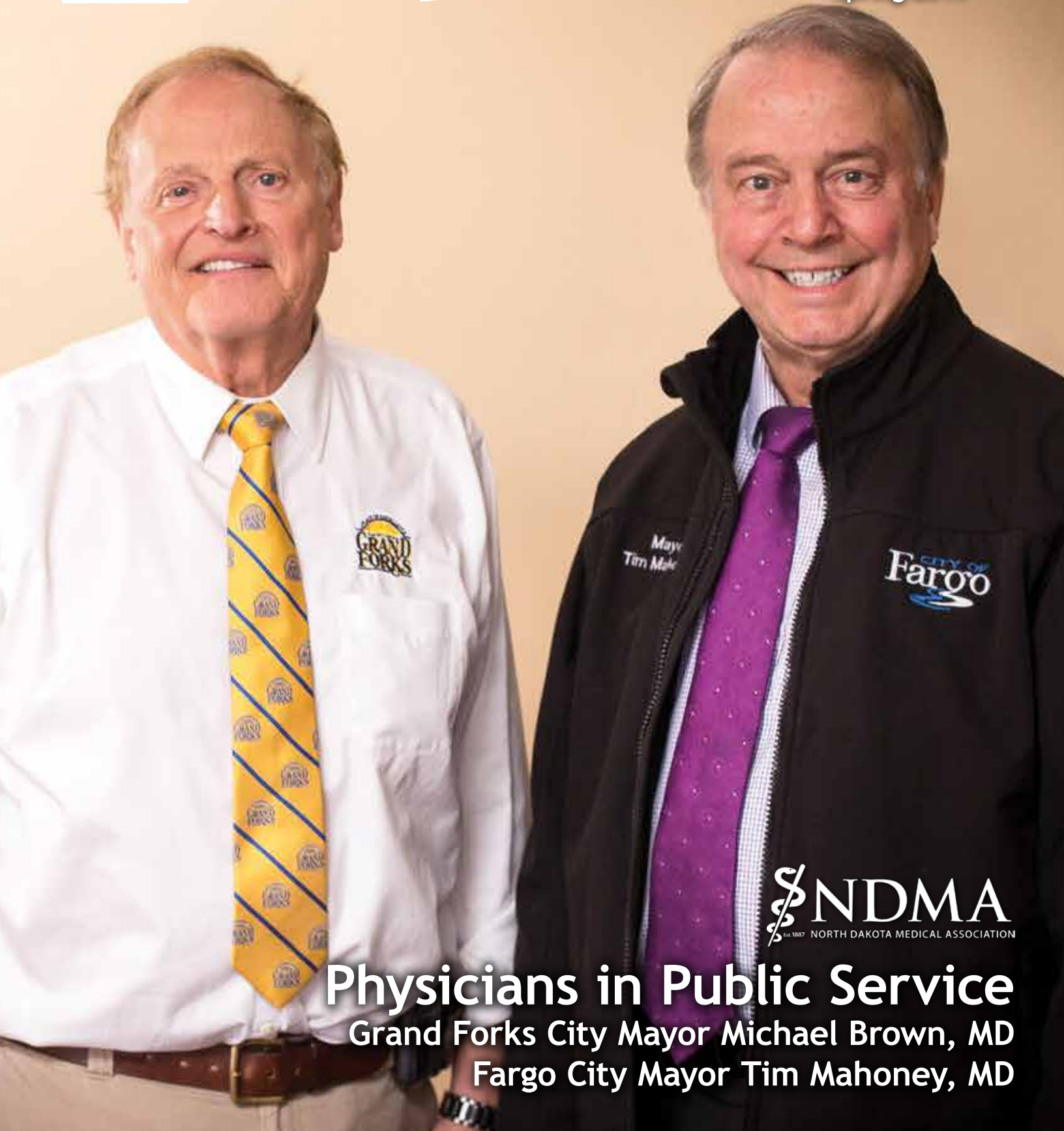


Physician

Spring 2019



 **NDMA**
Est. 1987 NORTH DAKOTA MEDICAL ASSOCIATION

Physicians in Public Service

Grand Forks City Mayor Michael Brown, MD

Fargo City Mayor Tim Mahoney, MD

Physician



The mission of the North Dakota Medical Association is to advocate for North Dakota's physicians, to advance the health, and promote the well-being of the people of North Dakota.

Submissions

NDMA ND Physician welcomes submission of guest columns, articles, photography, and art. NDMA reserves the right to edit or reject submissions. All contributions will be returned upon request.

Advertising

NDMA accepts one-quarter, one-third, one-half and full-page ads. Contact NDMA for advertising rates. NDMA reserves the right to reject any advertising.

ND Physician is published by the North Dakota Medical Association, 1622 East Interstate Avenue, Bismarck, ND 58503
Phone: 701-223-9475 Fax: 701-223-9476
E-mail: staff@ndmed.com
Editor: Donna Thronson

Copyright 2019 North Dakota Medical Association. All rights reserved.

North Dakota Medical Association Council

Officers

Fadel E. Nammour, MD, President
Misty K. Anderson, DO, Vice President
Joshua C. Ranum, MD, Secretary-Treasurer
Stephanie K. Dahl, MD, Speaker of the House
Debra A. Geier, MD, Immediate Past President
Shari L. Orser, MD, AMA Delegate
A. Michael Booth, MD, AMA Alternate Delegate

Councilors

Joseph E. Adducci, MD
Neville M. Alberto, MD
Misty K. Anderson, DO
Stephanie K. Dahl, MD
Kent R. Hoerauf, MD
S. Shiraz Hyder, MD
Steven R. Mattson, MD
Osama B. Naseer, MD
Kevin J. Mork, MD
Todd W. Schaffer, MD
Sarah L. Schatz, MD
Randolph E. Szlabick, MD
Dennis E. Wolf, MD

Commission and PAC Chairs

Parag Kumar, MD, Socio-Economics
Sarah L. Schatz, MD, Legislation and Governmental Relations
Shari L. Orser, MD, Medical Services and Public Relations
Dinesh Bande, MD, Medical Education
Thomas I. Strinden, MD, NDMA PAC

Staff

Courtney M. Koebele, Executive Director
Leann K. Benson, Chief Operating Officer
Donna M. Thronson, Communications Director

In this Issue

4

Dedicated to the work
of health and healing

Physicians Sharing a Common Calling



President's Message 3

Physicians Sharing a
Common Calling 4

NDPHP: The Difficult—but Necessary—
Challenge of Referring an Impaired
Physician..... 9

NDMA 66th Legislative
Assembly Roundup 10

NDMA Legislative Spotlight 14

NDMA Physician Highlights..... 17

Leadership Honors 19

News from the Dean 20

BCBSND and ND Providers Model
a Partnership with Deep Impact.... 22

Make-A-Wish:

Hope is Good Medicine 24

Congressional Corner 26

UND School of Medicine and Health
Sciences Medical Students Receive
2019 Awards 29

Take Your Time Back..... 30

NDMA District Medical Societies
Sponsor Senior Awards 32

Renew Your Membership 33

COPIC: Navigating the Risks of
Curbside Consults..... 34

President's Message

Celebrating Physicians

"In nothing do men more nearly approach the gods than in giving health to men." – Cicero

In the United States, March 30th is a day to celebrate physicians and their contribution to the health of their communities. The first Doctor's Day observance was in 1933 thanks to Eudora Brown Almond, wife of a prominent Georgian physician Dr Charles B. Almond in Winder, Georgia. The date was chosen to mark, when a fellow Georgian physician, Dr Crawford Long, first used ether as anesthetic for surgery in 1842. Furthermore, in 1990, President George H.W. Bush signed a joint resolution, S.J.Res. 366 (101st) which designated Doctor's Day a national holiday and "encouraged all Americans to observe this day with appropriate programs and activities."

More recently physicians' groups, through social media and digital platforms, advocated to extend Doctor's Day to National Physicians Week. The first National Physicians Week was celebrated in 2016. In 2017, National Physicians Week focused on the shortage of physicians in the United States. In 2018, there was a virtual conference co-hosted by Physicians Working Together (PWT) and Zenxmed with engaging speaker sessions and an open landscape for physicians to discuss ways to improve their practice, navigate the political landscape, improve relationships with patients and how to take action through advocacy groups. The 2019 conference included KevinMD, a leading healthcare professional blog, and used storytelling to profile physicians who are working to make medicine better and bridge the gap between physicians' life and patients' perception.

I encourage you to participate in these forums and peer to peer social networking to reflect on the current state of our practice and the direction required to preserve the physician-


patient relationship, which is at the center of what we do. Share your stories and the stories of others to highlight not only the harsh realities but the fulfillment and joy of being a practicing physician.

I believe advocacy is as important to physicians as their medical knowledge and empathy. Being part of the North Dakota Medical Association has made me a better clinician and allowed me to understand the different regulations and policies that oversee our office visits with patients. Understanding the non-medical side from government to insurance interference and pharmacy benefit management (PBM)



Fadel Nammour, MD
NDMA President

is paramount towards achieving a good clinical outcome.

On behalf of all members and staff of the North Dakota Medical Association, I would like to take this opportunity to thank you for all the time you spend taking care of your patients and urge you to be mindful of your own health and your families. We appreciate and acknowledge all the work you do to make a difference in your communities. Despite all the struggles and challenges, we are still a profession of healers and our humanity will prevail. 



DEBRA WEISS
612.347.9142



TRACY KOLB
701.222.1315



ERIK ROOTES
612.347.9174

The Experience to Know the Right Way to Go.

Devoted to litigation, representing health care providers—hospitals, clinics, physicians, nurses, and long-term care facilities—and the defense of medical malpractice and employment cases.

BISMARCK | MINNEAPOLIS | CHICAGO | PHOENIX

MEAGHER.COM

MEAGHER & GEER
SINCE 1929 PLLP

PHYSICIANS SHARING A COMMON CALLING:

Dedicated to Health and Public Service



By Donna Thronson,
NDMA Communications Director

Physicians serving in a public policy leadership role, such as a mayoral role, can have huge benefits to a community. Backgrounds as healers and knowing how to provide compassionate, patient care can transcend into providing that same compassion for an entire community.

Physicians understand the importance of having a safe, healthy and vibrant place to live. They understand how a pandemic or natural disaster can devastate a community. They understand the importance of providing health care services for the underserved, the importance of access to immunization medications, the importance of safe infrastructure and the list continues.

Being a team player is an important skill for great leadership. This is no new concept for physicians. They are familiar with a team approach to getting the job done, whether it's working with the front desk, nurses, nurse practitioners, physician assistants, pharmacists, technicians and even navigating health care insurance issues.

Leadership in a public office is no different. These leadership positions function best using a team approach. Like working with a patient – a team approach can help diagnose disease and treatment on a city functioning level.

Physicians in servant leadership can have huge community benefits by bringing with them the experience of having

seen the direct impact of polices both in their own practice and with their patients. This is reflected in the trust that the public places in physicians on the topic of health care reform and policy compared with purely political actors. According to a Gallup poll, author Lydia Saad reported that nearly three-quarters of Americans – 73 percent - say they are confident in physicians to recommend the right thing for reforming health care.

The North Dakota Medical Association takes great pride in identifying two of its own members in this outstanding leadership category serving as a health care provider and public servant:

Michael R. Brown, MD, FACOG, has been serving as the Grand Forks mayor for the past 19 years and also serves the community as an obstetrician at Altru Health System. According to Dr. Brown, he chose to run for mayor in 2000 after witnessing the impact of the 1997 Grand Forks flood. Grand Forks was pummeled when the Red River crested at just over 54 feet damaging 83 percent of Grand Forks homes and 62 percent of the city's commercial units. The community faced serious health and safety concerns as the city was gutted by flood and fire. The city's water supply became contaminated leaving residents without a water supply for 13 days, and no drinkable water for 23 days. Another public health concern – raw sewage seeping into streets, homes and businesses – became a serious health risk.

Today, even though a flood protection system is in place,

Grand Forks is still threatened by flood waters although to a much lesser degree. This spring was one of those years that kept Mayor Brown busy navigating a flood plan. The city's infrastructure has an invested \$409 million dollars that covers nearly eight miles of flood walls and pumping stations, built to divert water outside of the city.

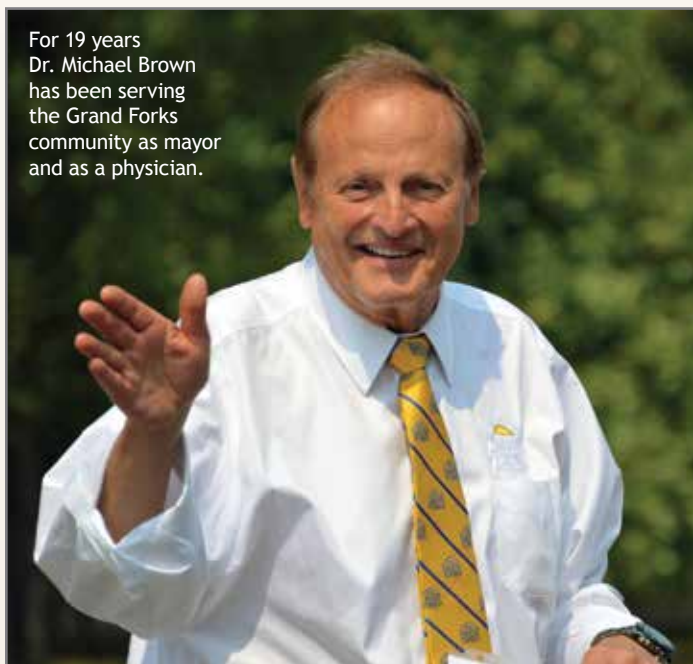
Dr. Brown said one of the reasons he chose to run for mayor is because he recognized the importance of keeping a community informed, calm, organized and safe.

"After the 1997 flood, I recognized the importance of what calm, focused leadership can do for a community in a time of crisis," he said. "Through my practice as an obstetrician, I've learned that remaining even-keeled allows for clearer thinking. This is also important when it comes to patient care. It results in better care and builds trust."

Dr. Brown said that caring for the Grand Forks community residents and having the leadership ability to help improve citizens lives is what he likes best about being mayor. "It's about making this community a better and healthier place to live and work. It's about improving quality of life," he said.

As mayor, he becomes deeply embedded into the community. One of his projects is to take time to visit classrooms and read to fourth grade students. "It can be both challenging and fun," he said. "It's important for me to keep a pulse on the community and this is one way I stay involved."

According to Dr. Brown, caring for patients and managing a city have similarities. "Having a healthy and vibrant community depends on how well a leader and its team can impact policy practices in health care and local government – it takes a flexible team to adapt to new processes to achieve those outcomes," said Dr. Brown. "If we want to stay current and relevant change is inevitable."



For 19 years Dr. Michael Brown has been serving the Grand Forks community as mayor and as a physician.

Dr. Michael Brown

Dr. Michael Brown received his MD and BS degrees from UND School of Medicine and Health Sciences where he graduated with honors. In addition, he received BS and MA degrees from Baylor University, Waco, TX.

Dr. Brown specializes in obstetrics and gynecology and is a Fellow of The American College of Obstetricians and Gynecologists (ACOG) and has been serving as a physician since 1982. He continues to practice in Obstetrics and Gynecology at Altru Health System in Grand Forks.

In 2007, he was appointed to the advisory board of the Federal Emergency Management Agency.

In 2018, UND School of Medicine and Health Sciences recognized Dr. Brown for his student volunteer services and was presented an award as an Outstanding Volunteer Faculty member.

The UND School of Medicine and Health Sciences could not carry out its educational mission without the dedication and sacrifice of faculty members. Dr. Brown helps serve in this capacity by going beyond the call of duty in giving students the benefit of his time, experience, knowledge, and wisdom gained from years of caring for patients.

As mayor, Dr. Brown gives permission for the community to dream and do great things. He believes in empowering the people for vetting ideas on how to make Grand Forks an even better place to live, learn, work, play, retire and invest. This concept sparked the creation of the Grand Forks Promise that gives people permission to dream of what could make the city better. "It's an opportunity for everyone to feel welcomed, to be engaged and to grow," said Dr. Brown.

As a physician, Dr. Brown has a clear sense of why his role as mayor *to protect and serve* is so important. "My physician background helps when it comes to educating both the community and city leadership on the importance of public health decisions such as mosquito control, building inspections, substance abuse disorder and mental health issues within the community."

Learning to lead for Dr. Brown goes back to his childhood when he became involved as an Eagle Scout, a program that



Mayor Michael Brown participates in many community events, including the Lenten Sacred Heart Fish Fry fund raiser that takes place each year. The event raises money for Sacred Heart athletic programs.



Mayor Michael Brown keeps engaged with all levels of the Grand Forks community. Pictured is Mayor Brown interacting with high school students.



Mayor Michael Brown speaks with a Grand Forks resident completing a survey to learn more about how residents receive city information and how the process could be improved.

teaches honesty, integrity and moral values to participating youth.

"I believe being an Eagle Scout helped build a critical part of my character and is the reason for who I am today."

The Eagle Scout values embedded into Dr. Brown's integrity helped to establish an environment of trust between himself, city leadership and employees. Much of that trust developed after city leadership and employees witnessed that what he wanted to do was best for the city as a whole and not just a select few.

Leadership roles have been and continue to be a big part of Dr. Brown's life. It's who he is. "Leadership is to serve, to give, and to achieve together - it's putting people first and yourself last," he said. In addition, he stressed the importance of these key leadership elements. "Remember to stay strong, stay humble and stay on message."

Timothy J. Mahoney, MD, serving as Fargo's 35th mayor since 2014, comes with a great deal of city management experience having served as a Fargo City Commission member since 2005, and assuming the title of deputy mayor in 2008. In December 2014, Dr. Mahoney rose to the challenge and assumed the role of mayor when Mayor Dennis Walaker died in office. In a special election in 2015,

Dr. Mahoney was elected as mayor. In 2018, he was again reelected by the people of Fargo.

Dr. Mahoney, a surgeon who was also one of Mayor Walaker's 2009 Fargo flood fighting champions, is no stranger to hard work and multitasking. He spent many sleepless nights checking in on the city's flood fighters while providing patient care during day hours.

"In our flood fight, it seemed beneficial to have a surgeon's disaster training and risk management background," said Dr. Mahoney.

Today, the flood fight continues. As mayor, Dr. Mahoney continues to work towards building infrastructure for a permanent flood diversion. And meanwhile, Fargo remains at the mercy of the rise and fall of the Red River each spring. This project has intense political challenges including funding and regulatory hurdles such as land access permits that continue to stall progress. This puts Dr. Mahoney's skills to the utmost test.

Physicians in political leadership positions have the capability of providing a community with public health advantages. Health care providers recognize the importance of having access to a healthy infrastructure system, such as water works and road systems, police



Dr. Mahoney assisting with the Fargo flood sand bagging efforts.



Mayor Mahoney practices his water quality testing skills in the newly expanded Fargo Water Treatment facility.

and fire protection and public health services. Dr. Mahoney prides himself on building a solid team to improve the Fargo region with these services. “Part of being a good leader is to have the ability to set a vision for the community, and then execute that vision,” said Dr. Mahoney.

But defining a vision for a city requires great team players with the expertise and skill set to manage a city’s physical and personnel infrastructure for the present and well into the future. “It’s important to foster a team which can fully grasp the concept of vision and a team that is willing to work hard to serve the community,” said Dr. Mahoney.

The ability to envision plans for leading a great city to be even greater takes some team-member coaching and Dr. Mahoney and his team are getting the job done with many successes. One example is Fargo’s water utility systems, which were successfully upgraded to meet the demands of a growing city. “We invested hundreds of millions of dollars into the expansion of our water and wastewater plants, which will take us well into the future. It also allows us to become a regional provider of these services to nearby communities, truly embodying efficiency and effectiveness.”

Expanding the water utility systems goes together with other goals, such as leading the city into becoming a greater urban center to welcome new people into the community. Building infrastructure has its challenges, like ascertaining funding mechanisms and staying within budgets and time frames. According to Dr. Mahoney, one of the greatest challenges of being mayor is working through the funding matrix. “We are very diligent to ensure a high



return of the investment entrusted to us by our taxpayers.”

Dr. Mahoney helped lead the effort to construct a new City Hall in Downtown Fargo. Built along the riverfront, this 150,000 square-foot structure was completed in September 2018 and was a vital need for Fargo. It was designed to house Fargo’s municipal operations into the next century, with the core missions of innovation and efficiency.

As mayor, he is very passionate about communicating with citizens, businesses and visitors. He fully supports

Dr. Timothy J. Mahoney

Dr. Mahoney has been practicing medicine as a surgeon for over 43 years and specializes in general, vascular and advanced laparoscopic procedures. After serving 20 years at Essentia Health in Fargo, he is now part of Lake Region Medical Group, located in Fergus Falls, SD.

In 1971, he attended the University of Notre Dame for four years. After graduating, he attended the University of North Dakota and Tuft’s Medical School in Boston, and received his MD, then interned in Newton-Wellesley Hospital, Newton, MA. He received his surgical residency from 1975-80 at Hennepin County Medical Center in Minneapolis, MN. He chose the Fargo-Moorhead community for his medical tenure: Dakota Hospital, St. John’s Hospital, St. Ansgar Hospital, St. Luke’s Hospital, Veteran’s Administration Hospital and Essentia Health (note: Essentia was previously Dakota Clinic and Innovis Health). He also earned a Masters in Healthcare Management from Harvard in 2005.

He is licensed, and board certified in general surgery, Northern Plains Vascular Surgical Society; International Microsurgical Society, American Board of Surgery, National Board of Medical Examiners and BLS/ACLS certified and ATLS certified.

Leadership:

- Assistant Clinical Professor at the University of North Dakota, since 1980
- UND School of Medicine and Health Sciences Volunteer Faculty, since 1998
- North Dakota Health Care Review Board, 1991-1994
- Dakota Clinic Board of Directors, 2000-2007
- Innovis Health Chairman of the Board, 2005-2006
- Chief of Surgical Services Essentia Health, 2009-2012
- President of the ND College of Surgeons, 2011-2013

Awards:

- Fargo Family Practice Preceptor of the Year, 1991
- NDMA Physician of the Year, 2009
- Innovis Health Community Physician of the Year, 2009



The Fargo Marathon, a competition that allows athletes to qualify for the Boston Marathon, is an annual event where Mayor Mahoney is present to show support.

new technologies in digital media to bring City Hall to the people, all while encouraging citizen input at every level.

Another area that Dr. Mahoney takes great pride in is the Fargo Public Health System and the Family Healthcare (FHC) program. The FHC provides a wide-variety of medical services for patients in the Fargo-Moorhead area regardless of ability to pay. An innovative \$15 million finance package made this a reality.

Dr. Mahoney is a leader who listens, smiles and loves to help people grow. He anchors his vision by placing his city on a pedestal and continually seeks to learn how he can better serve his community. “We focus on infrastructure because when you improve infrastructure, you improve people’s lives,” he said. “Through a continual improvement process, we help our communities learn to embrace different cultures and seek new potentials.”

Through this concept the city moves forward with great

progress. “I try to be yeast in the bread that helps to make it rise,” he said.

Those listening skills translate well to a larger body of people to guide an outcome. “You often have to listen intently to the silent majority. You need to seek the soul of the community and do what you feel is right,” said Dr. Mahoney. “You also have to be a decision maker of what is best for the majority.”

As a leader, Dr. Mahoney and his team are passionate about continuing to move Fargo forward and it shows. Forbes recently ranked Fargo as the 4th fastest-growing small city in the country with population growth of almost 28 percent between 2000 and 2013 and job growth of more than 28 percent between 2001 and 2014.

“Building and maintaining a city takes a great deal of leadership and planning and I’m up for the challenge,” said Dr. Mahoney. “We have great people in place on Team Fargo to continue leading these efforts.”

2009 Physician Community and Professional Services Award Winner



In 1977 the North Dakota Medical Association created the Physician Community and Professional Services Award to recognize outstanding members of our organization who serve as role models, active in both their profession and in their community. The 2009 award went to NDMA member Timothy Mahoney, MD, for serving his patients and community with unwavering and selfless commitment.

Dr. Mahoney was nominated for the award by the members of the First District Medical Society. His calm demeanor and willingness to serve are evident in his many leadership roles.

What Great Leaders Have in Common

Dr. Brown and Dr. Mahoney have many commonalities in leadership qualities. Both feel a deep passion for their work in the public service sector as well as in their roles serving as physicians. They know how to inspire trust and articulate a clear vision for the people they serve and teams they lead. Both have produced extraordinary results.

Another passion they share is the love for their university and home-town teams. As mayor, Dr. Brown has a goal of gaining national recognition as a “top 10 college town” by 2023.

Brown said there is a fierce loyalty here when it comes to UND and their sports programs. “There’s such a passion for the sports and the team. You can’t explain it but you know it. You feel it.”

Dr. Mahoney has a great love for the Bison and has been known to throw a few bets for the team. Last January, Mayor Mahoney and Spokane Mayor David Condon agreed that the loser of the national championship game would have to wear



and post a photo in the opposing team’s shirt. Needless to say, Mahoney didn’t need to replace his Bison gear with the competitors, as the Bison continue to be champions.

NDMA Leadership Opportunities

The North Dakota Medical Association and its leadership teams are committed to providing meaningful opportunities for physicians to get involved in advocacy and make a difference in public policy. The time commitment for a leadership role is manageable. Most meetings are held after 5:00 pm and can be conducted via teleconference.

Physician advocacy made a difference at the 2019 legislative session that resulted in multiple successes to improve physician and patient care. You can make a difference. Contact the office to learn more about getting involved.



The Difficult—but Necessary—Challenge of Referring an Impaired Physician

Submitted by North Dakota Professional Health Program (NDPHP)



NDPHP is a program designed to facilitate the rehabilitation of healthcare providers with physical or mental conditions that could compromise public safety.

Impairment from alcohol or drugs is serious in any profession. For a physician who oversees the health and treatment of vulnerable patients, the risks are dramatically increased.

Ideally, a physician or health professional recognizes the signs of his or her own abuse and voluntarily self-refers. But most times, that's not the case.

You as a colleague are typically the first to notice the signs of alcohol or drug abuse. Signs like:

- Using substances to relieve stress or fatigue
- Working long hours to cover poor performance or to remain close to the drug source
- Withdrawing or isolating from colleagues and staff
- Increased absences or tardiness for rounds, meetings, or office hours
- Short temper or unnecessary defensiveness
- Poor medical decisions, documentation, or errors
- Poor personal hygiene and change in appearance
- Blaming actions on personal problems or home situation
- Decline in appropriate patient care and concern for outcomes
- Complaints by patients, families, or staff

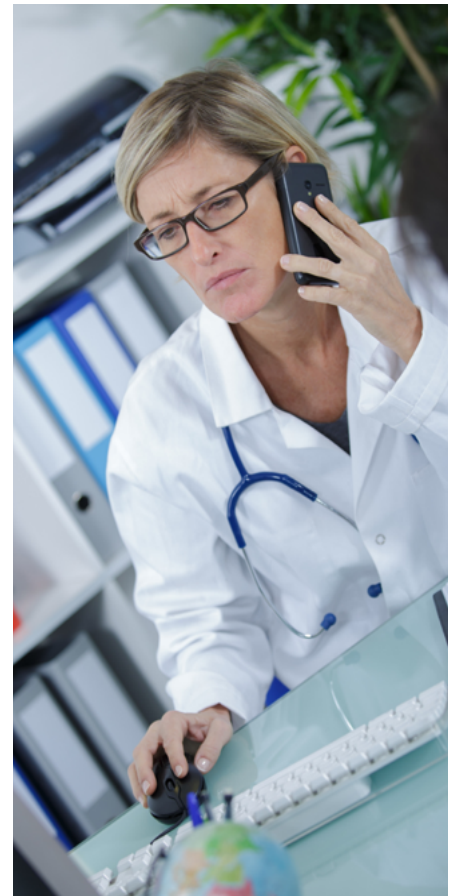
All physicians and licensed co-workers have a legal duty and

responsibility to immediately report a physician who may impact patient safety. Confronting or counseling the individual isn't recommended or effective. In some cases, it can lead to self-harm.

The best way to report a concern is to complete a referral form on our website at <https://ndphp.org/referrals/> or call us at 701.751.5090.

The success rate of PHP programs is promising. Studies show that more than 70% of physicians return to work and remain relapse free, with some studies reporting up to a 94% abstinence rate.

When physicians refer a colleague, they are saving a life and strengthening their profession. 🌟



The Bismarck Cancer Center provides world-class radiation therapy services to individuals with cancer.

Exceptional cancer treatment and caring support for your body, mind and spirit.



**BISMARCK
CANCER CENTER**

bismarckcancercenter.com | 701-222-6100 | 500 N 8th St | Bismarck, ND 58501

On Friday, April 26, the 66th Legislative Assembly officially adjourned on the 76th day of the session, exiting the Capitol four days prior to the 80-day limit. Throughout the session, NDMA monitored over 150 bills that had the potential to impact physician practices and patient care.

NDMA is pleased to announce that the majority of priority bills had successful outcomes by either passing or failing:

NDMA HIGH-PRIORITY BILLS

The following NDMA high-priority bills successfully PASSED and will go into effect on August 1st. However, bills passed with an emergency clause go into effect immediately following the governor's signature.

■ Medicaid and Medicaid Expansion: SB 2012

- Passed with emergency clause.
- Medicaid Expansion rates remain the same (current rates)
- Medical inflator for providers impacted by fee schedules (PPS/Physicians)
 - ▶ 2% increase July 2019
 - ▶ 2.5% increase July 2020

■ UND School of Medicine and Health Sciences: HB 1003

- Passed with emergency clause.
- Includes the UND SMHS needs-based budget intact.
- Current residencies funded in the base budget.

■ Interstate Medical Licensure Compact: SB 2173

- Expedites licensure for physicians. North Dakota now joins 28 other states for expedited licensure and renewal.

■ Sports Team Physician Licensure: SB 2059

- Allows an exemption from requiring a North Dakota physician license for sports team physicians traveling with their sports team to North Dakota.

■ Maintenance of Certification: HB 1433

- Passed unanimously carrying with it an emergency clause.
- A physician may not be denied staff privileges or employment by a facility based solely on the physician's decision to not participate in maintenance of certification.
- Includes exemptions for health care facilities and does not require a new vote by the medical staff.
- Health care insurers may not deny reimbursement to or prevent a physician from being a preferred provider based solely on a physician's decision to not participate in maintenance of certification.

■ Family Planning Nurse Dispensing: SB 2155

- Passed with emergency clause.
- Amends the dispensing law to allow family planning nurses to dispense birth control to family planning patients in rural clinics pursuant to provider order.

The following NDMA priority bill was successfully DEFEATED, which prevents WSI from implementing day limits on medications:

■ WSI Prescribing: HB 1063 - Bill Status: FAILED.

- Filed by Workforce Safety Insurance (WSI) to place day limits on opioid, benzodiazepine, and muscle relaxant prescribing.

ALLIED HEALTH

■ Physician Assistants: HB 1175 - Bill Status: PASSED.

- Removes the supervisory agreement requirement for physician assistants.
- Includes a prohibition on practicing in their own clinics.

Although the ND Board of Medicine supported this bill, NDMA held a neutral position.

PHARMACY

■ Pharmacist Administration of Drugs: HB 1498 - Bill Status: PASSED.

- Expands the right of the pharmacist to give oral medication upon the order of a provider.

■ BOM Approval of Pharmacy Collaboration Agreements: HB 2231 - Bill Status: PASSED

- Removes the requirement that pharmacy/physician collaboration agreements be approved by the ND Board of Medicine and the ND Pharmacy Board.

MEDICAL PRACTICE

■ Telemedicine: SB 2094 - Bill Status - PASSED.

- Filed by the ND Board of Medicine, this bill sets requirements for establishing the patient/physician relationship.
- Amended in the Senate to remove the video requirement for establishing a patient/physician relationship.

■ AARP-Caregiver: SB 2154 - Bill Status: PASSED.

- AARP has lobbied multiple times in North Dakota and other states for passage of the CARE Act, which requires hospitals to train lay caregivers for after-care tasks required for a patient being discharged to home.
- NDHA and AARP worked collaboratively on amendments resulting in successful outcomes.

■ Infertility Coverage: SB 2233 - Bill Status: FAILED.

- Proposed to provide an insurance mandate of coverage for infertility treatment.

■ **Prior Authorization: SB 2243** - Bill Status: PASSED.

- Places limited prior authorization on extremely high prescribers for adult ADHD medications under Medicaid.
- NDMA testified against the bill, resulting in a compromised amendment to prior authorize only prescribers who prescribe at a rate two times higher than the rate of the top ten prescribers, for patients 21 years of age and older.
- The exemption excludes the top prescriber and contains a clause stating that restrictions do not apply if prior authorization is required by the CMS.

■ **Step Therapy:**

- **HB 1469** - Bill Status: PASSED.
 - ▶ Prohibits a payor from imposing step therapy when it relates to a recommended prescription drug for treatment of metastatic cancer.
- **SB 2290** - Bill Status: FAILED.
 - ▶ Proposed to allow Medicaid to use step therapy similar to the Medicare Part B proposal on the federal level, if adopted by CMS.
 - ▶ Proposed to remove antineoplastic agents for treatment of cancer from the prior authorization exemption list.

■ **Invisible Reinsurance Pool: HB 1106** - Bill Status: PASSED with emergency clause.

- Filed by the ND Insurance Department relating to the establishment of an invisible reinsurance pool. A study conducted shows this would reduce premiums and provide a low-cost alternative for healthier individuals. This would result in more individuals with health insurance and a more stable individual market, protecting carriers from unpredictable high cost claims. The reinsurance pool is funded by a combination of federal funds and assessments. The assessments will be placed on insurance companies selling in the state's health insurance market.

■ **Panel Review of Drug-related Deaths: SB 2196** - Bill Status: PASSED.

- Establishes a Drug Fatalities Review Panel: UND School of Medicine and Health Sciences Forensic Pathology Department will appoint individuals to serve as members on the panel. The panel will review deaths of individuals identified as prescription drug, illicit drug, or alcohol overdoses or deaths that pertain to a trend or pattern of deaths identified as drug or alcohol overdoses.

■ **Abortion:** Bill Status: PASSED.

- **HB 1546** - prohibits human dismemberment abortion upon changes in federal law.
- **HB 1336** - addresses medical abortions and the consent form advising patients that they are reversible.

MARIJUANA

A total of ten bills had the ability to impact North Dakota's present marijuana laws. Since the initial medical marijuana law was passed by a vote of the people in 2016, a two-thirds

majority vote of both the Senate and House is required to pass bills and implement changes to this law. In addition, most of the bills carried emergency clauses, making them effective immediately once passed and signed.

The following medical marijuana bills PASSED:

■ **Pharmacy Code Changes: HB 1113**

- Updates pharmacy codes to the North Dakota Century Code definitions for medical marijuana and provides exemptions: Marijuana includes cannabis sativa L. and resins extracted from any part of the plant; The term marijuana does not include hemp as defined in section 4.1-18-01; and updates fentanyl derivatives. It also updates the definition of depressants to include cannabidiol drugs and gabapentin.

■ **Housekeeping: HB 1119**

- This bill is a matter of housekeeping for medical marijuana by redacting social security information use and changes payment methods.

■ **Changes Certification Requirements and Includes Physician Assistants: HB 1283**

This bill was the priority medical marijuana bill for NDMA:

- Removes the requirement for a health care provider to state that, in their professional opinion, the patient is likely to receive a therapeutic or palliative benefit from the medical use of marijuana.
- Language has been shifted from "shall" to "may": A registered qualifying patient's certifying health care provider may notify the department in writing if the health care provider's registered qualifying patient no longer has a debilitating medical condition.
- In lieu of a written certification, a veteran receiving treatment from a federal VA entity may submit a copy of their medical records.
- Physician assistants have been added to the definition of health care provider, allowing a physician assistant to complete a written certification.
- Includes a disclosure that mentions possession of a firearm by a person who possesses marijuana may be in violation of federal law.

■ **Enhanced Amounts: HB 1417**

- Allows an enhanced amount for patients with cancer.
- Also includes some of the same components of HB 1283: removes the professional opinion requirement; language shift from "shall" to "may"; adds physician assistants to the definition of health care provider.

■ **Expansion of Manufacturing and Grower Facilities: SB 2210**

- For medical marijuana growers, the original law was too restrictive in case of crop failure. A manufacturing facility may grow more than 1,000 plants to sufficiently meet the demands of qualifying patients.

■ **More Conditions and a Study: HB 1519**

- Adds 12 conditions to the list of debilitating medical conditions: Anorexia nervosa; Bulimia nervosa; Anxiety

disorder; Tourette syndrome; Ehlers-Danlos syndrome; Endometriosis; Interstitial cystitis; Neuropathy; Migraine; Rheumatoid arthritis; Brain injury and Autism Spectrum Disorder.

- Allows for the addition of a study for conditions.

■ **Criminal Penalties: HB 1050**

- The passed version of this bill relates to the placement of an individual in a drug and alcohol treatment program by the ND Department of Corrections and Rehabilitation; Penalties: under age 21 for ingesting, inhaling or injecting a controlled substance that is marijuana is guilty of a Class B misdemeanor; Anyone over age 21 years and over is guilty of a class A misdemeanor (excludes marijuana) over age 21 is guilty of an infraction for marijuana; Possession of marijuana of less than one-half ounce is guilty of an infraction; one-half ounce but not more than 500 grams is guilty of a class B misdemeanor.

The following medical marijuana bills FAILED:

■ **Grow Your Own: SB 2134**

- Proposed a change related to the cultivation of medical marijuana and would allow users to grow their own.

■ **Addition of Naturopaths: HB 1272**

- Proposed to change the definition of a health care provider by adding physician assistants and naturopaths; in addition, it included additional medical conditions.

■ **Massage Therapists: HB 1071**

- Proposed to prohibit a massage therapist's use of prescription medication, including medicinal marijuana products for massage therapy.

■ **Criminal Penalties: HB 1155**

- Proposed to change penalties for illegal marijuana use, possession, sale and distribution of marijuana. It reduces some penalties and increases some penalties, particularly for the sale of marijuana to a recipient lacking mental capacity or if the recipient is under age 21.

■ **Exemption for Possession of Firearms for Medical Marijuana Card Holders: HB 1148**

- Proposed an exemption for possession of firearms for medical marijuana card holders.

■ **Edibles: HB 1364**

- Proposed to add edibles to the existing medical marijuana laws.

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER

The following items were added into the Human Services Budget bill **SB 2012**: Bill Status: PASSED.

- Adds peer support certification - needed to ensure quality and effective services are provided.
- Expands Free Through Recovery to individuals NOT in the criminal justice system or DOCR custody.
- Creates a mental health voucher program addressing system gaps for young adults between 17-25 with a serious mental illness.

- Continues the work started during last session - developing infrastructure for schools to address behavioral health. This funding continues Simle Middle School and expands to include a rural and tribal school next biennium.
- Expands the providers that can provide targeted case management to private providers. Currently tribes and human service centers are approved providers.
- Directs the department to include withdrawal management as a covered service under the Medicaid state plan.
- Continues the Human Services Research Institute (HSRI) recommendation implementation in the state.
- Changes the Substance Use Disorder Voucher system to include age 14.
- Includes Trauma Training funding.
- Includes Prevention and Early Intervention funding.

TOBACCO

The following tobacco bills PASSED:

■ **Study on Impact of Excise Tax Increase on Tobacco: HB 2355**

- Initial proposal was to implement a tobacco tax increase; however, this was reduced to a study on the excise tax on liquid nicotine and electronic smoking devices.

■ **Prohibiting Sale of Flavored e-Liquid to Minors: HB 1477**

- Changes the penalty from an infraction to a class B misdemeanor for any person selling or furnishing or procuring for a minor, cigarettes, cigarette papers, cigars, snuff, tobacco in any other form, including electronic smoking devices. In addition selling flavored e-liquid or electronic smoking devices containing flavored e-liquid to minor is subject to a fine of \$500 for each individual package of flavored e-liquid product or device sold or offered for sale; a Class B misdemeanor allows a maximum penalty of thirty days imprisonment, a maximum of \$1,500, or both may be imposed; an infraction included a maximum fine of \$1,000.

The following tobacco bills FAILED:

■ **Tax on Electronic Smoking Devices: HB 1386**

- Proposed to implement taxing of electronic smoking devices; and to provide a penalty.

■ **Smoking in a Motor Vehicle: HB 1274**

- Proposed to prohibit smoking in a motor vehicle with child present.

■ **Tobacco Use Under Nineteen Years of Age: HB 1236**

- Proposed to prohibit an individual under nineteen years of age from purchasing and using tobacco; and to provide a penalty.

■ **Ingredient Labeling of Nicotine Containers: HB 1446**

- Proposed to regulate ingredient labelling on nicotine liquid containers; and to provide a penalty.

■ **Increase in Tobacco Tax: HB 1450**

- Proposed to increase the tobacco products tax rate for cigarettes.

For questions contact NDMA Executive Director Courtney Koebele at 701-223-9475 or email at ckoebele@ndmed.com.



Go Beyond Coverage

Take your health plan further with Sanford Health Plan.

Let the team at Sanford Health Plan help you navigate the ins and outs of health insurance for your business. Through both focused and broad network designs, we provide access to the region's leading health care providers and specialties.

Our small and large employer plans give you access to:

- COBRA administration included at no cost
- Savings on dental, vision and hearing services*
- Monthly \$20 fitness reimbursements for employees
- HRA, HSA, FSA services
- Up to 60% savings on Profile by Sanford®
- Local service every step of the way

Call (888) 535-4831 or visit sanfordhealthplan.com to learn more.

*At participating providers only; certain restrictions may apply.



SANFORD
HEALTH PLAN

“Physician - patient relationship is at stake. Let’s give our physicians more time to spend with their patients and less regulation.” — Fadel Nammour, MD



HB 1433 Maintenance of Certification (MOC) Passes House and Senate Unanimously

NDMA President Fadel Nammour, MD, provides testimony in support of HB 1433 to the Senate Industry, Business and Labor Committee. Dr. Nammour testified that physicians are strong proponents of the lifelong learning concept but oppose the current process to achieve it.

SB 2012 Medicaid & Medicaid Expansion Hearing Packs the Room

With standing room only, NDMA Executive Director Courtney Koebele testifies in support of keeping Medicaid expansion at current rates. SB 2012, which is the ND Department of Human Services budget bill, passed after many weeks of hearings with Medicaid expansion reimbursement rates holding firm at the current rates and also passed a medical inflator of a 2 percent increase (July 2019) and a 2.5 percent increase (July 2020).



SB 2059 Sports Team Physician Licensure Receives Unanimous Support in Senate and House

NDMA member Dr. Darin Leetun, a physician from Altru Health System of Grand Forks, provides testimony in support of SB 2059 - a bill that allows for an exemption from North Dakota licensure for sports team physicians traveling with their sports team to North Dakota.



HB 1063 Spurs Attention Among House Industry, Business and Labor Committee

NDMA member and cardiovascular surgeon Dr. Mike Booth shares information with committee members that shows HB 1063 may leave injured workers with insufficient treatment options. The bill was successfully defeated on the House floor.



“There are better mechanisms already available to WSI to achieve this goal, without needlessly compromising WSI’s philosophy of caring for injured workers.” — Mike Booth, MD

SB 2243 Restrictions for Behavioral Health Medications Successfully Negotiated

Psychiatrist Dr. Gabriela Balf-Soran shares with the Senate Human Services Committee how the proposed SB 2243 restriction could impede psychiatry patient care. The bill could impact Medicaid patients receiving treatment for attention deficit disorder and hyperactivity, 21 years of age and older. Through the House, amendments were negotiated creating a win-win outcome, and the bill passed.



SB 2173 Interstate Medical Licensure Passes Senate and House

Shown providing support for SB 2173 is NDMA Executive Director Courtney Koebele (L) and Dickinson CHI St. Alexius Medical Center President Reed Reyman (R). The Compact increases access to healthcare for individuals in under-served or rural areas and allows patients to more easily consult medical experts through telemedicine technologies. When the bill goes into effect on August 1, North Dakota will become part of the 28 state compact for physicians to have an expedited licensure and renewal process.

HB 1003 UND SMHS Funding Secured

Joshua Wynne, MD, MBA, MPH - UND Vice President for Health Affairs and Dean of UND SMHS testifies at the HB 1003 Senate Appropriations Committee hearing. The bill successful passed both the House and Senate and keeps the UND SMHS needs-based budget intact with all current residencies funded in the base budget.



NDMA and Legislator Bill Sponsors Attend Governor Burgum's Bill Signing Event



HB 1433 - Maintenance of Certification: pictured left to right (standing): NDMA member Todd Schaffer, MD; Representative Jim Kasper (R-26); Representative Don Vigesaa (R-23); NDMA member Darin Leetun, MD; (seated) NDMA Executive Director Courtney Koebele; Governor Doug Burgum; NDMA President Fadel Nammour, MD



SB 2059 - Sports Team Physician Licensure: pictured (left to right) Senator David Clemens (R-16); NDMA Executive Director Courtney Koebele; Governor Doug Burgum; NDMA member Darin Leetun, MD; Representative Gary Paur (R-19)

Our promise
you first



live first®

FIBT.com

Private banking. A wealth of exclusive services.

Private banking clients can expect exclusive customized benefits, a team of experts ready to assist in all areas of financial services, and expedited access to capital.

We understand that it's more than just money in your account. It's about building a trusted relationship. Your Private Banker is here to take care of your financial service needs; to build that trust, to accomplish your goals, so you can do what matters most, Live First.



Charles Cooper

Private Banking Manager

(701) 499-7551
3001 25th St, Fargo



Renee Daffinrud

Private Banking Manager

(701) 751-8511
1601 N 12th St, Bismarck

66th Legislative Assembly PHYSICIAN HIGHLIGHTS



Mary Aaland, MD
UND Department of Surgery



Hamdi Abdurahman, MD
UND Center for Family Medicine

The North Dakota Medical Association's **Doctor of the Day Program** is a historic and highly successful program that provides primary care services to legislators at the capitol throughout the legislative session.

The services provided by physicians are appreciated by legislators and provide physicians with significant visibility.

NDMA wishes to extend a sincere thanks to all volunteers, including the Bismarck UND Center for Family Medicine for providing coverage.

The following volunteer NDMA physicians are recognized for serving:



Misty Anderson, DO
Sanford Clinic, Valley City



Gabriela Soran-Balf, MD
Chambers and Blohm
Psychological Services



Jason Gill, MD
UND Center for Family Medicine



Jeff Hostetter, MD
UND Center for Family Medicine



Susan Hoyum, MD
UND Center for Family Medicine



Josalynne Hoff, MD
UND Center for Family Medicine



Brian O'Hara, MD
CHI St. Alexius, Dickinson



Jackie Quisno, MD
UND Center for Family Medicine



Wannapak Richter, MD
UND Center for Family Medicine



Stacy Roers Irmen, MD
Sanford Clinic, Jamestown



Shannon Sauter, MD
UND Center for Family Medicine



Thomas Strinden, MD
Bagan Strinden Vision



Elisha Webster, MD
UND Center for Family Medicine



Karen Willis, MD
UND Center for Family Medicine



Dennis Wolf, MD
Family Practice;
Stark County Coroner

Physician Day at the Capitol Roundup

Personal Wellness Assessment Program

On January 21 Dr. James Brosseau, MD, and Grand Forks Altru Health staff, hosted a Personal Wellness Assessment Program for legislators and Legislative Council staff.

Along with providing a health assessment, participants were able to ask health questions and learn the benefits of keeping cholesterol and blood glucose levels in healthy zones.



Altru Health staff conducting screenings.



Dr. Brosseau provides an analysis for each screened health review.

*Thank you to NDMA member
Dr. Brosseau and Altru for
providing this great service!*

On Tuesday, January 29, the North Dakota Medical Association once again sponsored Physician Day at Capitol. In addition to the Physician Day event, NDMA was joined by other groups to help boost the excitement: North Dakota Hospital Association, North Dakota Academy of Family Physicians, North Dakota Academy of Physician Assistants and North Dakota Emergency Medical Services Association.

The event is designed as an educational opportunity to update legislators on important health care issues that can impact physician and patient care.

Booths lined the Memorial hall, giving health care providers and hospitals an opportunity to visit with legislators. A box lunch and heart-healthy snacks were provided for all participants to enjoy.



Physician Day at the Capitol was also an opportunity for NDMA physicians to meet committee members and to present testimony on important bills. Shown in the photo above, from left to right: Misty Anderson, DO; Fadel Nammour, MD; Representative Jim Kasper (Dist. 46); Tom Strinden, MD; NDMA Executive Director Courtney Koebele.



NDMA Executive Director Courtney Koebele and NDMA President Fadel Nammour take the opportunity to visit with legislators.



NDMA President Tim Blasl and NDMA President Fadel Nammour participating at the event.



Shown participating in Physician Day are Fadel Nammour, MD; Misty Anderson, DO; and Thomas Strinden, MD.



LEADERSHIP HONORS

NDMA - DEVELOPING LEADERS SINCE 1887

UND Founders Day Awards Presented to NDMA Members

Founders Day is UND's annual celebration of its history as an institution and a time to recognize the outstanding service of their employees. Two UND School of Medicine and Health Science faculty members and NDMA members were given awards:



The UND Foundation: Lydia & Arthur Saiki Award for Excellence in Service

David Schmitz, MD, Professor of Family and Community Medicine

Dr. Schmitz is the chair of the Department of Family and Community Medicine at UND School of Medicine and Health Sciences. He is an internationally known and respected clinician who has extensive research

expertise in training and retaining physicians in rural and underserved areas.



The UND Foundation: Thomas J. Clifford Faculty Award for Excellence in Research

Marc Basson, MD, Senior Associate Dean for Medicine and Research at the UND School of Medicine & Health Sciences; and Professor of Surgery.

Dr. Basson was instrumental in leading a team to acquire a \$20.3 million five-year grant to UND to study high cancer rates in North and South Dakota.

Robert Sticca Named President of Northern Plains Rural Surgical Society



Robert Sticca, MD, FACS, chair of the UND Department of Surgery, was named President of the Northern Plains Rural Surgical Society (NPRSS) at the January 2019 annual meeting. The NPRSS is the only surgical society in the United States dedicated to supporting and promoting surgical education for the unique challenges of surgical care in rural settings. The UND Department of Surgery has a long history as a leader in training,

continuing education, and support of rural surgeons and was a founding member of the NPRSS. The Northern Plains Rural Surgical Society is a 501(c)(3) organization committed to supporting and promoting surgical education, and maintenance of that education, to surgeons across Northern Plains states. Dr. Sticca's term expires in January 2021.

NDMA Member Gabriela Balf-Soran, MD, Appointed to North Dakota Medicaid Drug Utilization Review Board



Earlier this month, Dr. Gabriela Balf-Soran was appointed to the ND Medicaid Drug Utilization Review (DUR) Board by NDMA President Fadel Nammour, MD.

The DUR Board's functions include serving as an advisory board for policies, identifying and developing educational topics for practitioners to improve drug therapy, and assisting the department in identifying patterns

of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care.

The DUR Board includes six physicians, six pharmacists, and three non-voting members as outlined by State Law and Administrative Rules.

Other NDMA members serving on the board include: A. Michael Booth, MD; Jeffrey Hostetter, MD; Michael Quast, MD; and Laura Schield, MD.

NDMA Member Dr. Laura Matzke Appointed to ND Workforce Safety & Insurance (WSI) Board of Directors



NDMA member Laura Matzke Bitterman, MD, was appointed by Governor Burgum to serve a three-year term on the ND Workforce Safety (WSI) Board of Directors. Some of the duties of the 11-member board are to assist WSI in budgeting, responding to audit recommendations and formulating policy.

Dr. Matzke is a UND School of Medicine and Health Sciences graduate and completed her residency at Mayo Clinic in Rochester, MN. She specializes in pain management at Sanford in Bismarck.

Congratulations!

News from the Dean

UND School of Medicine and Health Sciences



Graduation season is a good time to look back over the current academic year, and forward to the coming one that starts this July 1. The most obvious major accomplishment of the UND SMHS for this 2019 year is the graduation of more than 300 medical and health sciences students who are destined for additional training, clinical practice, or other health-related employment. We are quite proud of them, and they are going forward with wonderful opportunities, thanks to the education and training they received here at UND. And more and more of these graduates are staying in (or returning to) North Dakota. For medical students, for example, over the past decade or so we've gone from well below the national average of retention of graduates for in-state practice to well above it. Part

least, are the stability of our budget (thanks in large part to the ongoing strong support from the North Dakota Legislature) and the departure of President Kennedy for the University of Colorado. I am convinced that many of Mark's initiatives will continue long after he has left, including the OneUND Strategic Plan, the focus on expanding UND's research enterprise, the 10 percentage point improvement in UND's undergraduate graduation rate, the redesign of the campus, the focus on addressing the University's infrastructure, and the push for several new buildings (including the Memorial Union and a new home for the College of Business and Public Administration). Importantly, I think that the trajectory of the UND SMHS is solid and clear, irrespective of changes in the President's Office.

The most obvious major accomplishment of the UND SMHS for this 2019 year is the graduation of more than 300 medical and health sciences students.

of the reason for this is that more and more college students from North Dakota are selecting UND for their graduate/professional studies. For medical students, the UND SMHS used to attract two out of three undergraduates who got into medical school somewhere in the U.S. Now that split is up to five out of six.

Looking forward, two big developments, in the short-term at


Our mission of educating the next generation of health care providers, discovering new knowledge that is important to North Dakotans, and serving the people of the state (especially through health care workforce development) remains just as clear and unambiguous as it was before President Kennedy's announcement. I think that the School and its faculty, staff, and students will begin the new academic



Joshua Wynne, MD, MBA, MPH
UND Vice President for Health Affairs
Dean UND School of Medicine
and Health Sciences

year on July 1, 2019, full of enthusiasm, energy, and optimism. I certainly share that sense of excitement and optimism as we—together—address a number of topics of particular interest, including:

- Redesign of the medical school curriculum with a goal of expanding clinical experiences, helping students prepare better for the national licensure exams that they take midway through medical school, and more effectively reintroducing basic science concepts during students' clinical experiences.
- Expanding and enriching the School's clinical and translational research activities, with the ultimate goal of speeding the application of discoveries in research laboratories to clinical patient needs.
- Expansion of the School's virtual health care delivery activities, where through the use of technology we can effectively bring the clinic to the patient, rather than the other way around.

So the School's direction and agenda for the upcoming biennium is unambiguous, clear—and exciting. Thanks to all of you who are clinical faculty members at the School for all you do to help educate the next generation of health care providers. We couldn't do it without you! 



One Loan. One Lender. One Call.

Bank of North Dakota has more than 50 years of experience servicing student loans. Our experts help you make the best decision to manage your student loans.



One Loan

Refinancing your student loans allows you to combine all of your student loans, both federal and private, into one loan. It makes repayment easy!



One Lender

Refinancing your student loans gives you the opportunity to switch from multiple lenders to one local, experienced lender. It makes managing your student loans easy!



One Call

Your schedule is already busy. We're available anytime 8 a.m. to 5 p.m. Monday through Friday. Still don't have time to call? Email us at bnd@nd.gov. Start the process today, it's easy!

Get started at bnd.nd.gov/NDMA

BCBSND and ND providers model a partnership with deep impact

All of us in the health care industry essentially want the same thing—to be part of an environment where patients thrive, providers are fulfilled, and care is effective and efficient. To that end, Blue Cross Blue Shield of North Dakota (BCBSND) and providers from across the state co-designed BlueAlliance, a program that facilitates collaborative partnerships to address issues underlying health care quality and cost.

BlueAlliance participation is high and its impact deep. More than 90% of North Dakota's primary care physicians are part of the program, although many are unknowing participants who incorporate the cost-saving, quality-raising protocols set in motion by administrators.

With that kind of participation, BlueAlliance has the potential to transform health care across North Dakota, community by community.

BlueAlliance is a next generation PCMH

BlueAlliance evolved from an early-version PCMH program BCBSND piloted in 2005 to address diabetes control. Eventually the focus expanded to include North Dakota's most prevalent diseases.

The BlueAlliance predecessor demonstrated that providers and BCBSND can work well together to affect specific conditions and both groups saw the potential for more. The stage was set for including a focus on prevention.

That brings us to the current program. While chronic disease management remains a BlueAlliance hallmark, prevention has taken a front seat. There's always room for continued improvement, but early results around prevention efforts are promising, for example:

- Behavioral health screening in the primary care provider's office is now commonplace. In two years, depression screening climbed from 67% to 97% and has expanded to include remission rates and alcohol and substance abuse.
- Breast cancer screening is now greater than the 50th percentile.
- Well child visits have increased from 41.32% to 45.78%.

Shared health intelligence empowers providers

Where sharing data was once just a path to paying claims, today BCBSND's shared health intelligence informs collective and individual care management decisions. For example, BlueAlliance intelligence is used for predictive analytics to influence care delivery for population health management and value-based programs.



Julie Blehm, MD
Senior Medical Director, BCBSND

Previously, when data lived in isolated silos, care was more fragmented, leading to confused patients, exhausted providers and unnecessary expenses. Today, by combining BCBSND health intelligence with provider expertise, patients are more apt to get the right care at the right time and the right place by the right provider.

Better managed care is leading to decreased ER visits and hospital admissions, leaving clinics the ability to proactively expand outpatient options. For example, in the first two years:

- Management of conditions such as ear infections and bronchitis has appropriately moved from the ER to outpatient settings. Potentially preventable ER visits fell from -0.15% to -0.73%.
- The same is true for chronic conditions that are appropriately getting treated in outpatient rather than inpatient settings. Potentially preventable admissions dropped from -13.96% to -25.82%.

New collaborations energize providers

Patients are obvious beneficiaries of care management advances, but physicians, too, are finding unexpected advantages.

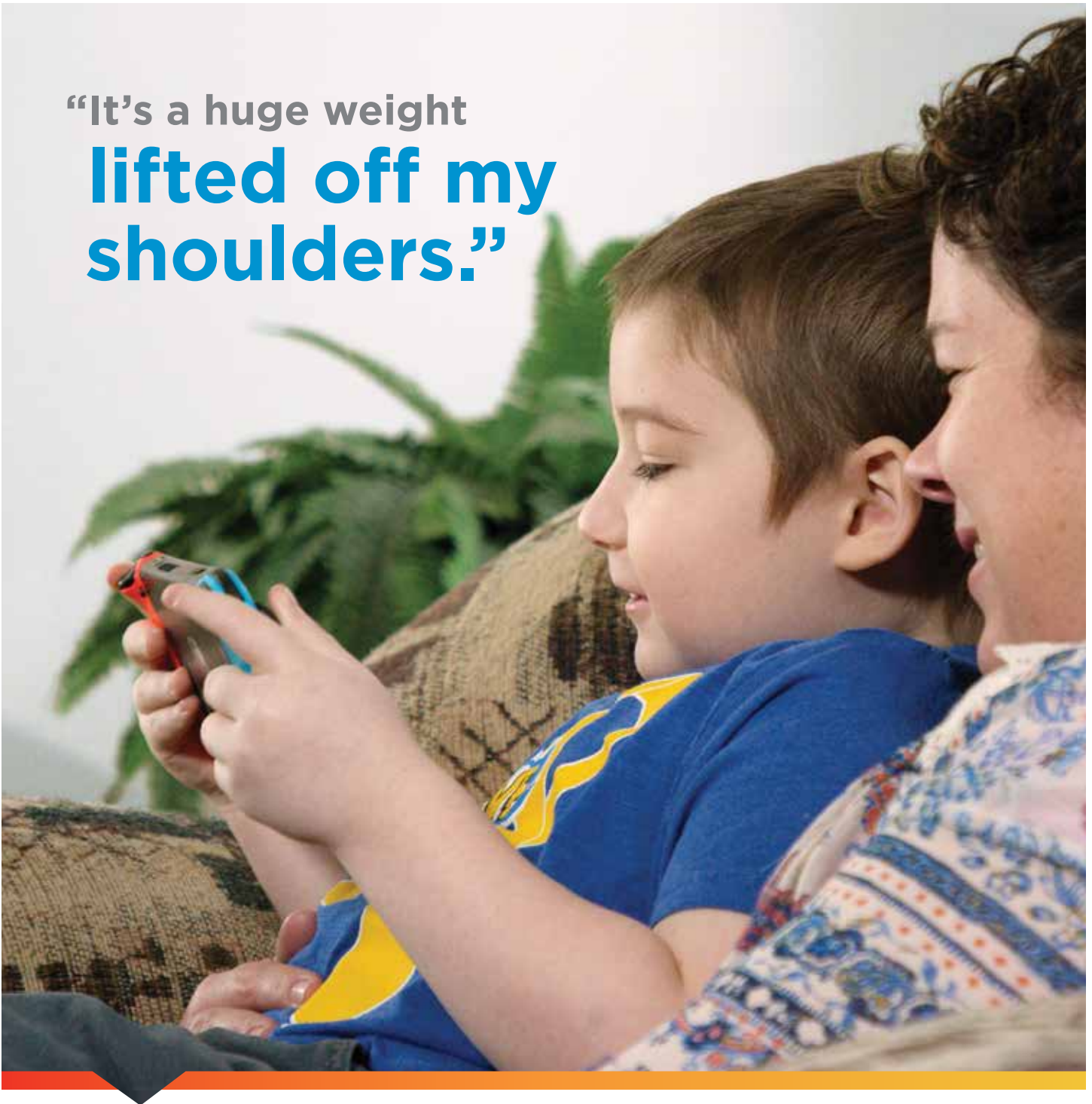
BlueAlliance works for one-doctor organizations and large integrated systems alike. Providers from both types of organizations are finding more collaborative work environments within and across organizations. They report jumping on calls to share ideas and success stories, ask questions, and get feedback from colleagues across North Dakota.

An alliance for the ages

Preventive care, chronic disease management, care coordination, population management and collaborative decision making—all are key cost drivers in our current health care environment. And all are being addressed by the innovative alliance of North Dakota providers and BCBSND.

What will our values-based program look like in five years, or 10? It's hard to say, but one thing we know: BCBSND and providers will be shaping it together, as we are today. §

“It’s a huge weight
**lifted off my
shoulders.”**



Member advocates from Blue Cross Blue Shield of North Dakota. Inspired by fighters like the Jones family.

While Marcie Jones focuses on her son, Chase, and aggressive leukemia treatments that routinely take him across the state, her member advocate personally oversees the claims paperwork and any out-of-network referrals. Marcie stays focused on Chase, and keeping him in remission.



ND

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

**Read Chase’s story at
[BCBSND.com/Chase](https://www.bcbnsd.com/Chase)**

Hope is good medicine

Make-A-Wish
NORTH DAKOTA

Make A Wish North Dakota New Director of Program Services: Angie Leier

Hope is good medicine and it is recommended by 10 out of 10 doctors! You may agree that we are both in the hope business and I look forward to working with you.

At Make-A-Wish® North Dakota, our mission is to create life-changing wishes for children with critical illnesses. As our organization's new Director of Program Services, I am honored to oversee our wish granting process from referral and diagnosis verification to volunteer wish granter engagement and post wish assessment. I have more than 20 years in the hospitality industry so customer service, whether interacting with medical professionals, wish families or volunteers, is of central importance to me.

With the new changes in our Intake & Medical Eligibility process, including determining wish eligibility, it is my goal to connect with physicians, nurses, child life specialists, social workers and others who interact with wish children so that our mission and processes are clear.

Children can be referred to Make-A-Wish if they are between the ages of 2 1/2 and under 18 years old, have been diagnosed with a progressive, degenerative or malignant disease, and have not already received a wish from Make-A-Wish or another wish granting organization. Referrals are simple and can be made online by someone from the child's medical team, parent or legal guardian, a family member, or the child him/herself.

An important clarification is that wish kids are not necessarily terminally ill. Our eligibility criteria expanded many years ago as medicine improved and to allow doctors to use the wish as an important part of the healing process.

Once a child is referred, Make-A-Wish confirms the family agrees to move forward. We then consult with the child's treating physician to verify the diagnosis. This part of the process is now electronic, replacing the paper Part A form. To ensure privacy, Make-A-Wish provides a secure, unique, computer-generated, password-protected link to enter medical information. No medical information/

personal health information is shared via email.

Once the diagnosis is confirmed, Make-A-Wish makes the final determination on the child's eligibility. If approved, a team of local volunteers will meet with the wish child and family to begin discovering and granting the wish.

Wishes have a lasting impact on children faced with difficult medical journeys. They are not medicine, but they are a valuable tool in a medical team's toolkit. Wishes provide hope, strength, joy and transformation. And often not only for the wish child, but their whole family, care team or even their community.

An estimated 50 North Dakota kids are diagnosed with a qualifying illness each year and it is our vision to grant every eligible child's wish. But we cannot do that without YOU.



Angie Leier
Director of Program Services
Make-A-Wish North Dakota

Make-A-Wish has a specific website for the medical community offering more information, answering questions and connecting you with our referral process. Please visit www.md.wish.org.

We invite you to refer your patients who may qualify today and together, we will transform lives, one wish at a time. Please feel free to contact me at 701-280-9474 or at aleier@northdakota.wish.org.





SANFORD HEALTH WELCOMES FAMILIAR FACES

Proudly serving central and western North Dakota for more than 110 years

Central and western North Dakota is our home, and we are dedicated to having local, experienced providers available to care for you. While new to Sanford Health, this group of providers have cared for our community for years and are excited to continue their commitment to keeping it healthy.

SANFORD
HEALTH

To learn more, visit sanfordhealth.org, keyword: familiar faces.

059024-00354 11/18



**Fadel
Nammour**
M.D. FACP FACP



**Stephanie
Uselman**
PA-C



FOR A GOOD GUT FEELING

**We're an independently owned clinic of expert professionals
who want to get to the bottom of your digestive issues in a relaxing atmosphere.**
COLONOSCOPY SCREENING • HEMORRHOID BANDING • NON SURGICAL WEIGHT LOSS PROCEDURE

 **DAKOTA**
Gastroenterology Clinic

701.356.1001 | 5049 33rd Ave S, Fargo, ND | Hours: Mon-Fri 7:30am-4:30pm | dakotagi.com

Congressional Corner

An Update from North Dakota's Congressional Delegation

Leveraging Tech Entrepreneurship has Empowered North Dakota Companies to Have a Global Impact in Health Care



By Senator John Hoeven

North Dakota's economy has developed in ways that have defied expectations and caught many by surprise. We've long been leaders in agriculture and energy, but we are also now seeing our technology sector take off in a big way. Tech serves as the third wave in our economic growth and

has allowed us to leverage new opportunities in a wide range of industries, including health care. As a result, companies here at home are making a tremendous impact on the health and well-being of people around the world.

One such business is Aldevron, a bioscience manufacturing firm that is making key advancements in areas like gene therapy and vaccines, having even advanced a malaria vaccine to the final stage of FDA testing. Aldevron, which was born out of a single lab at North Dakota State University, has continually invested in the Fargo area and last year opened the largest plasmid manufacturing facility in the world.

We also have Protosthetics, a startup that uses 3D printing to produce affordable orthotics and prosthetics. Such innovation helps increase access to medical devices, including for those in the developing world and young children, who quickly outgrow their prosthetics and whose families must repeatedly bear this cost.

These are just two examples of the North Dakota-based companies that are on the cutting edge of health care. We've been able to achieve this growth due to our work since my time as governor to establish our state as a hub of tech entrepreneurship. This includes building a pro-growth business climate and investing in our research institutions through initiatives like the Centers of Excellence program as well as our universities' technology incubators.

Now, as a member of the U.S. Senate, I continue working to foster such entrepreneurial achievements. Our ongoing efforts include my annual **State of Technology Conference**, where we highlight local innovators – including Aldevron and Protosthetics – and which serves as a catalyst for new innovation and investment.

At the same time, I am cosponsoring the **Portable Benefits for Independent Workers Pilot Program Act**, bipartisan legislation that would help make a wide range of benefits, including health,

education, retirement and disability benefits, more accessible for entrepreneurs, providing greater certainty to them and their families. I also continue to prioritize Science, Technology, Engineering and Mathematics education (STEM) and have cosponsored bipartisan bills, like the **Employer Participation in Repayment Act**, to make higher education more affordable.

Technology has long been the driving force behind growing our economy and improving our quality of life, and this trend continues to accelerate. Our efforts will help strengthen the entrepreneurial ecosystem in North Dakota and the U.S. That means we will continue to benefit from new breakthrough technologies that tackle the challenges faced by our health care providers, empowering them to succeed in their vital work.

There is Hope for Bipartisan Consensus on Healthcare



By Congressman Kelly Armstrong

I received the honor of a lifetime when the great people of North Dakota decided last November to send me to Congress to fight for them. It's a responsibility I take seriously, because both North Dakota and our country have many challenges that Congress needs to address.

One of those challenges is healthcare. As physicians and medical professionals, you are on the frontlines of America's healthcare system and know well the always-rising cost of care and the frustrating insurance and bureaucratic burdens.

During my first three months in Congress, I've met with your association's leaders, Dr. Fadel Nammour and Dr. Misty Anderson. I had the opportunity to speak with students and staff while touring the School of Medicine and Health Sciences at the University of North Dakota. I've sat down with healthcare systems like Sanford Health, SMP, and CHI; advocacy groups like the American Diabetes Association, the Alzheimer's Association, and the American Lung Association; and professional associations like the North Dakota Nurse Practitioners and the American College of Surgeons. I have heard firsthand the many challenges in healthcare that Congress needs to address.

It will not be a surprise to you that, with divided control of Congress, it will be difficult to find consensus on a major legislative fix to our healthcare system. This is an unfortunate byproduct of our divisive national politics, not a lack of recognition that the cost of healthcare is a pressing concern on the minds of many Americans.

The good news is that there are several healthcare issues on which both Democrats and Republicans can agree. One of those is the high cost of prescription drugs. We all understand that prescription drugs must be both safe and effective. Ensuring that is both a lengthy and costly process, involving myriad medical and legal professionals and a sometimes-byzantine bureaucratic approval process.

One way to help drive down prescription costs while incentivizing the development of innovative, life-saving treatments is to ensure generic drug manufacturers can more easily navigate the U.S. Food and Drug Administration's approval process. Further reforms Congress can act on are increased transparency in the drug supply chain and ensuring patients benefit from discounts and rebates provided by manufacturers.

There is hope for bipartisan consensus. In April, Republicans and Democrats expressed frustration with the rising cost of insulin, a decades-old treatment that has drastically increased in price. Both parties promised to work toward lowering the cost of the lifesaving medication.

We have already proven that bipartisan work on healthcare can achieve results. In February, the Democrat-controlled House passed the Republican-authored Strengthening the Health Care Fraud Prevention Task Force Act nearly unanimously. The bill establishes a public-private partnership to identify nationwide healthcare waste, fraud, and abuse through data-sharing and data analysis.

Above all, you can count on me to be a passionate and tireless champion for North Dakotans. We have a lot of work ahead of us on the issue of healthcare alone, not to mention the many other challenges we face as a country, but I'm up to the challenge. Let's get to it.

Cramer Co-sponsors Bills to Address Health Care



By Senator Kevin Cramer

In the first months of the 116th Congress, the Senate has been addressing issues impacting health care in North Dakota. Here is a summary of some of the bills I am co-sponsoring.

Lowering prescription drug prices.

S. 340, the Creating & Restoring Equal Access to Equivalent Samples (CREATES) Act, targets delay tactics that block the development of more affordable, FDA-approved



The Bone & Joint Center
Orthopaedic Center of Excellence

Care That Keeps You Moving



Reconstructive Services • Sports Injuries • Therapy • Joint Education • Osteoporosis

The Largest Independent Private Orthopaedic Practice in North Dakota

As the largest private orthopaedic practice in North Dakota, our orthopaedic experts specialize in the diagnosis and treatment of hands, shoulders, hips, knees, ankles, and feet. Our team is made up of all board-certified orthopaedic surgeons, along with experienced therapists and a team of customer service experts that handle all your orthopedic needs. With offices throughout North Dakota, we provide the best care for our patients wherever you might need us.

Duncan B. Ackerman, MD
Timothy J. Bopp, MD
Chad B. Carlson, MD

Joseph W. Carlson, MD
Derrick O. Cote, MD
Brian P. Dahl, MD

Timothy J. Juelson, MD
Brock A. Norrie, MD
Troy D. Pierce, MD

701-530-8800 • 310 N 9th St. Bismarck, ND 58501 • www.bone-joint.com

generic and biosimilar medicine. It also provides a path for biosimilar and generic drug manufacturers to bring lower-cost medicines to markets. The Congressional Budget Office estimates the CREATES Act would lower federal spending on prescription drugs by \$3.9 billion, and savings to patients with employer-based health insurance and the health care system overall would be far greater.

Another bill, S. 64, the Preserve Access to Affordable Generics and Biosimilars Act, addresses the practice known as "pay-for-delay." It prohibits brand name drug companies from compensating generic drug companies and biological product manufacturers to delay the entry of a generic product into the market.

Elimination of Health Insurance Taxes. S. 80, the Jobs and Premium Protection Act repeals the health insurance tax in the Patient Protection and Affordable Care Act, which mandated a fixed-sum tax on the sale of health insurance written in the fully insured market. The \$14 billion price tag on this tax will add hundreds of dollars to family health insurance premiums, and will also inhibit the 87 percent of small businesses who purchase coverage through the fully insured market.


S. 172, the Health Insurance Tax Relief, delays re-imposing an annual fee on health insurance providers until after 2020. S. 684, the Middle Class Health Benefits Tax Repeal Act, repeals the "Cadillac tax," a provision of the Affordable Care Act imposing a 40 percent tax on high-cost health plans starting in 2022. The tax will apply to fully insured and self-funded employer health plans and

will tax policies with limits that exceed the annual thresholds of \$10,800 for individual coverage and \$29,100 for family coverage.

Rural Health. S. 586, the Critical Access Hospital Relief Act, repeals the 96-hour physician-certification requirement for inpatient critical access hospital (CAH) services under Medicare. Currently, as a condition for Medicare payment, a physician must certify a patient may reasonably be expected to be discharged or transferred to a hospital within 96 hours after admission to the CAH.

S. 895, the Rural Hospital Regulatory Relief Act, permanently extends the non-enforcement of the CMS direct supervision policy. It provides immediate and permanent regulatory relief to small, rural hospitals and ensures these communities continue to have access to outpatient therapeutic services.

Administration Action. In addition to this legislation, two health care cost related rules, released by the administration, are worth noting. The Department of Health and Human Services has proposed a rule to eliminate safe harbor protections for pharmacy benefit managers (PBMs) to receive rebates from drug manufacturers in Medicare Part D and Medicaid. The goal is to lower prescription drug prices and out-of-pocket costs for consumers by encouraging PBMs to pass discounts from drug manufacturers directly on to consumers and bring transparency to the prescription drug market. The second one from the Department of Labor offers greater access and more affordable coverage under Association Health Plans. Under the Department's new rule, these plans can serve employers in a city, county, state, or a multi-state metropolitan area, or a particular industry nationwide. In addition, sole proprietors and their families will be permitted to join such plans. Also, under the Trump Administration, the FDA has approved a record number of generic drugs, which has largely been a result of executive action.

I hope we can continue dialogue on these issues to continue to support North Dakotans and those who provide them with an excellent health care experience. As always, please know my door is always open to you in my Senate offices in Washington and across North Dakota. 



Let Your Voice Be Heard! **RENEW YOUR NDMA MEMBERSHIP**

For more information, contact NDMA:
701-223-9475 or email staff@ndmed.com



TOGETHER, WE IMPROVE QUALITY OF LIFE

We're increasing interprofessional education,
advancing research in bedside treatments and
improving health care delivery.



med.UND.edu

 **SCHOOL OF MEDICINE
& HEALTH SCIENCES**
UNIVERSITY OF NORTH DAKOTA 

UND School of Medicine and Health Sciences Medical Students Receive 2019 Awards



The North Dakota Medical Association is proud to sponsor the following awards for outstanding UND medical students who exemplify high scholarship, integrity, leadership and initiative.

2019 GRADUATING MEDICAL STUDENT OUTSTANDING AWARD WINNERS



NDMA Awards were given to three outstanding class of 2019 UND senior medical students: (left to right) Emily Olig (Fargo, ND), Janet Julson (Galchutte, ND), and Matthew Winkels (Fargo, ND).

Pictured with students: Joshua Wynne, MD, MBA, MPH, Dean, UND School of Medicine and Health Sciences (L) and NDMA President Fadel Nammour, MD (R).

2019 UND SOPHOMORE OUTSTANDING AWARDS

NDMA sponsored awards were given to UND second-year students nominated by their peers, the Class of 2021, and recognized for outstanding performance in the three curricular areas:



**Group Leadership
and Professionalism**
AUDREY LANE
Elko-New Market, MN



Peer Teaching
ALLIE TRUDEL
Granite Falls, MN



**Integration of
Basic Science and
Clinical Application**
HEATHER KALUZNIAK
Plymouth, MN

SANFORD PEDIATRIC FEEDING DISORDERS PROGRAM

*The only intensive feeding disorders
program in the Fargo region.*

Our specially trained providers treat a variety of pediatric feeding and swallowing difficulties. Don't spend another day thinking change isn't possible.

Talk to your provider to get more information about this program at the Sanford Eating Disorders & Weight Management Center.

SANFORD
HEALTH

TAKE YOUR TIME BACK



Submitted by Starion Bank



With 50 years in the industry, Starion Bank has seen a lot of changes in banking. One recent shift has been when and where people do their banking. More and more, customers are wanting to bank in the evening, on weekends and from the convenience of their home, so banks have adapted to meet their evolving needs.

For busy professionals, like yourself, private banking is an ideal option. A private banker is available when and where it works for you, often outside of typical banking hours. They accommodate your busy schedule by making hospital visits, working with your family and always being ready to move on your behalf.


A private banker knows the ins and outs of banking and is able to work with partners to help you achieve all of your financial goals. Whether you're in need of a line of credit for everyday purchases, a custom solution to finance real estate, life insurance premiums or more, a private banker provides you with access to a wide array of exclusive benefits and services tailored to your specific financial needs and objectives. Private banking also offers:

- Routine banking needs expedited promptly and in confidence
- Advice customized to your individual plans
- Checking accounts tailored to your needs
- Optimize cash flow and income
- Preferred rates
- Personal assistance on credit requests
- Availability outside of typical banking hours
- Home equity borrowing

If you're transitioning from residency into your practice, a private banker can assist with budgeting for the student loan repayment and developing a long-term financial plan to help you achieve your changing goals. A private banker helps strategize for your financial freedom, bringing valued information on changing opportunities.

Many people don't have time to stop into the bank to open an account or deposit a check. For those who prefer managing their own banking needs, there are many new online services that help accomplish this. A checking or savings account can be opened from your phone in as little as four minutes and can easily be managed through a mobile banking app. Want to deposit a check? You can do that from your phone as well. If you're looking to apply for a mortgage or request a quote for insurance, this and more can be done from your phone or computer.

There's no doubt that expectations have shifted in recent years. People are asking for convenience but still want expert advice. No matter if you prefer banking from your phone or having a concierge-level, in-person experience, rest assured that there are banking services to accommodate you.

Starion Bank's private bankers have experience helping physicians and residents, and understand the fast-paced needs of those in the medical industry. We welcome the opportunity to help simplify your finances! Please contact Alicia VanBuskirk at 250-1426 or Beth Simek at 250-1413. Your time is valuable, so let us bring convenience to your life so you can spend it on what really matters! 

Opportunity for a board certified surgeon to utilize a AAAASF accredited 20 ft x 21 ft second floor operating room with windows. Elevator access available. This is a state of the art facility with the option to also lease the clinic space on certain days of the week. Located in Bismarck, ND.

Please contact the Practice Administrator, Candace Doerr at 701-530-8455 for more information.



Advanced Surgical Arts Center
DANIEL A. HONEYCUTT, M.D., F.A.C.S.



PREMIUM SERVICE FOR *Busy Professionals*



***Your time matters.
Get more of it with Private Banking.***

Whether you're a busy professional, physician or executive, Starion's Private Banking is an exclusive service designed to simplify your financial life. A Private Banker is your single point of contact, helping you preserve your wealth, increase your assets and leave a lasting legacy.

Beth and Alicia are ready to move on your behalf, providing a premium array of enhanced services to simplify your daily finances.

Learn more at starionbank.com/private

333 N 4th St | Bismarck

Member FDIC



Starion Bank

Taking you farther



NDMA District Medical Societies Sponsor Senior Awards

Each year, NDMA District Medical Societies sponsor awards that recognize graduating UND School of Medicine and Health Sciences senior class students from each campus who best exemplify high scholarship and characteristics of integrity, leadership and initiative.

NDMA District Medical Society Awards were presented to the following outstanding students:



First District Award -
UND SMHS Fargo Campus
CICILEY LITTLEWOLF
Lame Deer, MT



First District Award - UND
SMHS Fargo Campus
MELISSA GUNDERSON
West Fargo, ND



Third District Award - UND
SMHS Grand Forks Campus
SHANALEE MOUNTAN
Grand Forks, ND



Fourth District Award -
UND SMHS Minot Campus
NEIL ANTONSON
Minot, ND



Sixth District Award - UND
SMHS Bismarck Campus
SHAUNA NEWTON
Bismarck, ND

A composite image for a Sanford Health advertisement. On the left, four healthcare professionals (three women and one man) in white lab coats with stethoscopes are smiling. The background shows the exterior of the Roger Maris Cancer Center, a modern building with large glass windows and a blue sky. The text "REGION'S ONLY PEDIATRIC ONCOLOGY & HEMATOLOGY TEAM" is prominently displayed in the center-right. Below this, a paragraph states: "We are proud to provide the specialty services your pediatric patients and their families need at Roger Maris Cancer Center." The Sanford Health logo is in the bottom right. At the bottom left, the names of the team members are listed: Samantha Porter, CNP; Samuel Anim, MD; Jana Suder, DNP; and Melanie Chihak, MD.

**REGION'S ONLY
PEDIATRIC ONCOLOGY
& HEMATOLOGY TEAM**

We are proud to provide the specialty services your pediatric patients and their families need at Roger Maris Cancer Center.

**SANFORD[®]
HEALTH**

Samantha Porter, CNP
Samuel Anim, MD
Jana Suder, DNP
Melanie Chihak, MD

031000-00466 5/19

RENEW YOUR MEMBERSHIP TODAY!

Renewing Your 2019 NDMA Membership Ensures That Your Voice Will Be Heard

The North Dakota Medical Association (NDMA) asks for your continued support by RENEWING your membership with us to keep your profession strong.

NDMA provides excellent value for North Dakota physicians by efficiently leveraging resources to provide benefits and services that make a real difference in the physician practice environment.



- NDMA is the only organization that represents ALL North Dakota Physicians.
- NDMA is always on the frontlines to address issues that impact YOU AS A PHYSICIAN and the CARE OF YOUR PATIENTS.
- NDMA is active in advocacy in the private sector such as unfair commercial insurance company practices, employment practices and staff issues.
- NDMA provides physicians with opportunities for personal and professional development, including NDMA council leadership positions.

NDMA serves as the backbone for many physician's specialty societies, by providing administrative services and membership management support. ***Without NDMA services, many specialty societies could not properly function.***

As a physician and president of NDMA, I highly encourage you to participate as a member. If you have questions about NDMA or membership, contact me at 701-223-9475.



Fadel Nammour, MD
President, NDMA



Renew your membership
online ndmed.org

Mark Your Calendars to Attend the NDMA Annual Meeting

Friday, October 4, 2019
Fargo, ND • DoubleTree

NDMA 2019 Award
Nominations are
due August 2.

NDMA SEEKS NOMINATIONS FOR 2019 AWARD RECIPIENTS

Each year, NDMA selects two recipients who have made outstanding contributions to North Dakota's medical profession, their patients and community. The Physician Community Award honors a physician and the Friend of Medicine Award is awarded to a non-physician.

CALL FOR NOMINATIONS

Nominations for the awards are being sought from NDMA's membership group. If you are aware of a North Dakota individual with outstanding contributions for either award, please take the time to submit the nomination by completing the nomination form located on the NDMA website: www.ndmed.org.

The deadline for submitting nominations is August 2, 2019.

Criteria for both awards is included on the nomination form.

The award will be presented at the 2019 NDMA Annual Meeting, held on Friday, October 4th in Fargo, ND.

Return the completed form and any accompanying material to: North Dakota Medical Association, 1622 E Interstate Ave, Ste A, Bismarck, ND, 58503-0512 or email at staff@ndmed.com.

If you have any questions, contact the NDMA office at 1-800-732-9477 or 701-223-9475.

Navigating the Risks of Curbside Consults

Key Considerations for Those Being Asked for (or Seeking) Advice

SCENARIO 1: A PCP sees a patient who has just returned from Southeast Asia and is suffering from severe diarrhea. Later that day in the hospital cafeteria, the PCP bumps into a colleague who is an infectious disease specialist. The PCP asks his colleague “what is best to treat traveler’s diarrhea from Southeast Asia for a patient with a sulfa allergy?”

SCENARIO 2: A midwife calls an obstetrician (who she doesn’t know) and asks her to look at a patient’s fetal monitoring strip. It’s later in the evening and the midwife doesn’t want the obstetrician to see the patient and insists on just getting her advice.

Which of the above scenarios may increase liability risk for the physician who is being asked for his or her advice? Both of these situations are examples of informal consults, also referred to as “curbside consults.” But, there is a key distinction: one of the scenarios represents asking a colleague for more general information, while the other is asking for very specific advice on a patient.

In simple terms, a curbside consult is an informal solicitation of another physician’s advice or opinion. It is generally characterized by the following:

- Typically limited in scope.
- The physician being consulted doesn’t review the patient’s chart, talk to the patient, or examine the patient.
- Often times, it involves physician colleagues who know each other.
- The physician being consulted does not charge for his or her service or have a financial relationship for the consultation.
- The consults can occur on the phone, in person, or via email.

IS THERE A PHYSICIAN-PATIENT RELATIONSHIP?

This is the core question in terms of liability with curbside consults. Here are some factors that are examined in order to answer this:

- Does the consultant physician have a formal contract or agreement with the treating physician or the hospital/facility where the treating physician works?
- Is there a financial relationship (i.e., is your group paid to be on call or do you bill to answer the question)? Any financial remuneration is a key factor in establishing a physician-patient relationship, and if a court finds a monetary relationship with the consultant, there will likely be liability.
- How complex is the advice being sought? Low-risk consults would include general informational requests, no request for a diagnosis or testing, and non-specific advice. A question such as “how long should you be off of an anti-platelet drug pre-scope?” would be considered a simple, informational question. Whereas “when would you do surgery on this patient?” would require more details than a simple phone discussion.
- How much is the asking physician relying on the advice of the physician who is consulted? An “implied” physician-patient relationship may be established when a physician provides advice that changes a patient’s treatment plan, even if it is via another medical provider.
- An implied physician-patient relationship does exist if you are



Dennis Boyle, MD
COPIC Department of Patient
Safety and Risk Management

covering a patient for a colleague. This also applies for physicians who are supervising allied health professionals when the physician is responsible for making a patient care decision.

The more a physician being consulted provides advice specific to a patient, like ordering tests or adjusting medication, the more likely the physician may be exposed to liability or may be viewed as part of the care team.

CLARITY IN COMMUNICATION IS IMPORTANT

The requesting provider should be very clear and keep questions concise and general. They should also ask themselves if an official consult is warranted. Make sure you provide adequate information that is not colored by the answer you want. If you are asking for specific advice, offer the consultant a chance to officially see the patient.

On the part of the informal consultant, clarify whether your discussion is going to be documented in the medical record. If you believe the case warrants you officially seeing the patient, then say so. If the requestor is going to document your discussion, review the wording that they will be using. 📝

A TRUSTED PARTNER WITH PROVEN EXPERIENCE

COPIC is a better option for medical liability coverage that offers more. Our industry-leading programs support physicians, medical professionals, group practices, hospitals, and medical facilities to deliver improved patient care. And having a proven partner means you can focus on what matters most—better medicine and better lives.

COPIC benefits include:

- **Physician-led company** recognized for its patient safety and risk management programs.
- **A 24/7 risk management hotline staffed by physicians** for guidance in urgent situations.
- **An array of educational activities** that include in-person seminars, on-demand courses, and multi-day conferences.
- **Frequency of claims among COPIC insureds is 30% less than the national average.**
- **20+ years of experience with communication and resolution programs** that address patients' needs and work toward a resolution after an unexpected outcome.
- **On-site reviews that identify high-risk areas** and best practices to address these.



Better Medicine • Better Lives

www.callcopic.com

For more information, please contact
Jerry O'Connell at joconnell@copic.com
or (844) 858-1411.

COPIC is the endorsed carrier of the:



Colorado Hospital Association	Minnesota Medical Association
Colorado Medical Society	Nebraska Medical Association
Iowa Medical Society	South Dakota State Medical Assoc.
Utah Medical Association	



North Dakota Medical Association
1622 E. Interstate Avenue
Bismarck, ND 58503-0512

PRESORT STANDARD
US POSTAGE
PAID
Bismarck, ND 58501
Permit No. 433

A photograph of a man in a white lab coat, looking down with his hand covering his face, suggesting stress or exhaustion. The background is blurred, showing other people in a clinical setting.

Healing others takes its toll. We are here to help you.



ndphp
.ORG
YOUR PARTNER IN THE PROCESS

www.ndphp.org
919 S 7th St. Suite 305
Bismarck, ND 58504
701.751.5090

Offering confidential
support and advocacy
for physicians,
physician assistants
and medical students.