
</tr>
</tbody>
</table>

The NDMA Council will meet at 4:00 p.m. on Thursday, October 2
House of Delegates

Misty K. Anderson, DO
Speaker of the House
Friday, October 3, 2014
9:00 a.m. and 2:00 p.m.

As NDMA’s policy-making authority, the House of Delegates considers resolutions and reports on topics of importance to physicians and patients. Elections will be held for NDMA President, Vice President, Secretary-Treasurer, Speaker of the House, and AMA Delegates.

Delegates are elected by the district medical societies. Delegates consider and vote on resolutions, which are the foundation for NDMA policy and legislative efforts. All NDMA members may attend HoD meetings and introduce resolutions. To introduce a resolution or for assistance in drafting one, contact the NDMA office at 701-223-9475.

NDMA Officer Elections

NDMA members nominated for 2014-15 officer positions are listed below. Candidates may be nominated from the floor during the morning House of Delegates session.

**PRESIDENT**
Steven P. Strinden, MD, Fargo, ND
*Nominated by 1st District Medical Society*

**VICE PRESIDENT**
Debra A. Geier, MD, Jamestown, ND
*Nominated by 7th District Medical Society*

**SECRETARY-TREASURER**
Fadel E. Nammour, MD, Fargo, ND
*Nominated by 1st District Medical Society*

**SPEAKER OF THE HOUSE**
Misty K. Anderson, DO, Valley City, ND
*Nominated by 5th District Medical Society*

**AMA DELEGATE**
Robert W. Beattie, MD, Grand Forks, ND
*Nominated by 3rd District Medical Society*

**AMA ALTERNATE DELEGATE**
Shari L. Orser, MD, Bismarck, ND
*Nominated by 6th District Medical Society*

Program Description

UND SMHS Serving North Dakota Today and Tomorrow
Dean Joshua Wynne

Joshua Wynne, MD, MBA, MPH, is the University of North Dakota’s vice president for health affairs and dean of the UND School of Medicine and Health Sciences. Wynne joined the UND SMHS in 2004 and assumed his current leadership role in 2010. Under his direction, the school has intensified its focus on meeting the health care workforce needs of North Dakota.

Wynne will provide an overview of the changes happening at the school, including the new building project, the expanding class sizes, and the resources needed to accomplish these important evolutions, including the continued support of NDMA and its member physicians.

AMA Update

Maya A. Babu, MD, MBA
Member, Board of Trustees
American Medical Association

Maya Babu, MD, MBA, was elected to the AMA Board of Trustees in 2013 and currently serves on the AMA Council on Legislation as its resident member. Within the American College of Surgeons, Dr. Babu serves on the Advisory Council for Neurologic Surgery and the Resident and Associate Society Executive Committee. She chairs the Association for Women Surgeons National Resident Committee. Elected to serve on the American Association of Neurological Surgeons (AANS) Young Surgeons Committee, and most recently on the AANS’s Washington Committee, she also serves on the board of trustees of the MMA and on the board of directors of the Minnesota Medical Association’s Political Action Committee.

A native of Eagan, Minnesota and graduate of the University of Minnesota, Harvard Medical School, and Harvard Business School, her research focuses on health care delivery and cost in neurosurgical care. She is presently a neurosurgical resident at the Mayo Clinic in Rochester, Minnesota. Dr. Babu will provide an update from the American Medical Association, focusing on the use of technology in the practice of medicine.
Information. This translates into 146 million adults that are engaged with online health information. But this doesn’t mean that online reputations are unmanageable.

During this presentation, providers will learn about key factors contributing to online reputation, how to manage and monitor online reputation, and the dos and don’ts of responding to negative reviews. This session will allow you to understand the factors contributing to an online reputation, how to manage and monitor an online reputation, and how to take action for a negative review.

**Education Sessions**

**Trish Lugtu, BS, CPHMIS, CHP, CHSS**
Midwest Medical Insurance Company (MMIC)

Trish Lugtu leads initiatives within Patient Safety Solutions at MMIC to evaluate and develop products and services leveraging technology and informatics to increase patient safety and strengthen risk management efforts.

Lugtu is certified in health information management systems, HIPAA Privacy and Security, and computer programming. Please join us for these educational sessions to further your knowledge about technology concerns within medical practice.

**Dispelling the Myth:**
Cyber Risk is not a Technology Problem

There is no doubt about it, HIPAA has grown teeth. Just this last December, a twelve physician dermatology group settled a $150,000 resolution agreement with the Office for Civil Rights for potential HIPAA violations. Do you know what your organization can do to avoid the same scrutiny? The first step is to dispel the myth that cyber risk is a technology problem. Most breaches are caused by people processes and behaviors. This is why protecting patient health information begins with leadership and ends with solid risk management practices. This session will allow you to understand cyber risk, simplify cyber risk through findings in the field, and understand the top causes of data privacy breaches and how to minimize impact.

**Managing Physician Reputations:**
When Your Online Reputation is On the Line

Patient satisfaction is critical to patient outcomes. So what happens when a patient publicly expresses dissatisfaction through social media? Risks abound for the physician.

Not only is the patient’s outcome at risk, but negative reviews can lead a physician’s online reputation spiraling downward. And reputations on the line don’t just stay online. According to Pew Internet, 85% of all adults in the US are online this year with 72% of those searching online for health information. This translates into 146 million adults that are engaged with online health information. But this doesn’t mean that online reputations are unmanageable.

**Annual Lunch and Awards**

The 2014 annual meeting luncheon and awards presentation will feature recognition of exceptional service in medicine, including the NDMA Physician Community and Professional Services Award and the Friend of Medicine Award. Also, we will recognize physicians who have served within the field of medicine for forty years.

**Continuing Medical Education**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Minnesota Medical Association through the joint sponsorship of Trinity Health and the North Dakota Medical Association. Trinity Health is accredited by the Minnesota Medical Association to sponsor continuing medical education for physicians.

Trinity Health designates this live activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Lodging**

A block of rooms is reserved at the Hilton Garden Inn in Grand Forks. To secure the discounted group rate ($99), please contact the Hilton at 701-775-6000 by September 3, 2014. The Hilton Garden Inn is located at 4301 James Ray Drive, Grand Forks.

[www.hiltongardeninn3.hilton.com](http://www.hiltongardeninn3.hilton.com)

**Cancellation Policy**

No refunds will be made after September 25, 2014.
North Dakota Medical Association Annual Meeting Registration Form

First Name _______________________ MI ________ Last Name ________________________

Organization ________________________________________________________________

Mailing Address________________________________________________________________

City ___________________________________________ State ____________ ZIP ____________

Telephone _____________________ Fax ______________________ E-mail ____________________

Guest(s) First/Last Name _______________________________________________________

There is a $25 registration fee which includes breakfast, CME, and lunch. Please indicate below which
events you will be attending. If you choose to participate in only the House of Delegates session(s),
there is no registration fee.

__________ I will attend the Friday breakfast with the Dean
__________ I will attend the Friday educational program
__________ I will attend the Friday luncheon and award program
__________ I will ONLY attend the House of Delegates meetings

Amount Enclosed $ __________

Please mail this form along with payment before September 25, 2014 to:

NDMA
PO Box 1198
Bismarck, ND 58502-1198

Fax credit card orders to 701-223-9476
☐ MasterCard ☐ Visa

Name on credit card (please print) ___________________________________________________

Card Number __ __ __ __  __ __ __ __  __ __ __ __  __ __ __ __  __ __ __ __  __ __ __ __
CSC __ __ __
Exp. Date __ __/____ Phone ______________________

Signature ____________________________________________ ZIP Code (as it appears on your statement)

REGISTER ONLINE! GO TO

http://ndmed.org/?id=150

Technology & Today’s Physician
NORTH DAKOTA MEDICAL ASSOCIATION
2014 ANNUAL MEETING
Traditionally, physicians as a group can be financially conservative. They may manage investments wisely, ensure that they have health and life insurance covered, and prepare in advance for retirement. However, many under-prepare for the consequences of a disabling illness or injury.

What if you could no longer perform surgery? What if your eyesight was affected or you were confined to a wheelchair? A two-income household would struggle with the loss of one paycheck. Even a family with one income may find it impossible to continue their lifestyle without additional financial support. A disability can be financially devastating. Unexpected injuries and illness cause 350,000 personal bankruptcies each year.*

Overcoming denial is the first step. Many white-collar professionals don’t consider that an injury or illness could keep them from working for an extended period of time. But the numbers show that the chance of a disabling illness or injury occurring is surprisingly high, which is why you may want to consider disability income insurance.

With today’s longer life expectancy, there is a larger risk of an extended disability during a person’s career than the probability of premature death. Illnesses cause the majority of long-term disabilities.” There is a misconception that personal savings, Social Security, or Workers’ Compensation will be enough to cover you when you’re out of work due to a disability. To qualify for Social Security, you must be unable to do any kind of work, not just your job. Also, you must be completely disabled with no hope of recovery for at least one year, or have a disability that is expected to end in death. Worker’s Compensation doesn’t cover most disabilities as they are not work-related.

I often ask my physician clients what their most important asset is. Usually their answer is, themselves and their ability to earn income. Disability income insurance can help protect their most important asset.

If you are covered by a group policy through your employer, this coverage may not be enough. Many group policies cover only 60 percent or less of your income and the benefit you would receive is taxed at your current income bracket. Group policies also may not be portable and may terminate when your employment ends.

Individual disability income insurance policies that provide an “Own Occupation” definition of disability provides cash to help meet expenses such as utilities or mortgage payments, if you are unable to perform the duties of your medical specialty. It’s important to work with a qualified insurance professional to assist you in securing appropriate disability income insurance. In the last 10 minutes, 490 American became disabled – ensure that you are covered in the case of a long-term disability.”***

*www.disabilitycanhappen.org/docs/Disability_Stats.pdf, viewed on September 1, 2010
**National Safety Council: JHA U.S. Group Disability Rate and Risk Management Survey, reviewed on September 1, 2010

Securian Financial Advisors of ND, Inc.’s home office is located at 4431 Memorial Highway in Mandan. The company also has advisors working in Bismarck, Mayville, Steele, and Valley City. For more information or to locate an advisor, please call 701-663-8401 or visit www.securiannd.com.
North Dakota’s physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole. Physicians also critically support the health of their local and state economies through the creation of jobs with their related wages & benefits, the purchase of goods and services, and large-scale support of state and local tax revenues. Results from a recent economic impact study conducted by IMS Health, on behalf of the AMA, demonstrate the significant level of support that physicians generate for North Dakota’s economy. The study results also clearly indicate that creating an environment which would attract new and retain existing physicians to meet expanding healthcare demands will also have the added benefit of increasing the number of good jobs in North Dakota and improving the health of the local economy. Key economic benefits provided by physicians both nationally and in North Dakota in 2012 include:

<table>
<thead>
<tr>
<th></th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL PATIENT CARE PHYSICIANS</strong></td>
<td>1,560</td>
<td>720,421</td>
</tr>
<tr>
<td><strong>JOBS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Direct Jobs Supported by Physician Industry</td>
<td>7,235</td>
<td>3,336,077</td>
</tr>
<tr>
<td>Total Indirect Jobs Supported by Physician Industry</td>
<td>5,803</td>
<td>6,632,265</td>
</tr>
<tr>
<td>Total Jobs Supported by Physician Industry</td>
<td>13,038</td>
<td>9,968,342</td>
</tr>
<tr>
<td>Average Jobs Supported by Each Physician Including His/Her Own</td>
<td>8.4</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>SALES REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Sales Revenue Generated by Physician Industry</td>
<td>$ 1.8 Billion</td>
<td>$ 1.6 Trillion</td>
</tr>
<tr>
<td>% of Total GSP/GDP 2</td>
<td>4.0%</td>
<td>10.2%</td>
</tr>
<tr>
<td><strong>WAGES &amp; BENEFITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Wages &amp; Benefits Supported by Physician Industry</td>
<td>$ 1.1 Billion</td>
<td>$ 775.5 Billion</td>
</tr>
<tr>
<td><strong>LOCAL &amp; STATE TAX REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Local &amp; State Tax Revenue Generated by Physicians</td>
<td>$ 88.6 Million</td>
<td>$ 65.2 Billion</td>
</tr>
</tbody>
</table>

1. The State Level Economic Impact of Physicians Report (IMS Health, March 2014)
Physicians Boost the Economy.

13,038 Jobs

$1.1 Billion in Wages & Benefits

$1.8 Billion in Sales Revenue

$88.6 Million in State & Local Tax Revenues

See the effect in North Dakota.

The American Medical Association 2014 Economic Impact Study, completed in conjunction with the North Dakota Medical Association, shows how much physicians add to the economic health of North Dakota.

Check the effect physicians have on the U.S. economy by viewing the national report from the AMA, as well as highlights from the North Dakota study, at ama-assn.org/go/eis.

Please activate your 2015 AMA membership. Visit ama-assn.org/go/join or call (800) 262-3211.
The Physicians Foundation Releases Second Installment in Series on ACA Coverage Expansion

Preliminary figures suggest that the ACA has helped about 9.5 million individuals secure coverage, though it has not been without complication. Many aspects of the law continue to face political pushback, technological issues, regulatory changes, and persistent consumer confusion. Physicians are at the forefront of this uncertainty. They continue to care for their patients all while trying to navigate and manage the changes affecting their practices: adoption of EHR, new quality measures, data reporting requirements, and complex new payment models.

A comprehensive new report from The Physicians Foundation titled, “The Patient Protection and Affordable Care Act Beyond the Horizon into 2015,” examines the ACA’s political and budget dynamics, initial successes and failures, and its most serious challenges moving forward, with particular focus on how these issues are of importance to practicing physicians. Specifically, the report provides updates on the Medicare physician fee schedule, emerging physician-insurer network and contracting issues, and new Medicare legislation.

It is the mission of The Physicians Foundation to ensure physicians are aware of ongoing and future changes that could potentially – and significantly – impact their practice of medicine. A final follow-up report on the Medicare program, which will focus on how the ACA is driving health system changes through Medicare regulatory dynamics, is slated for release later this year. Be sure to check The Foundation’s website www.physiciansfoundation.org and follow us on Twitter at @PhysiciansFound for the latest healthcare news and physician resources.

North Dakota District Medical Society Awards

Given by the district medical society on each campus to the medical student who best exemplifies high scholarship and characteristics of integrity, leadership and initiative.

FIRST DISTRICT, FARGO
Elizabeth C. Ewing, Hendrum, Minnesota
Caleb P. Skipper, Rugby, North Dakota

THIRD DISTRICT, GRAND FORKS
Krishan R. Jethwa, Minot, North Dakota

FOURTH DISTRICT, MINOT
Tara R. Mertz-Hack, Ellendale, North Dakota

SIXTH DISTRICT, BISMARCK
Erin C. Maetzold, Dickinson, North Dakota
Brittany K. Snustad, Wishek, North Dakota
Benjamin Axtman, Jason Henry, and Tarik Nurkic were the three outstanding graduates of the UND School of Medicine and Health Sciences class of 2014 to receive the prestigious North Dakota Medical Association Awards in May 2014, presented by NDMA President, Dr. Steven Strinden. Congratulations to all UND SMHS award winners and graduates!

NDMA also recognizes second-year students nominated by their peers, the Class of 2016, to receive awards in science and clinical application, leadership and professionalism, and peer teaching. We will be sure to watch these dedicated individuals as they continue their education.

**Integration of Basic Science and Clinical Application: Michael Traynor**

*Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply knowledge to patient cases.*

**Group Leadership and Professionalism: Braden Burckhard**

*Engages in ethical conduct, facilitates group interaction and productivity, motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy.*

**Peer Teaching: Rachel Fearing**

*Outstanding contributions to the group’s database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand.*
The importance of family physicians also has escalated as the complexity of primary care has intensified. In addition to providing preventive and first-encounter care, family physicians diagnose and treat patients with conditions ranging from a sore throat to multiple, complex conditions such as diabetes combined with congestive heart failure.
emphasize positive experiences in family medicine, strong, student-run family medicine interest groups, and financial aid packages that minimize student debt.

The UND School of Medicine and Health Sciences has several unique programs designed to educate students about the benefits of family medicine. The nationally recognized Rural Opportunities in Medical Education (ROME) program places third-year medical students in several rural communities in North Dakota for a seven-month rotation. In 2010, the UND SMHS signed its first RuralMed Scholar; currently there are 19 students enrolled in the program. The goal of the RuralMed Scholarship Program is to recruit, educate, and retain physicians who will practice family medicine in rural North Dakota. The program absorbs the tuition costs for all four years of medical school for students who agree to practice family medicine in a rural area of North Dakota for five years.

The 2014 award recipients and the percentage of graduates entering family medicine are the following:

- The University of North Dakota School of Medicine and Health Sciences – 23.3%
- University of Kansas School of Medicine – 19.2%
- Oregon Health & Science University School of Medicine – 19.0%
- University of Missouri School of Medicine – 18.8%
- Brody School of Medicine, East Carolina University – 18.6%
- University of Minnesota Medical School – 18.0%
- University of Washington School of Medicine – 17.6%
- University of Nebraska College of Medicine – 16.7%
- University of Wisconsin School of Medicine and Public Health – 16.5%
- Wright State University Boonshoft School of Medicine – 15.9%

These schools earned the award among 129 U.S. allopathic medical schools accredited by the Liaison Committee on Medical Education. The percentages reflect students who graduated during 2011, 2012, and 2013 and who matriculated into U.S. family medicine residency programs accredited by the Accreditation Council on Graduate Medical Education.

“The school is grateful for the recognition bestowed on our efforts by the AAFP Top-Ten Award,” said Joshua Wynne, MD, MBA, MPH, UND vice president for health affairs and dean of the UND SMHS. “Credit our success to Dr. Robert Beattie, chair of the Department of Family and Community Medicine, and Clerkship Director Dr. Roger Schauer, who have worked hard to develop our nationally recognized family and community medicine program, along with the many family physicians throughout the state who help educate our medical students and residents and demonstrate to them firsthand the joys of family medicine practice.”

Ashley Bentley and Leslie Champlin with the American Academy of Family Physicians contributed to this article.

Contact: Denis MacLeod, assistant director, Office of Alumni and Community Relations, UND School of Medicine and Health Sciences, (701) 777-2733, denis.macleod@med.und.edu

Mental Health and Substance Abuse Treatment for All Ages

There is help and hope for those dealing with untreated mental illness and substance abuse.

Confidential Assessments Available 24/7

Get Back To Life

PRAIRIE ST. JOHN’S

701.476.7216 | prairie-stjohns.com | Fargo, ND
The University of North Dakota School of Medicine and Health Sciences presented the Dean’s Special Recognition Awards for Outstanding Volunteer Faculty to the following physicians during commencement ceremonies on Saturday, May 10.

- Michael J. Dallolio, MD, Clinical Assistant Professor of Clinical Neuroscience, Minot, North Dakota
- Thandiwe C. Gray, MD, Clinical Associate Professor of Internal Medicine, Bismarck, North Dakota
- Brent D. Herbel, MD, Clinical Assistant Professor of Radiology and alumnus (MD Class of 1994), Bismarck, North Dakota
- Derek D. Kane, MD, Clinical Assistant Professor of Surgery, Bismarck, North Dakota
- Sarah J. Lien, MD, Clinical Associate Professor of Pediatrics and alumna (MD Class of 2001), Fargo, North Dakota
- Jerry M. Obritsch, MD, Clinical Professor of Obstetrics and Gynecology and alumnus (MD Class of 1987), Bismarck, North Dakota
- Sherry L. Stein, MD, Clinical Assistant Professor of Family and Community Medicine and alumna (MD Class of 2002), Bismarck, North Dakota
- Farhan A. Tariq, MD, Clinical Assistant Professor of Clinical Neuroscience, Mandan, North Dakota
- Michelle R. Tincher, MD, Clinical Assistant Professor of Family and Community Medicine and alumna (MD Class of 1995), Bismarck, North Dakota
- Beverly J. Tong, MD, Clinical Assistant Professor of Obstetrics and Gynecology, Williston, North Dakota
- Carla J. Zacher, MD, Clinical Professor of Pediatrics and alumna (MD Class of 1996), Bismarck, North Dakota

“In large measure, the quality of our medical education program is dependent on the many physicians throughout the state who serve as volunteer faculty members,” said Joshua Wynne, MD, MBA, MPH, UND vice president for health affairs and dean of the School of Medicine and Health Sciences. “They have added and incorporated this activity into their daily medical practices and welcomed our medical students to learn from them and their patients.”

“These physicians have gone above and beyond the call of duty in giving our students the benefit of their time, experience, knowledge, and wisdom gained from years of caring for patients,” Wynne said. “By example, they have served as superior role models and encouraged our students to define and adopt the highest standards of medical service.”

Contact: Denis MacLeod, assistant director, Office of Alumni and Community Relations, UND School of Medicine and Health Sciences, (701) 777-2733, denis.macleod@med.und.edu

Denis F. MacLeod  
Assistant Director, Office of Alumni and Community Relations  
University of North Dakota  
School of Medicine and Health Sciences  
501 N Columbia Road, Stop 9037 | Room 1106 | Grand Forks, ND 58202-9037  
701.777.2733 direct | 218.779.3107 cell  
denis.macleod@med.UND.edu  
med.UND.edu/
A remarkable development in the effort to solve the country’s prescription drug abuse crisis was evident at a national summit of governmental and public health leaders held in Atlanta in April. Federal officials, state attorneys general, and the AMA all agreed on a needed change in focus to treatment and prevention.

The National Rx Drug Abuse Summit brought together hundreds of thought leaders and advocates from across the country, including executives from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, the U.S. Food and Drug Administration, and the National Institute on Drug Abuse.

“This summit marked a turning point for the national perspective of the prescription drug abuse epidemic,” AMA Board of Trustees Member Patrice A. Harris, MD, said. Dr. Harris was part of a panel that looked at improving communications between physicians and pharmacists to ensure patients get the care and treatment they need.

Dr. Harris discussed the AMA’s strong support for an evidence-based, public health approach to addressing the crisis, including efforts to enhance education and increase access to treatment for substance abuse and addiction.

“The focus now has shifted from law-enforcement strategies to addressing the heart of the issue: prevention and treatment to keep people safe and healthy,” Dr. Harris said.

CDC Director Thomas Frieden, MD, one of the keynote speakers, noted that success in combating prescription drug abuse and diversion was attainable, but the key now would be scaling up efforts and turning attention to a more holistic approach that would include a “cultural shift.”

“Components of a robust public health response to prevent prescription overdose [are] real-time data, prevention, and clinical care,” Dr. Frieden said in a recap tweet from the CDC.

Efforts to combat the crisis continue across the country. In early April, Wisconsin adopted a series of laws supported by the Wisconsin Medical Society that encompass a range of approaches, from placing overdose reversal drugs in the hands of trained first responders to creating safe community disposal opportunities and treatment programs for people in high-need areas.

Robust campaigns to promote prevention of prescription drug abuse also are being led by several state medical associations, including campaigns of the Medical Association of Georgia and the Pennsylvania Medical Society.

Just a few weeks ago a coalition of stakeholders that includes the AMA submitted policy recommendations to members of Congress during a special roundtable discussion in the nation’s capital. The Stop Overdose Stat Act of 2013 also recently was introduced to Congress. The legislation supports community-based efforts to prevent drug overdose.

Visit the AMA’s Web page on combating prescription drug abuse and diversion to learn about the AMA’s work with state medical associations, federal agencies, and lawmakers to stop prescription drug abuse and preserve access to treatment for the patients who need it.
While the benefits of implementing Electronic Health Records (EHRs) — such as greater efficiency, increased quality of care, and improved patient safety — are powerful and well-documented, approaching the transition without anticipating and planning for roadblocks may leave you vulnerable to unintended consequences. These pitfalls may result in decreased provider acceptance, increased cost, failed implementation, and even harm to patients.

For example, work flow changes can create new work, add complexity, or slow the speed of documentation for a clinician. A work flow such as computerized physician order entry (CPOE) can reduce the number of clinicians in the ordering process. This may eliminate the manual checks that a nurse may have done previously. If not implemented with optimal thresholds, the process can create alert fatigue, causing providers to override the most critical drug interaction notifications.

A lack of defined processes can also cause unintended consequences. For example, without a process to notify an assigned clinician or clerk of a task documented within an EHR, a requested follow-up might be overlooked.

New types of risks are also appearing in EHR documentation. For example, some busy providers seeking efficiency may resort to work-around behaviors when faced with complicated work flows. They may bypass templates in favor of documenting free-text notes, inadvertently causing conflict with generated template documentation.

An EHR’s convenient copy function can also create problems. If not used sparingly and specifically, copy functions can perpetuate old errors that may exist in previous records.

Another risky behavior is relying on the default values in an EHR template and changing them only when the actual values differ. For example, during a review of a system, all indicators may default to normal. But leaving the defaults intact implies that each factor was analyzed and a conscious choice made to assign it a value. This puts the integrity and validity of the record in question and raises the risk for charges of fraud.

Of course, the human factor also creates unintended consequences. Frustrated clinicians can resist implementation and put up roadblocks. Efforts can also be derailed by managers who mistakenly assume their support staff has adequate computer skills to implement electronic work flows.

Learning from others
Regardless of whether you are new to EHRs or if you’ve already implemented, you have opportunities to leverage best practices and the lessons learned by other organizations. One resource to consider is your local Regional Extension Center (REC). The Office of the National Coordinator for Health Information Technology (ONC) has funded 62 centers nationwide to help providers through the process of adopting, evaluating, and implementing EHRs.
Technology (ONC) has funded 62 centers nationwide to help providers through the process of adopting, evaluating, and implementing EHRs. Other groups such as Health Information Management Systems Society (HIMSS) and the Agency for Healthcare Research and Quality (AHRQ) have also published best practices around EHRs.

**Understand and identify**
Where do unintended consequences come from? Remember that an EHR is a sociotechnical system—a system of complex interactions between people and technology in the workplace. The organizational performance of such a system depends on the management of interactions, encompassing social and human behavior, technical knowledge, and procedure. Unintended consequences arise when any of these factors are not managed properly.

Once you understand what the unintended consequences may be, assign responsibility for tracking a process in an issues log. Include a description, details of the discovery, impact, and causation of the issue, along with tracking and remediation tasks. A comprehensive view of prioritized issues will help organize efforts for managing them.


For More Information, Contact:
Research and Development Manager,
Health Informatics, MMIC Patient Safety Solutions
Trish.Lugtu@MMICgroup.com

References

This article originally appeared in the Summer 2013 issue of Brink, a quarterly risk solutions magazine published by MMIC. For more information, visit MMICgroup.com.

AMPAC Contribution to Cramer

In July 2014, the American Medical Association Political Action Committee (AMPAC) made a contribution to Congressman Kevin Cramer. NDMA PAC Chair, Thomas I. Strinden, MD, of the first district, presented the check to the Congressman in Fargo on July 26, 2014.

For more information about NDMA’s PAC, please contact Courtney Koebele at the NDMA office: 701-223-9475.
We’ll keep you in the loop while you focus on all the important stuff.

At MMIC, we believe physicians are most at ease when they are up to snuff on the latest patient safety solutions. We attend the latest conferences, ardently track legal trends and promote best practices far and wide. That way, physicians can focus on what matters most: the patient.

To join our health care revolution, contact your independent agent or broker or visit PeaceofMindMovement.com to see what MMIC can do for you.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 5-6, 2014</td>
<td>North Dakota Society of Obstetrics and Gynecology</td>
<td>Ramkota Hotel</td>
<td>Contact Dennis Lutz, MD, at 701-852-1555</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bismarck, ND</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington, DC</td>
<td></td>
</tr>
<tr>
<td>October 3, 2014</td>
<td>NDMA Annual Meeting</td>
<td>Hilton Garden Inn</td>
<td>For more information, contact the NDMA office at 701-223-9475 or register online</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Forks, ND</td>
<td></td>
</tr>
<tr>
<td>October 7-9, 2014</td>
<td>North Dakota Hospital Association Annual Meeting and Trade Show</td>
<td>Hilton Garden Inn</td>
<td>For more information, contact Lori Schmautz at 701-224-9732</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fargo, ND</td>
<td></td>
</tr>
<tr>
<td>October 20-22, 2014</td>
<td>North Dakota Autism Spectrum Disorder Conference</td>
<td>Ramada Inn</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bismarck, ND</td>
<td></td>
</tr>
<tr>
<td>October 22, 2014</td>
<td>Coroner Class Environmental Training Center at the North Dakota Department of Health</td>
<td>Ramada Inn Bismarck, ND</td>
<td></td>
</tr>
<tr>
<td>November 8-11, 2014</td>
<td>American Medical Association House of Delegates Interim Meeting</td>
<td>Hilton Anatole</td>
<td>For more information, call 701-223-9475</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dallas, TX</td>
<td></td>
</tr>
<tr>
<td>November 14-15, 2014</td>
<td>North Dakota Academy of Family Physicians Annual Meeting</td>
<td>Alerus Conference Center</td>
<td>For more information, go to <a href="http://www.ndafp.org">www.ndafp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Forks, ND</td>
<td></td>
</tr>
<tr>
<td>November 20, 2014</td>
<td>National Rural Health Day</td>
<td>Alerus Conference Center</td>
<td></td>
</tr>
<tr>
<td>November 21, 2014</td>
<td>North Dakota Board of Medical Examiners Board Meeting</td>
<td>Alerus Conference Center</td>
<td>For more information, call 701-328-6500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Forks, ND</td>
<td></td>
</tr>
</tbody>
</table>