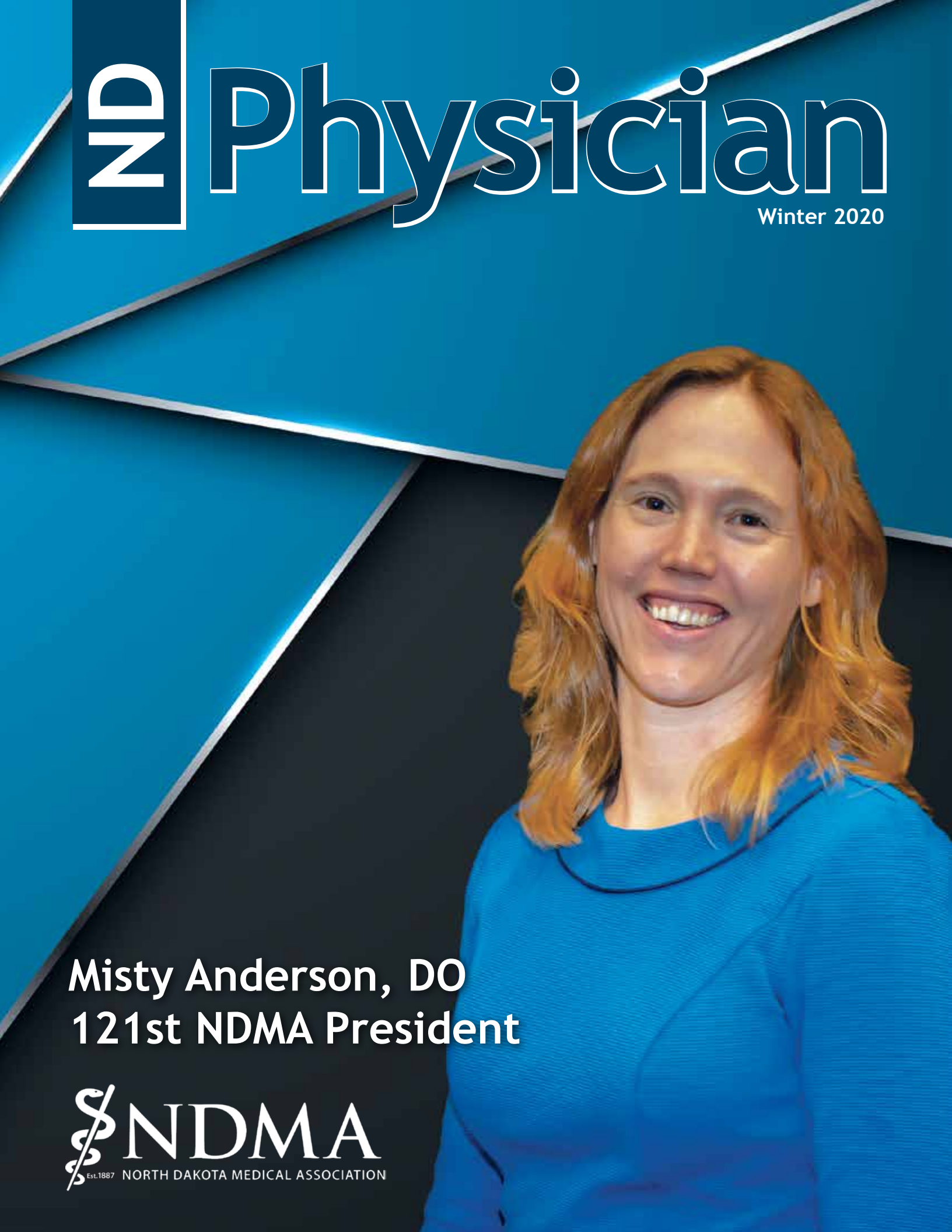
ND Physician

Winter 2020



Misty Anderson, DO
121st NDMA President

NDMA
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ND Physician

NDMA
NORTH DAKOTA MEDICAL ASSOCIATION

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.

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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.

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In this Issue

President's Message

Leadership Strategies Targeted to Keep NDMA Strong

Misty Anderson, DO
NDMA President

It is with gratitude that I extend my most sincere thanks to the NDMA membership for electing me president of the North Dakota Medical Association. What does being president mean? It means that I have the privilege of serving in a leadership role to advocate for physicians and the patient-physician relationship on both a statewide and national level. It will be my priority to advocate for health care issues that impact the profession of medicine and patient care.

During my leadership tenure, I am interested in learning more about my colleague's ideas and concerns and hope to increase engagement through communication, membership and commission participation. At NDMA we have the tools in place to make this happen - a wonderful staff, a great magazine, a good website, weekly email updates, and even a social media presence. All these efforts are vital because there are many issues that impact physicians every day.

Dr. Anderson is shown providing testimony in support of HB1433 – the Maintenance of Certification bill.

As an advocate, I've taken on many issues both locally and nationally. In 2018, I led a coalition to oppose the Centers for Medicare and Medicaid services (CMS) proposed rule to collapse the evaluation and management (E/M) code. In addition, our coalition advocated for continued improvements to policies that impacted the Quality Payment Program.

Knowing that advocacy can make a difference in health care outcomes, over the past two North Dakota legislative sessions, I traveled to Bismarck to see the issues first hand. I believe it is at the legislative sessions that NDMA has its greatest impact. NDMA monitors many bills throughout each legislative session. For example, during the 2019 assembly, 150 bills were closely monitored. This effort takes enormous effort of time and energy.

In the medical profession, issues that form bills surround us. The issues cover a broad spectrum from health care insurance for underserved; UND School of Medicine and Health Sciences funding; physician licensure and certification; medical marijuana; prescription drug costs; physician reimbursement; to prior authorization and more.

Many of the issues discussed during the NDMA Annual Meeting turn into bills during legislative sessions, and if passed, impact how we as physicians provide care for patients. For example, through the 2019 legislative assembly three bills that became law were SB 2173 – the Interstate Medical Licensure Compact, passing with a

Dr. Misty Anderson received her Doctor of Osteopathic Medicine (DO) from Des Moines University College of Osteopathic Medicine, interned at Sanford Health, Fargo, and completed residency at the University of North Dakota School of Medicine & Health Sciences in Fargo. Prior to being accepted into medical school, she received her undergraduate degree at South Dakota State University in Brookings, SD.

Dr. Anderson, a physician at Sanford Health in Valley City, specializes in chronic disease management and treats patients with complex medical conditions like diabetes and heart disease. Since 2011, she has been American Board of Internal Medicine certified.

In practice, she receives accolades from patients, such as "I have complete confidence in my caregiver" to "Dr. Misty is a wonderful doctor." It goes without saying that Dr. Anderson's philosophy in patient care resonates within her daily practice of medicine by assuring patients are comfortable with their overall plan of care. She believes that motivating patients to take charge of their own health by adopting healthy lifestyle choices helps patients reap greater long-term health benefits.

Dr. Anderson's passion for healthy living extends beyond her patients and into her personal life. She and her husband Bob and their three children enjoy hiking in search of many different species of birds. Their hiking adventures, in search of the many elusive birds, have led them traveling throughout many states.

When Dr. Anderson isn't birding or tending to children's activities, she enjoys pheasant and waterfowl hunting, cycling, playing darts and gardening. Their backyard comes with an abundance of fruit trees, which provides a source for another hobby – processing jellies and syrups. As a side note – she is always willing to share the fruits of her labor. Some of her specialties are plum jelly, raspberry jelly and chokecherry syrups.

NDMA staff and council look forward to Dr. Anderson's leadership.

unanimous vote, expedites licensure for physicians; SB 2059 – the Sports Team Physician Licensure allows an exemption from licensure for sports team physicians traveling with their team to North Dakota; and HB 1433 - Maintenance of Certification bill, passing unanimously, requires that physicians may not be denied staff privileges or employment based solely on the MOC process.

During the 2019 NDMA Annual Meeting policy forum, important issues discussed included childhood vaccinations, vaping, drug pricing transparency, and Medicaid interpreter reimbursement.

When it comes to drug pricing, it can be very complicated, and I have made it my mission to continuously learn more. One excellent resource I learn from is truthinrx.org. Some factors that impact pricing are pharmacy benefits managers (PBMs) and gag clauses. There is much to learn as more issues come forward and it is up to us as physicians to educate patients on options for lowering prescription costs. For example, as physicians we need to share with patients that it is OK to ask a pharmacist about lower cost prescriptions. The 'ask' is an important approach, since pharmacists may not be able to legally offer that information to patients unless specifically asked.

Today, drug pricing has become a greater concern as prescribers spend more time with the patient reviewing what medicine the patient can afford instead of what medicine is best suited to treat the patient. Although innovations in the pharmaceutical industry can lead to better patient health outcomes, it is difficult to comprehend why steep increases are occurring with some medications, such as insulin. According to a recent report, over the last two decades insulin prices have been skyrocketing – one example in our local newspaper shared that insulin prices rose from $35 to $275.

We must not underestimate the importance of having a strong network with our physician members and partners. Lawmakers seek out expertise from this network when it comes to healthcare policies. One recent example of this is the opioid epidemic. Many lawmakers wanted to implement restrictive prescribing laws and mandate opioid education, which may seem like a good idea. However, when you take a step back and think about it, a law like this becomes restrictive to patient care. NDMA's strong physician and partner network helped to prevent this effort from becoming an overly burdensome law.

More laws governing safer prescribing are not today's solution when health care organizations already have systems in place, such as providing more opioid educational opportunities for prescribers. In addition, North Dakota prescribers are already reporting opioid usage through the Prescription Drug Monitoring Program (PDMP).

As physicians, we know that laws impacting the patient-physician relationship are counter-productive and when it comes to treatment, it's important to keep physicians empowered to determine what is best for the patient.

To continue moving forward with NDMA's mission, there are many important topics like enhancing access to patient care, gun violence, and physician payments just to name a few. It is an honor to be elected as NDMA president and I look forward to working on these issues and many more within the next two years.

In Dr. Fadel Nammour's final NDMA presidential column, he stated that since 1887, NDMA has ensured that physicians have a strong, independent voice on policy issues that impact physicians and patient care. To keep this organization strong, I encourage all members to reach out to physician colleagues and ask them to become involved. As physicians, we have a great deal at stake. As president, I look forward to serving you and making our goals a reality.

I thank you all for electing me as your president.

Welcome to the NDMA Policy Forum!

Courtney M. Koebele, JD
NDMA Executive Director

It was time for a change and this year, during the North Dakota Medical Association's 2019 Annual Meeting, its first-ever policy forum was held! The inaugural event marks a historic turn by suspending the House of Delegates (HOD) to allow for a more effective structure. For more than 130 years, the HOD – a body of physician delegates representing districts or medical specialties that convened annually – met in person to discuss policy and serve as the primary policy setting body for the association.

In recent years, attendance at the HOD meetings steadily declined – a trend that is not unique to NDMA. To address this, medical associations across the country began re-evaluating the relevance and effectiveness of their policy-making structures. Today, over half of the states have transitioned away from the HOD or are considering an alternative method for policy development.

NDMA leaders became concerned that the current HOD process is not understood by the younger generations of physicians; that its reliance on a physical assembly discourages physicians from participating; and its annual meeting frequency limits the policy-making flexibility NDMA needs in today's fast-paced and ever-changing healthcare environment.

Some associations have experimented with virtual reference committees. Once resolutions are submitted for consideration, the resolutions are posted online and members are encouraged to submit testimony for or against a resolution. The testimony is then shared with the reference committee and given the same weight as testimony given during the formal reference committee open hearings and incorporated into the final report.

Based on these findings, the NDMA 2018 House of Delegates adopted a resolution to temporarily suspend the HOD and use a policy forum in combination with an online forum for the 2019 annual meeting.

In-depth discussions were heard on all the topics.

By researching how medical associations developed policy, NDMA leadership found that there are advantages to using a policy forum process instead of a HOD.

When fully developed, the policy forum process will provide greater opportunities for member involvement and participation without requiring travel to an in-person meeting. The process allows for greater transparency and ensures that physicians not part of a NDMA leadership team can have their voices heard.

Next year, policy proposals will be posted on a special secured "policy forum" section of the NDMA website. The forum will be promoted to the entire NDMA membership, asking for comments, experience, perspectives, research, and other pertinent information for or against the policy proposal. NDMA is in the process of setting up a new computer platform that will allow for secured, member-only sections on the website.

This year the following issues were reviewed and discussed: reimbursements for interpreters in physician offices, childhood immunizations, vaping, and transparency in pharmacy rebates. The engagement of the attendees was overwhelming! In-depth discussions were heard on all the topics. Speaker of the policy forum Stephanie Dahl

THE HOUSE OF DELEGATES PROCESS

- HOD meets once per year
- Only delegates participate
- Structured resolution format
- In-person meeting required

THE POLICY FORUM PROCESS

- May meet more than once a year
- All members may participate
- Simplified resolution format – 1 or 2 paragraph description
- Online Testimony Forum provides convenient 24-hour access
- Members may attend the Policy Forum to provide personal testimony

kept all members on task, and the discussions resulted in robust policy decisions.

After the policy forum, the NDMA council, consisting of representatives from every district in the state, discussed the policy summaries and recommended modifications, based on the policy forum discussions. The following final policies were adopted:

1. NDMA supports reimbursement for interpreter services and will pursue policy change at ND Medicaid and with private payors.

2. NDMA supports the significant limitation of non-medical exemptions to childhood immunizations and will explore options to changing state law and/or administrative code to limit those exemptions.

3. NDMA supports the FDA regulating e-cigarettes and removing all unregulated and unapproved products from the market; supports banning flavors and marketing practices that enhance the appeal of e-cigarette products to youth; and will educate physicians on the dangers of vaping.

4. NDMA supports all efforts to publicly disclose any and all discount arrangements received by government agencies and pharmacy benefit managers in the purchase of prescription medications from drug manufacturers, wholesalers and their intermediaries; NDMA further supports disclosure of all research and development costs incurred by drug manufacturers. Be it also the policy of the North Dakota Medical Association that any other compensation or remuneration received by government or pharmacy benefit managers from drug manufacturers, wholesalers or their agents be considered illegal kickbacks subject to criminal prosecution.

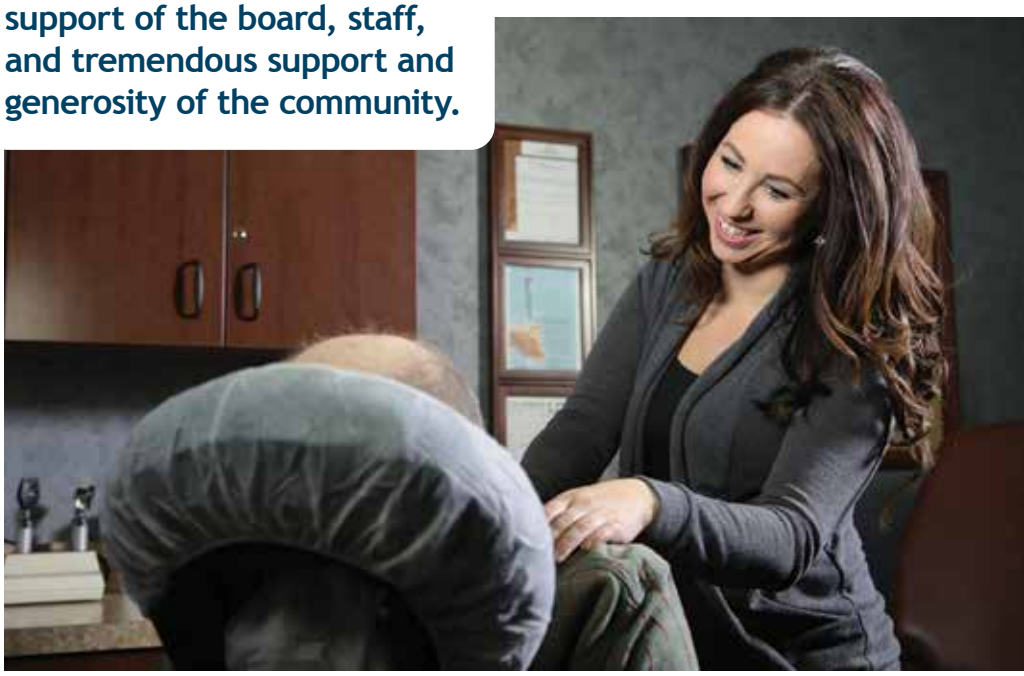
Bismarck Cancer Center Foundation: Helping the Mind, Body & Spirit

The Bismarck Cancer Center Foundation (BCCF) is a non-profit organization that exists to raise and distribute funds for support services and patient care at the Bismarck Cancer Center (BCC). For every dollar raised, an impressive $0.97 of that dollar goes directly to patient care. This means that in addition to world-class cancer care, our patients have convenient access to "wrap-around services" for the mind, body and spirit. Some of these services include spiritual and emotional care, patient housing, travel assistance, nutritional care, massage therapy, physical therapy screenings, personalized survivorship plans and so much more.

The BCC was one of the first cancer care facilities in the region to offer a full range of treatment services to heal the mind, body, and spirit of cancer patients. One of the longest standing services that BCC has provided to the region is financial aid. In 20 years, the BCC has never turned away a person for their inability to pay for cancer treatment thanks in part to the work of the BCCF. The Foundation was developed in 2007, and twelve years later, it is thriving and continues to grow, adding wrap-around services to benefit patients and their caregivers. BCCF is guided by an advisory board made up of community members who want to make a difference in the lives of people facing a cancer diagnosis. Advisory board members help by volunteering at BCCF events, and they meet regularly to discuss growth and opportunity for the Foundation through fundraising and community relation efforts. Already in 2019, the BCCF has implemented three new programs including equine therapy, home care assistance and a walking group.

BCCF would not be the success it is without the support of the BCCF advisory board, the BCC staff, and the tremendous support and generosity of Bismarck-Mandan and surrounding communities. Stronger together, the BCCF and partners continue to work towards healing the mind, body and spirit.

BCCF would not be the success it is without the support of the board, staff, and tremendous support and generosity of the community.



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2019 Annual Meeting - Leadership Awards Recognition WrapUp

The **2019 Annual Meeting** held at West Fargo was met with remarkable success. The event brought together physicians and leaders from across the state to share a wealth of information covering many hot topics including an update on Physician Leadership and Shaping the Future of Medicine by Dr. Barbara McAneny, immediate past president of the American Medical Association.

Dr. Barbara McAneny, AMA Immediate Past President

Dr. Joshua Wynne, UND School of Medicine & Health Sciences Dean and UND Interim President provided a medical school update.

Dr. Andres McLean, Clinical Professor and Chair of the UND School of Medicine & Health Sciences Department of Psychiatry and Behavioral Science, shared information on substance misuse and substance use disorders.

Dr. Karol Kremens, a pulmonologist at Essentia Health, provided a presentation on asthma treatment and reviewed standard therapies, biologics and bronchial thermoplasty.

ELECTION OF NDMA OFFICERS & AMA DELEGATES

Another first for 2019 was the online election of the NDMA officers and American Medical Association Delegates. In prior years, elections were held in person during the annual meeting.

NDMA is pleased to announce the following elected officers: above, shown left to right, – Dr. Stephanie Dahl, Policy Forum Chair; Dr. Fadel Nammour, Past President (non-elected position); Dr. Joshua Ranum, Vice President; Dr. Misty Anderson, President; and Dr. David Schmitz, Secretary Treasurer.

AMA DELEGATES

Orser

Booth

For third terms, Dr. Shari Orser was elected AMA Delegate, and Dr. Mike Booth elected as AMA Alternate Delegate.

POLICY FORUM

Policy issues are being presented by Dr. Mike Booth and Dr. Joan Connell

During this event, NDMA held its first ever policy forum. The forum is strategically designed to increase participation from members on critical policy issues that impact physicians and the care of patients.

Prior to the policy forum, members were invited to submit policy issues for review. The following issues were discussed:

- **Medicaid Interpreters** – support the adoption of a policy statement supporting Medicaid reimbursement for interpreter services, and then pursue policy change at ND Medicaid/ND Human Services.
- **Child Immunization** – support a policy position opposing non-medical exemptions.
- **Vaping** – adopt a policy supporting FDA regulating e-cigarettes as tobacco and removing all unregulated and unapproved products from the market; support banning flavors and marketing practices that enhance the appeal of e-cigarette products to youth.
- **Transparency in Prescription Drug Pricing, Rebates and Discounts** – support efforts to publicly disclose any and all discount arrangements received by government agencies and pharmacy benefit managers in the purchase of prescription medications from drug manufacturers, wholesalers and their intermediaries.

After the Policy Forum discussion, the issues and discussion summaries were referred to the NDMA Council for further action to determine if the policy issues should be adopted, rejected or referred for study or implementation. The Council, which includes representatives from each NDMA district, met on December 3rd and approved all four issues.

THANK YOU FOR YOUR SERVICE

A Resolution Recognizing North Dakota Medical Association President Fadel E. Nammour, MD

Whereas, Fadel Nammour, MD, has dedicated his professional life to the practice of medicine and to the health of the public, specializing in gastroenterology in North Dakota; and

Whereas, Dr. Nammour has demonstrated unending devotion and commitment to his community, profession, and patients; and

Whereas, Dr. Nammour served earnestly and effectively as President of the North Dakota Medical Association from October of 2017 to October of 2019; and

Whereas; prior to his service as NDMA President, Dr. Nammour served NDMA as Chair of the NDMA Council from 2015 to 2017, as Secretary-Treasurer from 2013 to 2015; as Speaker of the House from 2011 to 2013; as Chair of the Commission on Legislation from 2019-2014; as Councillor for First District Medical Society from 2007-2013; and

Whereas, as President, Dr. Nammour applauded that NDMA has ensured physicians have a strong, independent voice on policy issues which impact physicians and patient care; and stressed that NDMA should advocate for a better work environment, more autonomy, and fair reimbursement; and

Whereas, as President, Dr. Nammour led NDMA in introducing legislation supporting physicians' independence and licensure, ensuring passage of maintenance of certification laws and the Interstate Medical Licensure Compact; and

A huge shout out goes to Dr. Fadel Nammour for his service to NDMA and serving as president from 2017 to 2019.

Your leadership is greatly appreciated!

Whereas, Dr. Nammour ensured that NDMA maintained a high profile in both the Congress and the 2019 North Dakota Legislative Assembly, before state agencies and other organizations, and fulfilled its responsibility as advocate for the best interests of our patients; **now**

Therefore, Be It Resolved, that the North Dakota Medical Association enthusiastically expresses its gratitude and appreciation to President Fadel Nammour.

NDMA LEADERSHIP RECOGNITION AWARDS

PHYSICIAN COMMUNITY & PROFESSIONAL SERVICES AWARD

This award is recognized as North Dakota's most prestigious physician award and since its inception in 1977, has been awarded to forty-three distinguished physicians across the state.

Dr. Gary Ramage, a physician with McKenzie County Health Care Systems in Watford City, is the 2019 recipient of this award. Dr. Ramage stands as a premiere rural physician who has pushed the development of rural and community medicine over his last 23 years of practice in rural western North Dakota. Deeply respected by his patients and admired by his colleagues, Dr. Ramage is a true leader in both his workplace and community.

FRIEND OF MEDICINE AWARD

The North Dakota Medical Association created the Friend of Medicine Award in 1999 to formally acknowledge non-physician citizens of our state who have distinguished themselves by serving as effective advocates for health care, patient services, or the profession of medicine in the state of North Dakota.

Chosen by the NDMA Executive Committee, the 2019 Friend of Medicine Award was given to **Jeana Peinovich** for her contributions to outstanding service to North Dakota's most-needed families in a medical crisis.

As the director of Lend A Hand Up since it began in 2008, Jeana has been responsible for developing, nurturing and expanding its resources to increase help for families burdened by substantial expenses due to illness or injury. Through Lend a Hand Up, she has supported more than 500 fundraisers to help families and helped raise $17 million.

25 YEARS OF SERVICE FOR BENSON

Congratulations to Leann Benson on her tenure recognition award achievement! This marks a special occasion for NDMA since it is a testimony of her loyalty to NDMA over the years. Leann, you are a valued member of our team and your continued contributions are vital for NDMA to continue to be successful.

Congratulations!

COPIC HUMANITARIAN AWARD

COPIC
Better Medicine • Better Lives

A new award established this year is the COPIC Humanitarian Award. This award honors a physician for volunteer medical services and contributions to the community by recognizing physicians who volunteer outside the spectrum of their day-to-day lives.

The award provides a $10,000 grant from the COPIC Medical Foundation to a health-related nonprofit organization of the recipient's choosing.

This first-time award was presented to **Dr. Mary Aaland**.

Driven by passion to improve healthcare access in rural communities, Mary Aaland, MD, FACS, associate professor of Surgery, director of Rural Surgery, and director of Clinical Research at the UND School of Medicine & Health Sciences, has focused her mission on bringing the American College of Surgeons (ACS) Stop the Bleed training program to rural North Dakota. Dr. Aaland has provided training in many communities throughout North Dakota with a goal to train 1,000 people each year.

40 YEARS OF SERVICE CERTIFICATES PRESENTED TO MEDICAL GRADUATES

Dr. Stephen Stripe, a family medicine doctor from Minot, participated in the Annual Meeting and was presented his certificate by NDMA president Fadel Nammour.

NDMA recognizes physicians who have achieved at least **40 years of service** to the medical community upon graduation from medical school (1979). Twenty-three physicians were recognized with a Forty Year Certificate.

Other recipients are as follows:

- Gregory Bjerke MD, Fargo
- David Clutter MD, Fargo
- Mark Erickstad MD, Bismarck
- Mark Fisher MD, Fargo
- Peter Funk MD, Grand Forks
- Joel Haugen MD, Fargo
- Thomas Herzog MD, Fargo
- Richard Howden MD, Fargo
- Thomas Hutchens MD, Bismarck
- Gaylord Kavlie MD, Bismarck
- Rhonda Ketterling MD, Fargo
- Jau-Shin Lou MD, Fargo
- Madeline Luke MD, Valley City
- Steven Maier MD, Jamestown
- Franklin McCoy Jr. MD, Williston
- Noren Meland MD, Grand Forks
- Stephen Nelson MD, Fargo
- Charles Nyhus MD, Harvey
- Manuel Otero Cagide MD, Fargo
- Dennis Reinke MD, Wichita Falls TX
- Jerry Rogers MD, Moorhead MN
- Peggy Sheldon MD, Fargo
- Stephen Stripe MD, Minot

MEMBERSHIP MIXER

Thank you to all who participated in the Thursday night social prior to the NDMA Annual Meeting. The event, hosted by the First District Medical Society, was a big hit.

THANK YOU

to First District President Ross Meidinger and their medical society for making the event a success.

Shared Decision Making (SDM) Needs More Emphasis

SANFORD HEALTH

Timothy Donelan, MD
Sanford Health Plan
Vice President and Medical Officer

Sanford Health Plan Vice President and Medical Officer Dr. Timothy Donelan is a University of South Dakota Sanford School of Medicine graduate and Sanford Health family physician. As a physician, he practiced in Sioux Falls and the surrounding area for more than 20 years. As Vice President, Dr. Donelan is responsible for developing and implementing medical policies related to member care programs and provider relationships. He is also the primary medical liaison between Sanford Health Plan and contracted clinicians.

The complexity of medical care and the abundance of treatment options should create increased emphasis on assisting patients to make the right decisions for their healthcare. Shared decision-making (SDM) is a key part of patient-centered care.

The "Google" age is creating more access to medical information. Yet, many still feel left out in the decisions on their own health care treatments. One element of this problem is that patients often do not know enough about their treatment options to make informed decisions. In particular, they may not understand the evidence base underlying the decisions they are being offered. Another contributing factor is that providers are not always supportive of patient involvement in the decision-making process. In some cases, clinicians are supportive of the concept but do not know how to make it happen.

The process of SDM brings patients and clinicians together to better align the tests, therapies and options in their care plan while balancing the care expectation with real data on the clinical evidence, risk, and outcomes. More importantly, it does this within the patient preference beliefs and his/her personal value system. The rhetorical question for all care-givers is to ask if the preferences, values, ethics and concerns regarding a proposed therapy were fully reviewed. Overlooking information is often the product of the patient provider relationship and the boundaries of bias, conflict and cultural ambiguity.

Health care professionals must use strong communication and education skills, incorporate patient preferences, and support family members and caregivers in care choices to drive effective shared decision-making. There is significant awareness that the decision process broaches into ethical, cultural and behavioral attributes for all consumers of healthcare. These moorings in patient belief and bias, in conjunction with that of the care team-creates an engagement that decides the healthcare plans. There is considerable study to these interactions, with the basis of shared decision making largely coming from the moral code that drives medicine to "do no harm."

We do know that SDM can increase the patient confidence and satisfaction and can lead to better outcomes. It is very important to engage in SDM as a systematic approach to all healthcare plans.

Patients' perspectives need invitation on a continuous and earnest basis. This translates to a better patient experience, as well as a more caring level approach for the clinicians involved in the care. Mostly, it upholds the moral code that is needed to guide and assist patients in what is right for them.

Decision support tools for patients, to be ready for these conversations, are readily available through the Agency of Healthcare Research and Quality (AHRQ). A great reference to SDM is the *SURE test by O'Conner and Legare, 2008.* Using these questions, both the patient and clinician can be more confident that great emphasis is applied to the care plans going forward. If "Yes" can be confidently affirmed by both patient and provider on the SURE test, this represents the minimal rhetoric assurances that SDM has taken place.

The SURE test: A response of yes scores 1 and a response of no scores 0; a score of <4 is a positive result for the patient to be at risk of clinically significant decisional conflict.

SURE ACRONYM	TEST
Sure of myself	Do you feel SURE about the best choice for you?
Understand information	Do you know the benefits and risks of each option?
Risk-benefit ratio	Are you clear about which benefits and risks matter most to you?
Encouragement	Do you have enough support and advice to make a choice?

References:
Agency for Health research and Quality; www.ahrq.gov

Can Fam Physician. 2017 Sep; 63(9): 682–684. Shared decision making in preventive health care; Roland Grad, MD CM MSc CCFP FCFP; Associate Professor in the Department of Family Medicine at McGill University in Montreal, Que

Can Fam Physician; Are you SURE? Assessing patient decisional conflict with a 4-item screening test; France Légaré, MD PhD CCMF FCMF; Aug 2010

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AMA Interim Report

By Shari Orser, MD and Michael Booth, MD

NDMA AMA delegate Shari Orser, MD and alternate delegate A. Michael Booth, MD, attended the AMA interim meeting in San Diego along with NDMA Executive Director Courtney Koebele.

The House of Delegates heard much about the recent closure of Pennsylvania's Hahnemann University Hospital, which displaced more than 570 residents and fellows. In response, the AMA adopted policy aimed at ensuring residents and fellows impacted by unexpected teaching hospital closures are financially and professionally protected.

Specifically, the new policy calls for the AMA to urgently partner with interested parties to identify viable options to *secure medical liability insurance "tail coverage" for residents and fellows affected by the Hahnemann closure,* covering their time at Hahnemann, and also for residents and fellows impacted by any future teaching hospital closures, at no cost to those who are displaced.

Some of the other policies covered included:

Modernize public health surveillance to ease doctors' reporting burden

Disease surveillance is an essential public health function that requires coordination between health care and public health agencies. The surveillance data is used to monitor, control and prevent diseases. However, authority to require notification of cases of diseases resides with the jurisdiction's state legislature, causing varying reports. These reports have often been created manually or by telephone, mail or fax, which is time consuming and disruptive to workflow. *Delegates adopted new policy to ensure new disease-reporting requirements are based on scientific evidence and do not add to the burden placed on physicians.*

Stop sales of e-cigarettes that lack FDA approval

Delegates adopted policy to "urgently advocate for regulatory, legislative or legal action at the federal or state levels to *ban the sale and distribution of all e-cigarette and vaping products, with the exception of those which may be approved by the FDA for tobacco-cessation purposes and made available by prescription only."*

Use dedicated courts to put veterans on road to recovery

To promote wider use of this intervention, delegates directed the AMA *to "support the use of Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder."*

AMA Alternate Delegate Dr. Mike Booth and AMA Delegate Shari Orser representing NDMA at the 2019 American Medical Association Interim Meeting.

Veterans Courts are based on the model provided by mental health treatment courts and drug courts, but they also provide specialized programs, resources, and personnel to support veterans based on their unique life experiences. The VA reports that 551 veterans court programs were in operation last year.

Let children of H1-B physicians stay in U.S. as adults

Adults who were *brought to the U.S. legally as children by their physician parents* could be forced to leave the country after turning 21. *Delegates adopted policy that supports efforts to stay.*

Many physicians with H-1B visas–including some who have been here for decades–have been actively practicing in the U.S. as they wait to receive their green card due to a massive backlog caused by legislatively mandated per-county limitations. Their children and spouses can reside in the U.S. with them after obtaining an H-4 visa. Children, however, lose their H-4 status when they turn 21 years old.

New PA board-certification practices could confuse public

For-profit entities have emerged offering to certify physician assistants (PAs) and other midlevel providers, suggesting they are on equal par with board-certified physicians.

To stand against this trend and intrusion on physician scope of practice, delegates modified existing policy to oppose efforts by organizations to board certify physician assistants in a manner that misleads the public to believe such board certification is equivalent to medical specialty board certification.

AMA will study the ethics of ads in EHRs

To help subsidize electronic health records (EHRs) for small practices that can't afford them, pharmaceutical advertisements have begun to pop up in the EHR while physicians work in them.

Delegates said this practice needs to be investigated and directed the AMA to:

- *Encourage the federal government to study the effects of direct-to-physician advertising at the point of care, including advertising in EHRs, on physician prescribing, patient safety, health care costs, and EHR access for small practices.*
- *Study the prevalence and ethics of direct-to-physician advertising at the point of care, including advertising in EHRs.*

How APMs should account for patients who require more care

According to an AMA Council on Medical Service report, alternative payment models (APMs) can eliminate barriers to care coordination that often exists in traditional payment systems; *however, better risk adjustment is needed to account for patients who require more services. The following report recommendations were adopted by delegates:*

- *Risk-stratification systems that use fair and accurate payments based on patient characteristics, including socioeconomic factors, and the treatment that would be expected to result in the need for more services or increase the risk of complications.*
- *Risk-adjustment systems that use risk corridors that use fair and accurate payment if spending on all patients exceeds a pre-defined percentage above the payments or support aggregate stop loss insurance at the insurer's cost.*
- *Risk-adjustment systems that use fair and accurate payments for external price changes beyond the physician's control.*
- *Accountability measures that exclude from risk adjustment methodologies any services that the physician does not deliver, order, or otherwise have the ability to influence.*
- *Risk-adjustment mechanisms that allow for flexibility to account for changes in science and practice as to not discourage or punish early adopters of effective therapy.*

News from the Dean

UND School of Medicine & Health Sciences
University of North Dakota

UND School of Medicine and Health Sciences

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

All U.S. non-physician education medical schools that include health science programs, like the UND School of Medicine & Health Sciences, function under the oversight and supervision of the U.S. Department of Education. The principal way in which this oversight is implemented is through the accreditation process. For the medical curriculum, the agency responsible for accreditation is the Liaison Committee on Medical Education (LCME), which is sponsored by the American Medical Association and the Association of American Medical Colleges. Medical school accreditation typically is for eight years, and you may recall that the UND School of Medicine & Health Sciences (SMHS) underwent our last full survey team visit in March 2014. Our next visit is scheduled for April 2022.

A recent addition of the LCME requirements is that schools engage in continuous quality improvement (CQI), especially for curricular matters related to the education of medical students. But ever since our last visit in 2014, we have been engaging in a review process under the overall oversight of the School's Chief Medical Accreditation Officer Dr. Steve Tinguely. Coupled with the review process involving all 93 individual elements that make up the 12 LCME accreditation standards, the faculty has been involved in orchestrating a substantial overhaul of the medical student curriculum for about the past year. The last time we undertook such a major change in the curriculum was over two decades ago when the SMHS was at the forefront of a small student group, patient-centered initiative that empowered students to be active learners rather than just passive recipients of transferred knowledge from their professors.

There are four major components of the current curricular renovations that are underway: 1) a reduction time spent in the pre-clinical phase of medical student education, decreasing from 24 to 18 months; 2) an increase in elective time in the third year, made possible by shortening the pre-clinical phase; 3) increased time and programs related to better preparing students for the national licensure examinations they take during medical school; and 4) better re-introduction of basic science components of the pre-clinical curriculum back into the clinical (third and fourth) years. As we transition from the 24-month pre-clinical curriculum to 18-months, there will be an unavoidable, but fortunately temporary, overlap of some rotations. This will put extra stress on our clinical faculty members who do much of the teaching of our third-year medical students. In anticipation of this, we are doing everything possible to mitigate the impact of overlap. Many thanks again to our clinical faculty members who are essential and integral to our health education programs!

We are doing everything possible to mitigate the impact of overlap.

Why are these changes to the curriculum important, and why are we changing? It turns out that the shortening of the pre-clinical curriculum has been successfully implemented at a number of other medical schools; in fact, in a few places it is being limited to 12 months, rather than our plan for 18. This is important so that we can devote more time to components 2 and 3—that is, more time for electives in the third year, and more time devoted to preparation for the national boards. Both are critically important to help our students decide on which area of medicine they want to specialize in after graduation, and then to help them get into a residency program of their choice.

Furthermore, the competition for a residency match in competitive programs has become intense, and today's medical students are applying to many more residencies than I ever had to do. Consequently, competitive residency programs typically are flooded with many more applicants than they can interview, let alone match. Therefore, they've come to rely on national board test scores as a way of winnowing down their list of candidates to a manageable one. Today's medical students are thus very focused on earning the best possible score they can, and we need to do everything possible to help them.

At the same time, medical school deans across the country – yours included - are collectively unhappy with this turn of events – that a single high-stakes exam has become so pivotal in our students' futures. Yet, we have not been able—at least thus far – to come up with viable alternatives. And while I know that we will continue to try to improve things in the future, for now we need to be advocates for today's students and provide them with the tools they need to be even more competitive on the national board exam.

We started focusing on this major update to the curriculum a bit over halfway through our current accreditation period. Some of you might wonder why we didn't wait until 2022, when our accreditation visit will be behind us, before embarking on these changes. It is because we didn't feel that waiting was the right thing to do, and, besides, the LCME element dealing with CQI actually requires curricular change and innovation. Thus, I am very pleased with the changes that the faculty are instituting and believe that they will only strengthen the already excellent educational experience that our students receive at UND.

Finally, my wife Dr. Susan Farkas joins me in wishing all of you best wishes in the New Year. And a sincere "thank you" to all of you who are clinical faculty members at the School and play vital roles in helping to educate the next generation of health care providers for North Dakota and beyond!

Why choose BCBSND?

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Breaking Down Barriers to Colorectal Cancer Screening

Shannon Bacon, MSW
Health Systems Manager, State & Primary Care Systems
American Cancer Society, Inc., North Region

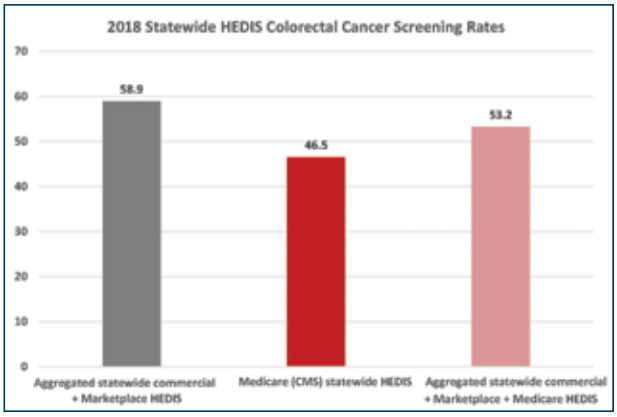
The North Dakota Colorectal Cancer Roundtable, a statewide coalition of organizations and individuals dedicated to reducing the incidence of and mortality from colorectal cancer (CRC), convened in Grand Forks on October 22nd. The Roundtable, co-founded and co-led by the American Cancer Society and North Dakota Department of Health, includes a variety of partners including Federally Qualified Health Centers, Indian Health Service and Tribal Health organizations, large and small health systems, health plans, academic partners, and other state-level public health organizations. Over the course of the past five years, these partners have prioritized CRC screening and enhanced coordination in their implementation, leading to a **9 percent statewide improvement in CRC screening.**

While much progress has been made, not everyone is benefiting equally from CRC screening. In North Dakota and across the nation, there are still many communities with low CRC screening rates. Dr. Richard Wender, Chief Cancer Control Officer with the American Cancer Society, presented at the October 22nd meeting and introduced ***80% in Every Community****, a national initiative that continues the progress of 80% by 2018 and challenges us to achieve very high CRC screening rates in every community, regardless of the hurdles that must be crossed.* To learn more about 80% in Every Community, visit *https://nccrt.org/80-in-every-community/.*

Dr. Donald Warne, ND CRC Roundtable Chair and Associate Dean for Diversity, Equity, and Inclusion and Director of Indians into Medicine (INMED) and Master of Public Health (MPH) Programs at University of North Dakota School of Medicine & Health Sciences, presented the latest state data and guided participants in identifying priority screening populations. As seen in these graphs, significant disparities exist in CRC screening completion in North Dakota. Males, American Indians, and those without post-high school education are less likely to have completed screening. North Dakotans age 50-54 are also significantly less likely to be up to date with screening, despite the critical nature of on-time screening. And while Federally Qualified Health Centers (important safety net clinics for many underserved patients) have made tremendous progress in recent years, these patients still face a variety of barriers to screening.

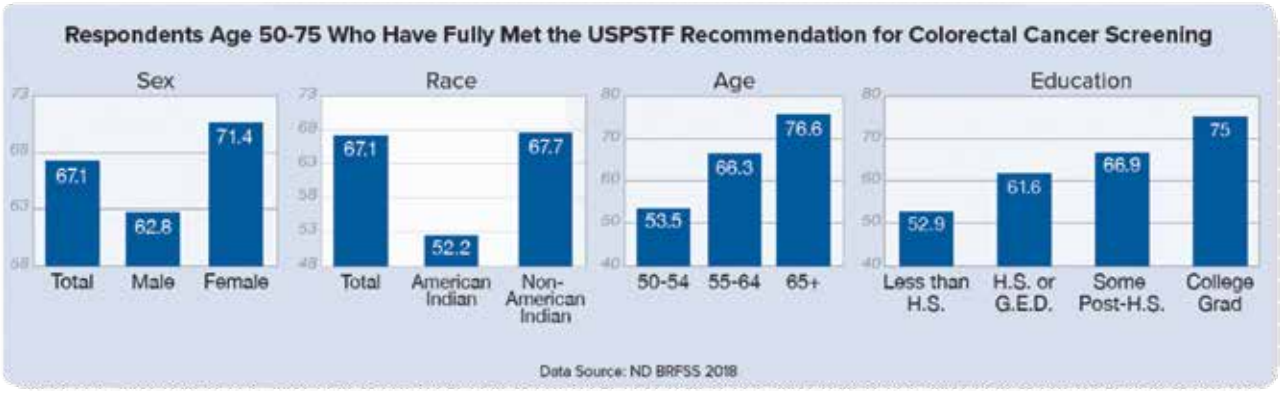
It is important for healthcare providers to be aware that colorectal cancer incidence is on the rise in the 20 - 49 age group.

For the first time, the Roundtable also collected aggregated Healthcare Effectiveness Data and Information Set (HEDIS) data from commercial payers and Medicare for the year 2018. HEDIS is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). As seen in this chart, many insured North Dakotans are still not up to date with CRC screening.



Lastly, the rising incidence and mortality of colorectal cancer in adults under the age of 50 was presented as a major concern, and ***North Dakota was identified as a hot spot for this early onset trend.*** The Roundtable is preparing an executive summary on this topic for local health systems and will make this available as soon as possible. It is important for healthcare providers to be aware that colorectal cancer incidence is on the rise in the 20 – 49 age group.

The Roundtable will continue working to bring down barriers to screening. To learn more about how you can get involved, please email *shannon.bacon@cancer.org* and/or *jtran@nd.gov.*



Impact of Stigma

Submitted by North Daktoa Professional Health Program (NDPHP)

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

Science has proven that substance use disorders are a chronic brain disease that can be managed with medical treatment. **It is NOT a moral failing or a character flaw.**

But still, only 1 in 10 Americans with a substance use disorder receives treatment. Addiction is highly stigmatized, and that stigma is fueling an American public health crisis.

Addiction is the most common cause of impairment among physicians. A 2013 study by the University of Florida reported that 10 to 15 percent of doctors developed a substance use disorder at some point in their lives.

Stigma isolates people.
Stigma and shame make addiction a lonely experience. Public perceptions of people with an addiction are that they are bad, reckless, irresponsible people. Meaning, individuals with substance use disorders are less likely to come forward and seek help. They could lose family, friends, employment, or even go to jail. Instead of talking to loved ones and seeking support, someone with a substance use disorder is more likely to withdraw in order to hide the addiction.

This isolation and loneliness also ripple out to the family and friends of the person with an addiction. The shame and stigma families feel may prevent them from seeking support for themselves or help for their loved one.

Stigma discourages people from seeking treatment.
When a person with an addiction has internalized the negative stigma of the disease, it directly damages that person's chances of recovery.

For physicians, some factors that affect identification of their use include:

- Privacy and confidentiality concerns
- Fear of losing their medical license or other practice privileges
- Concerns about losing health, life, disability and professional liability insurance
- Concerns about professional advancement
- Lack of time
- Self-treatment

If you are licensed through the North Dakota Board of Medicine or a medical student dealing with alcohol or substance use, or impairing physical, mental or emotional conditions, NDPHP is here to help you. Contact us at 701.751.5090 or *ndphp.org*.

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

Dakota Lions Sight & Health to Launch Birth Tissue Donation Program

As part of Dakota Lions Sight & Health's commitment to excellence, they are introducing a birth tissue donation program in early 2020. A birth tissue donation is gathered after a child is born through a Caesarean section and poses absolutely no risk to the mother or baby. The program will coordinate the donation and collection of birth tissue including placentas, umbilical cords and amniotic fluids.

Birth tissue contains special cells that stimulate healing. Grafts have been shown to have anti-microbial and anti-inflammatory properties. Additional benefits include quicker recovery, pain suppression and reduction in scar tissue. Birth tissue, including placenta tissue, umbilical cord and amniotic fluid, is presently being utilized to treat a wide variety of conditions including traumatic burns, skin cancer, difficult-to-heal wounds, neurological damage, ulcers, eye injuries, blood disorders and many others.

Marcy Dimond, Chief Executive Officer of Dakota Lions Sight & Health said, "As an organization we have always focused on ensuring health care professionals have dependable access to the donor tissue they need to deliver the very best care to their patients. The addition of the birth tissue donation program continues this effort and also supports our mission: To help enable the restoration of the gifts of sight and health."

As part of this new initiative, Dakota Lions Sight & Health has created educational materials that can be shared with expectant mothers to inform and encourage donations. This material is being made available to health care providers to help educate their patients on the process and benefits of birth tissue donation.

Dakota Lions Sight & Health is headquartered in Sioux Falls, South Dakota, with offices in Rapid City, Bismarck and Fargo.

If you would like to learn more about birth tissue donation or Dakota Lions Sight & Health please visit *dakotasight.org* or call 800-245-7849.

She'll give birth to one and hope to hundreds.

THE DAKOTA'S FIRST BIRTH TISSUE DONATION PROGRAM

Beginning early 2020 Dakota Lions Sight & Health will launch a birth tissue donation program. Placenta tissue, umbilical cord and amniotic fluid are used to treat a wide variety of conditions including traumatic burns, skin cancer, difficult-to-heal wounds and neurological damage. The tissue will be gathered after Caesarean sections and poses absolutely no risk to the mother or baby.

Dakota Lions Sight & Health

Eye and Tissue Donation

Visit **dakotasight.org** to see how each new life can significantly improve so many more.

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Booth Slated to Serve as Upcoming President of the AMA North Central Medical Conference

NDMA member Dr. Mike Booth is slated to serve as upcoming president of the American Medical Association's (AMA) North Central Medical Conference.

The North Central Conference consists of North Dakota, Minnesota, South Dakota, Iowa and Nebraska.

Conferences focus on health policy and provide opportunities to network with peers from other states.

In addition to serving as president of the North Central Medical Conference, Dr. Booth serves as the AMA Alternate Delegate. Delegates represent NDMA at AMA conferences where policy is reviewed and brought back to the state level for further discussion.

Glasner Accepts BCBSND Chief Medical Officer Position

NDMA member Dr. Greg Glasner has accepted the Chief Medical Officer (CMO) position at Blue Cross Blue Shield of North Dakota (BCBSND).

As Chief Medical Officer, Dr. Glasner has overall responsibility and accountability for leading the strategic direction of clinical integration, medical policy and health cost management. Trained as an OB/GYN physician, Dr. Glasner has more than 25 years of experience as a practicing physician and health care executive. Dr. Glasner previously served as a Board member at BCBSND for nine years and is well acquainted with the organization.

Dr. Glasner earned his medical degree from the University of North Dakota, Grand Forks. He completed residencies at St. Paul Ramsey Medical Center and Michigan State University/ Sparrow Hospital and is also Board Certified by the American College of Obstetrics and Gynecology. In addition, he's earned a certification from the Physician Leadership College at the University of St. Thomas and holds an Executive Master of Business Administration degree from Auburn University.

Dr. Glasner is a Fellow of the American College of Obstetrics & Gynecology, as well as a member of the North Dakota OB/ GYN Society, North Dakota State Medical Association and First District Medical Society.

NDMA Member Dr. James Brosseau Appointed to Serve on State Health Council

James Brosseau, MD, was appointed by Governor Burgum to serve on the State Health Council. The position is slated to serve through July 31, 2022.

Dr. Brosseau, a lifetime NDMA member, joins eight additional council members including NDMA member Dennis Wolf, MD.

The State Health Council serves as the North Dakota Department of Health's governing and advisory body. The council's members are appointed by the governor for three-year terms. Duties include monitoring overall health care costs and quality of health care in North Dakota. The council establishes public health standards, rules and regulations.

Schmitz Appointed to National Advisory Council for Health Service Corps

Professor and Chair of the UND School of Medicine & Health Sciences (SMHS) Department of Family & Community Medicine David Schmitz, MD, has been named to the National Health Service Corps' (NHSC) National Advisory Council. The appointment is for a three-year term.

The NHSC looks to address America's shortage of primary care providers by awarding scholarships and offering loan repayment services to providers in eligible disciplines in exchange for their service to underserved regions of the country, particularly in rural areas whose residents often have limited access to health care.

Schmitz is board-certified in Family Medicine and earned his Doctor of Medicine degree from the State University of New York at Buffalo. He is recognized across the United States for his rural medicine scholarship and advocacy.

Dr. Schmitz, a NDMA member, was elected to serve as NDMA's secretary treasurer.

Congratulations!

Congressional Corner

An Update from North Dakota's Congressional Delegation

Improving the Quality & Convenience of Rural Health Care through Workforce Development & Technology

By Senator John Hoeven

On National Rural Health Day, I joined Health and Human Services (HHS) Secretary Alex Azar for a discussion on the state of rural health care and our ongoing efforts to improve the quality and availability of care for rural residents. Thankfully, North Dakota's health care providers do a tremendous job of meeting the needs of our state. I am committed to supporting these providers as they continue working to overcome the distinct challenges of serving rural areas, such as time, distance, workforce and weather.

For instance, as a member of the Senate Appropriations Committee, I'm working to advance strong funding for a range of **workforce promotion initiatives**, including the National Health Service Corps and programs benefitting nursing and behavioral health. I am also a cosponsor of legislation that would require HHS to provide resources and support for **palliative and hospice care training**.

Telemedicine has been proven as another promising tool to expand access to health care, particularly as it relates to mental health and substance abuse disorders. As chairman of the Senate Agriculture Appropriations Committee, I have prioritized the **U.S. Department of Agriculture's (USDA) distance learning and telemedicine program** and secured $64 million for it in the Senate's FY2020 funding legislation.

Moreover, I've been a strong proponent of the **Federal Communication Commission's (FCC) Rural Health Care Program** to help health care providers access telecommunications and broadband services. I co-led a bipartisan group in urging the FCC to increase the funding cap for this program, which the agency did last year, in order to help meet the demand for rural telehealth.

The same challenges facing rural areas also impact Indian Country. There are too few Native American health professionals to provide accessible and culturally-competent services. That's why, both as chairman of the Senate Indian Affairs Committee and through the Appropriations Committee, I have advocated for programs like those at the **University of North Dakota**, which receives federal funds to support Native Americans in pursing health professions such as physicians, nurses and psychologists.

Further, I am working to improve the services tribal members receive through the Indian Health Service (IHS), which was placed on the Government Accountability Office's (GAO) high risk list in 2017, and strengthen accountability at the agency. Our efforts have included conducting oversight through our committee and pushing for improved credentialing in order to expand opportunities for dentists who want to volunteer at IHS facilities. I also raised these issues with Rear Admiral Michael Weahkee, the nominee to serve as IHS Director, and will continue to work with him to address these priorities upon his confirmation.

I've often said that one's quality of life should not depend on their zip code. North Dakotans throughout our state benefit from the hard work of our dedicated health care professionals. Our efforts will build on this strong foundation, growing the size of our health care workforce while also relying on technology to improve the quality and convenience of health care in our rural communities.

We Must Close the E-Cigarette Online Delivery Loophole

By Congressman Kelly Armstrong

Youth vaping is at epidemic levels as over 5 million minors used e-cigarettes in 2019. Considering the harm nicotine can inflict on the adolescent brain, this is an alarming development for the medical community and society alike. The trends are even more concerning. In 2019, a study found that more than one in four high school students reported using e-cigarettes in the past 30 days. In 2018, it was one in five. A separate study found usages rate among high school seniors doubled from 2017 to 2018 –11% to 21%.

For as long as teenagers have sought to abuse various substances, adults have devised ways to keep those substances out of their possession. A Centers for Disease Control and Prevention report in 2018 found that 86% of minors who used e-cigarettes did not get them in a physical retail store but through other means, the most common being online sales.

When faced with the similar challenge of online sales of traditional cigarettes, Congress enacted into law the Prevent All Cigarette Trafficking (PACT) Act, which requires a delivery service to perform an in-person identification check when

delivering an online purchase. While the PACT Act has been successful in limiting minors' access to cigarettes, it does not apply to e-cigarettes and other vapor products as little was known about these devices when the law was enacted in 2010.

This online delivery loophole puts our children at risk and Congress must act. ***I'm proud to be leading the bipartisan effort to close the loophole. I partnered with Congresswoman Rosa DeLauro (D, Conn.) to introduce the Preventing Online Sales of E-Cigarettes to Children Act (H.R. 3942).*** This bill can be summarized simply: **If minors can't buy e-cigarettes in a store, they shouldn't be able to buy e-cigarettes online.**

The bill brings federal law up to date with current technology by closing the online delivery loophole. It requires online age verification before an online purchase of e-cigarette and vapor product, as well as an age verification check upon delivery.

I'm happy to report that our bill was approved by the House Judiciary Committee, on which I serve, and was passed by the House of Representatives on a voice vote. An identical bill was introduced in the Senate by Senators Dianne Feinstein (D, Calif.), John Cornyn (R, Texas), and Chris Van Hollen (D, Md.).

An important part of addressing this epidemic is closing the online delivery loophole. It alone won't solve the problem, but it as commonsense step in the right direction. Congress should get it to President Trump's desk without any further delay.

Taking Time to Recharge

By Melanie Carvell, PT

It's the new year, and millions of people will make resolutions hoping to spark a positive change in their well-being. Along with managing our self-care, we are often consulted to educate and guide our patients towards healthier habits. Whether it is a morning meditation with that first cup of coffee, healthier food choices, or intentionally taking the stairs at work, mini self-care routines can be one of the best ways to squeeze wellness into busy days.

Having adequate resources to fuel our most cherished roles in work and life depend on the conservation and renewal of our own energy supply. When we don't invest in ourselves, we are not a very good investment for others. Taking time to recharge is not self-centered, but rather a strategy that can power us through our days with more strength and energy to share with others. Self-care is really an act of service to those we live with and work with.

What self-care routines are working well for you right now? What routines might you create to help restore your energy and renew your spirit?

Improved Nutrition

After indulging over the holidays many of us are ready to get back on track with better nutrition. But what is the best way to tackle improving our nutrition without going on a "diet" that we are not likely to stick with for the long term? Some of the most popular diets right now include the ketogenic diet, or other high protein/high fat diets. Researching the pros and cons of these diets can help us provide the best advice for our patients.

Pros and Cons of the Keto Diet

PROS

- **Less sugar.** People are becoming more educated about the many health risks of too much refined sugar, and learning to say 'no' to simple sugars like candy, sodas, and deserts is a helpful component of the keto diet.
- **More fruit and vegetables.** Many keto dieters eat more vegetables, berries, and melon than they did before, but it is still far less than what's recommended because vegetables and fruits remain limited in order to maintain ketosis.
- **Natural appetite suppressant.** Burning ketones as fuel naturally helps you to eat less.
- **Easy to grasp rules.** The keto diet provides black and white guidelines that guarantee a low-calorie diet for weight loss. "Moderation" is a difficult achievement for many, so this extreme diet with its well-defined rules seems easier to follow and effective.

CONS

- **Nutritionally deficient.** Because not a single whole grain is allowed and fruits and vegetables are limited, up to 17 nutritional deficiencies have been noted with the keto diet.
- **Detrimental to the gut microbiome.** Within the first 24 hours of starting the keto diet the gut microbiome decreases notably. Healthy gut bacteria thrive on carbohydrates and fiber, both of which are greatly decreased with this diet.
- **Risky to the heart and prostate.** The keto theory is that saturated fats are only atherosclerotic in the presence of carbohydrates, but since limiting carbohydrates is tough, people tend to cycle on and off their carbohydrate intake. Many studies have shown that saturated fats can fuel several types of cancer including prostate.
- **Harmful for those with diabetes.** The keto diet appears to lower blood sugar so many wrongly believe it can cure diabetes. The high fat diet can

Melanie Carvell is an inspirational speaker whose compelling presentations energize her audience with practical solutions, humor, and storytelling. She is a six-time All-American triathlete, a physical therapist, certified Worksite Wellness consultant, and author of Running with the Antelope; Lessons of Life, Fitness and Grit on the Northern Plains. Melanie was named Sanford Health's "Manager of the Year" in 2016 and just recently named one of the state's "Leading Ladies" by the North Dakota Women's Center for Technology and Business.

actually make carbohydrate intolerance worse. *https://nutritionfacts.org/video/does-a-ketogenic-diet-help-diabetes-or-make-it-worse/*

- **Flagrant use of processed meat is a serious risk to the colon**. The World Health Organization has declared that diets with an increased intake of processed meats and a decrease in fiber as "carcinogenic to humans."
- **Hair loss.** This is a common complaint of keto dieters, most likely due to compromised micronutrients.
- **Too restrictive for most.** People diet alone, but eat as a family. Highly restrictive diets are not very sustainable, and unfortunately rebound weight gain is very common.

Take the best of these diets by limiting your simple carbohydrates, but aim for 30 grams of fiber a day by increasing fruits, vegetables, whole grains, healthy fats, nuts, seeds and beans.

More Movement

Any length of workout, even just a walk around the block, can counteract stress hormones and set off a cascade of benefits for body and mind. Exercise sessions do not need to be heroic. Taking short walks throughout your day is one of the best ways to keep your energy, creativity, and problem-solving ability flowing. Early morning workouts start your day with a victory lap that can give you the forward momentum to take on the challenges of the day more thoughtfully and productively. Our human bodies were designed to move – not to sit and type all day!

Digital Detox

We know that the statistics are alarming regarding the use of our digital devices, with the average person checking their smartphone more than 200 times a day. It is a difficult habit to break, because technology lures us with the same unpredictable pattern of rewards as a slot machine. Multi-tasking and constantly being interrupted by devices take its toll on our productivity and only trains our minds to be more scatter-brained. It's impossible to unplug, but can we consider how we might minimize the temptation to constantly check our phones? It might be deleting our Twitter account or simply limiting our social media accounts to one device. Leaving our cell phone in our purse or briefcase in the back seat while driving can minimize distractions and keep us aware of our surroundings. Establishing device-free times in our day can help us and our loved ones be less stressed, distracted, and most importantly, freer to truly connect in meaningful ways.

More peace, less stress

Never underestimate the power of a few deep breaths as you move through your day. Deep breathing can reset our nervous system to one that is calm and more focused. Meditation can be done anywhere: on your commute, for five minutes at your desk, or while waiting at a stop light. Trouble sleeping? Meditation is a proven tool to help us fall asleep or return to sleep.

Paving the way with daily positive routines and rituals can help us invest in the heart of our own health, allowing us the ability to balance our self-care with thoughtful care for others.

For questions or to learn more contact Melanie at melaniecarvell.com or email at melanieacarvell@gmail.com.

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Get started at **bnd.nd.gov/NDMA**

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Documentation Do's and Don'ts

By COPIC's Patient Safety and Risk Management Department

One of the most important elements in the defense of a medical liability claim is the patient's medical chart. If the documentation is accurate, objective, legible, timely, comprehensive, and free of alterations, it will reflect quality care rendered to the patient. Conversely, if these elements are not present, the plaintiff's attorney could suggest willingness on the part of the physician to carelessly endanger the patient. The following are "best practices" and "things to avoid" when considering proper documentation along with some other related details.

Best Practices for Documentation

- Confirm that items generated from lists, checkboxes, etc. are what was intended
- Be familiar with the content of any templates you use
- Double check results of drop-downs, templates, auto-complete, etc.
- Be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content
- Have a way to incorporate relevant email and text messages into the EHR
- Record facts in an objective manner; avoid needless commentary
- Minimize use of abbreviations and have an approved list of abbreviations
- Correct errors in the record in a way that makes evident who made the change and when
- Read all providers' progress notes and all staff notes
- Recheck decimal points
- Document discharge instructions

Things to Avoid with Documentation

- Clone notes
- Import content without reviewing it
- Let automatic "copy/paste" become a regular component of your system
- Select "something close to the right choice" from a list, if the correct choice is not available
- Chart non-medical information (e.g. call to your medical liability carrier, attorney, peer review activity, incidents)
- Criticize other medical personnel
- Edit, delete, or modify documents if you receive a record request or subpoena

Thoroughly Document Patient Communication in the Medical Record

Comprehensive and concise documentation provides for safe continuum of patient care, reflects clinical decision-making, and supports action taken.

- All communication with patients should be documented when one of the following occurs:
  - o Prescribing or changing medication
  - o Making a diagnosis
  - o Directing treatment
  - o Directing patient to another provider or facility
- Documentation of communication should include the following:
  - o Patient's name
  - o Names of people accompanying the patient during a visit or calling regarding a patient's care, and their relationship to the patient
  - o Date and time
  - o Date of birth
  - o Reason for the visit/call, including a description of the complaint or symptoms
  - o Medical advice or information provided
  - o An assessment of allergies and other adverse drug reactions if a medication is prescribed

Ensure Documentation is Accurate and Readable

Providers should authenticate that what is written in a progress note is accurate, noncontradictory, and meaningful for that patient's visit, prior to sign off. This includes:

- Clear identification of the patient and authorship in all documentation.
- A thoughtful review and analysis of the patient's progress; include differential impressions as well as a narrative of the next steps in the plan of care.
- Clearly mark and date amendments and record correction.

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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.

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

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