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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

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Modeling Leadership During a Crisis

COVID-19 continues to grip our daily lives as we maneuver through this pandemic hoping to see relief on the horizon. A pandemic is classified as a disease prevalent over a whole country or the world and the virus causing COVID-19 was officially earmarked as a pandemic in mid-March by the World Health Organization. As I write this article, things continue to rapidly change, not just in our state but throughout the country and world. Schools have been dismissed and businesses are being limited. The impact on the economy will be immense; however, this is an effort to protect everyone from the spread of COVID-19.

The Novel Coronavirus originated in China late in 2019, with the exact timing being in dispute. The first case diagnosed in the United States was on January 9th in Washington state and since then has spread to all states.

Unfortunately, there has been a shortage of personal protective equipment, or better known as PPE, for health care workers along with some states reporting shortages in testing supplies. In New York, 2,000 retired health care workers volunteered to return to the work force despite being at an increased risk for mortality due to their age.

Prior to this outbreak, I planned to write about burnout but as we continue to face uncertainty, the gears quickly shifted. The pandemic not only affects the physical health of everyone – our coworkers, patients, families, and communities – but also affects mental health. Social distancing, self-isolation and escalated anxiety levels can lead to serious mental health issues like depression, especially in our elderly community members who do not usually have access to technology and social media that younger patients have.

As physicians, we can help by serving our patients and communities by projecting optimism and confidence. During this crisis, it is important for us physicians to assume leadership roles and do our part to help mitigate anxiety among our patients and community. We should not only model positive behavior but should set the example. We can choose to be the positive example.

Robert Taylor, MD, associate director of Care Dimensions, who helped establish the Palliative Leadership Centers program provides the following ways to help physicians cultivate their leadership skills. Read on for the tips:

- **Define a vision:** Good leaders not only have a compelling vision. They will not rest until that vision becomes a reality.
- **Share the vision:** Leadership is not passive; it is an active activity. Persuade others to join the quest.
- **Differentiate between leadership and management:** Leaders have a vision, and managers carry out the vision. Leaders do the right thing, whereas managers do things right. Both are important concepts, but they are clearly different.
- **Earn the trust of those you lead:** Make rational, mission-based decisions, reconcile your vision with your values, and guard your credibility.
- **Recognize the power of leadership:** Power is being at the table. Power is being able to control what happens to others. Use power sparingly and share power appropriately and progressively.
- **Maintain balance in your life:** Turn work into play and play hard.

Through it all, it is important that we take care of our own emotional health. Many people, including myself, probably had trips planned which were disrupted. School has been shifted to home environments where parents are responsible to educate children at home. Childcare options for health care workers continue to be needed. Non-essential workers are encouraged to work from home and through it all, we are watching what our politicians are doing in Washington.

Providing health care for patients has taken a huge shift. An emergency declaration lifted the 3-day hospital stay requirements for skilled nursing facility coverage as well as expanded coverage for telemedicine and e-visits. Getting patients out of hospitals and back home, if possible, is now the preferred standard of care.

As the virus continues to unfold, we are hoping that social isolation works, and that treatments and vaccines continue to be worked on and found. I personally hope the virus does not overwhelm residents of North Dakota’s large long-term care centers where many residents – our most vulnerable population – and staff can become infected and cause further community spread.

As we continue to navigate the challenges of the COVID-19 epidemic, I encourage everyone to utilize the resources available on the ND Behavioral Health COVID-19 website. This is a time to work together and brace for the backlash. As the famous American politician Michael Leavitt quoted: everything we do to prepare will be treated as alarmist and everything we do after will seem inadequate.
C
could anyone have predicted the last few months? Have
you ever received so many emails in your life? No one
knows how profoundly things will change when the crisis is
over; however, NDMA is here to assist North Dakota physicians
in navigating the medical-related pandemic complexities so
physicians can continue to provide expert care to their patients.
NDMA is always here to support you – now during the COVID-19
pandemic – and into the future.

NDMA leadership and staff have been diligently working to
support its members during this crisis. Communication with
our members has been ramped up to keep everyone up to date
with the latest information from authorities at all levels. Part
of that communication includes stepping up the frequency of
the “members-only” emails and these messages are now being
distributed to all physicians – not just members.

NDMA has its own COVID-19 taskforce, addressing issues such
as liability, hydroxychloroquine, personal protection equipment
(PPE) supplies, stay-at-home orders, elective surgeries, and
supporting physician safety and decision-making. NDMA is also
present during every weekly hospital call, assuring NDMA is
represented every step of the way while the state government
negotiates COVID-19. When the pandemic first took hold of
North Dakota in mid-March, Governor Burgum asked for NDMA’s
presence at a news conference where he publicly recognized the
important role physicians have in protecting North Dakotans.

Dr. Joan Connell, featured in this magazine, sixth district
president and North Dakota Dept. of Health field medical
officer, presented at two of the governor’s press conferences. Dr.
Connell leads the charge in the North Dakota Dept. of Health’s
COVID-19 Physician Advisory Group, which includes many
NDMA members. The group has been an extraordinary resource,
meeting twice a week, by providing important direction to state
health officials on issues such as testing protocols, treatment of
healthcare workers exposed to COVID-19, guidance for long-term
care facilities, and conservation of PPE. Our weekly e-physician
includes regular updates from that group.

Another new NDMA interactive communication tool spurred by
the COVID-19 pandemic is the birth of the ever-popular NDMA
Weekly Wednesday Webinars.

NDMA leadership created the webinar series to keep physicians
up-to-date on news and developments during the crisis. The
positive feedback and interaction among webinar attendees
have been positively overwhelming and is an indicator that the
Wednesday Webinars will likely continue regularly throughout
the year. A weekly update would be extremely valuable in
maintaining a connection with members, especially as the
legislative session is upon us.

Dr. Connell is present at each webinar and provides critical
information on the latest issues facing ND physicians and
patients. One of our inaugural panelists was Dr. Andy McLean,
who gave an excellent presentation on maintaining wellness
during difficult times. Other featured panelists included
physicians sharing their experiences treating COVID-19 patients,
as well as city and hospital leaders sharing how the pandemic
impacts our communities and patient care. Responses have been
very positive, with nonmember physicians “trying out” NDMA by
attending the webinars, and then joining NDMA the next day!

Leann, Donna and I are grateful for your membership and it is
an honor to work with you as we navigate the pandemic. Thank
you for the sacrifices you make every day, and especially during
this crisis. Your dedication and commitment to the practice of
medicine deserves our deepest gratitude and admiration. There
is one thing that stands out after these two months—NDMA leads
the way on the front lines of health policy leadership, fighting
every day for our members and their patients.
My, how things have changed since the last time I provided an update on the status and activities of the UND School of Medicine & Health Sciences! The good news is the UND SMHS remains active in fulfilling its triple mission of education, discovery and service. But the way we are carrying out these activities has changed dramatically since the outbreak of the COVID-19 pandemic, with a very major focus on what has been called social distancing. Discontinuing face-to-face instruction (especially for classes), meetings, small group session, etc., and staying at least six feet away from others is, as you know, vitally important to help reduce transmission of the virus, “flatten the curve,” and help get us through this very challenging time as we work to avoid overwhelming North Dakota’s health care delivery system, and allowing time for us to expand the availability of testing and increase the supply of personal protective equipment (PPE) and ventilators.

But one of the very important concepts to highlight is that what we really mean is physical — not social — distancing. In these stressful times, staying connected socially and emotionally is all the more important. It turns out that the internet has made that feasible; in the recent past, Susan and I have connected with our grandchildren using FaceTime more than ever before, despite being physically in North Dakota. While it isn’t nearly as good as a hug, it sure is better than nothing. We’ve found that the same is true with our students — even though we are using remote and online methods to interact with our students, the feedback is that the students feel “connected” with the SMHS, the curriculum, each other and their professors.

So what is the current status of operations at the School? The School remains open, although substantially virtually. Students, faculty and staff, to the maximum extent possible, have been encouraged to stay home and carry out their obligations virtually. Of course, there are some staff whose responsibilities are such that they must be physically present (think facilities personnel). But most of us have been able to work/study remotely. A few faculty members have decided to work from their offices, but typically they are the only person in the entire suite.

Here are some of the specifics as to the School’s operations:

- All classes have been transitioned to online experiences for undergraduate, graduate and professional students, and no face-to-face instruction (classes, small-group sessions) is allowed.
- All clinical students (like third- and fourth-year medical students) have been removed from the clinical arena for the present. How long this policy will continue is uncertain, and subject to adjustment as the COVID-19 situation evolves.
- All in-person UND Spring Commencement activities (undergraduate, graduate and professional school) have been cancelled. However, we are looking into alternatives, with a specific interest in how we might host a virtual graduation ceremony.
- Specific research projects have been allowed to continue once the specifics of the associated viral-spread mitigation plan of the project is reviewed and approved. This obviously is of particular importance for any research related to COVID-19 virus or host-pathogen interactions in general (especially for viral pathogens).
- Service activities of the SMHS to the people of North Dakota have ramped up to a heightened level in view of the COVID-19 pandemic. The School has been providing logistical, intellectual and laboratory support to the North Dakota Department of Health and the state’s newly formed COVID-19 Unified Command. That committee, by the way, is being co-led by Maj. Gen. Alan Dohrmann of the North Dakota National Guard and Chief Operating Officer Tammy Miller of the ND Governor’s Office.

Much is going on at your UND School of Medicine & Health Sciences, but how we operate — and thus educate, discover and serve — has changed dramatically. And I suspect the lessons we learn during this trying time will help us emerge as a more experienced school, which will help us provide an even better medical and health sciences education to our future students.”

The lessons we learn during this trying time will help us emerge as a more experienced school.
During these difficult times, physicians and other healthcare professionals are desperately needed during the global COVID-19 pandemic, putting a strain on our healthcare system as our medical providers stand on the frontlines coping — in many cases — with both anxiety and burnout.

Our medical providers are one of the most at-risk populations for acquiring COVID-19. However, they face another risk: added stress. A common fear is acquiring COVID-19 and transmitting the virus to family members, loved ones or colleagues, along with overwhelming information overload, physical strain of protective equipment, physical isolation — making it difficult to provide comfort to someone who is sick or distressed.

Higher demands in the work setting, including escalating long work hours, insufficient energy to implement basic self-care or access social support.

It is important that our medical providers employ healthy coping skills and take care of basic needs such as healthy eating, hydration, exercise and sleep to protect their mental health.

Everyone experiences stress and copes with it differently. Ongoing and old pressures from your personal life can affect your mental well-being. You may notice changes in how you are working. Your mood may change such as increased irritability, feeling low or more anxious. You may feel chronically exhausted or it may feel harder to relax between shifts. You may have unexplained physical complaints such as body pain or stomach aches or find yourself using unhealthy coping strategies such as tobacco, alcohol or other drugs, all of which can worsen your mental and physical well-being and potentially affect your ability to practice in a safe manner.

If you are a medical provider and are struggling with substance use or mental health concerns, please call the NDPHP. We are here to help: 701-751-5090

NDPHP is a program designed to facilitate the rehabilitation of healthcare providers with physical or mental conditions that could compromise public safety.
OUR PRACTICE
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There is an alarming increase in Early Onset Colorectal Cancer (EOCRC) over the last decade. EOCRC is defined as a diagnosis between ages 20 - 49. This briefing has been developed to support our Primary Care Providers (PCPs) in decreasing the incidence and mortality of these young patients through education and prompt evaluation of symptoms.

**Current Early-Onset CRC Trends:**

- 55% increase in CRC in the 20 – 49 age group since 1995 in the United States.
- The predicted national incidence of colon and rectal cancers among:
  - 20 to 24 year olds will increase by 90% and 124%, respectively, by 2030
  - 35 to 49 year olds will increase by 28% and 46%, respectively, by 2030
- EOCRC patients are more likely to be diagnosed at stage III or IV
- Patients and PCPs of early-onset CRC are shown to contribute to the delay
  - Young patients may wait an average of six months before seeking care
  - Once evaluated, 15-50% of the time they may experience PCP related delays (i.e., missed symptoms, initial misdiagnosis).
- Approximately 16% of cases occur in individuals with a hereditary condition, such as Lynch syndrome, and 14% have a family history of CRC. Additionally, a currently undefined portion of this group has a family history of advanced adenomas that would warrant earlier screening.
- Colonoscopy uptake has not been found to explain the increasing incidence rates.
- **North Dakota and Iowa have been identified as having higher incidence of EOCRC in the US.**

**CALL TO ACTION**

- **Prompt evaluation of symptoms by patients and providers:**
  - Digestive: Blood in stool/rectal bleeding, change in bowel habits, abdominal discomfort, bloating, nausea, vomiting
  - Other: Anemia, unexplained weight loss, fatigue, weakness
- Refer young, average-risk, symptomatic patients for endoscopic work-ups to expedite diagnosis.
- Start conversations and education earlier about family history and underlying risk factors: family history to include CRC diagnosis or adenomatous polyps.
- Perform risk-assessment using evidence-based algorithm
- Some practices may choose to offer low-cost stool-based testing to all average-risk individuals age 45 – 49, with the understanding that any positive result will require diagnostic colonoscopy.

**Research**

- Drivers of early-onset CRC are not well understood
- Family history of colorectal cancer, advanced adenomatous polyps and hereditary syndromes are known contributors to early-onset CRC
- Current areas of study by epidemiologists:
  - Nitrates in drinking water, especially well water in ND
  - Fight CRC has identified the following prioritized risk factors to study:
    - Gene-environment interactions
    - Microbiome, Diet, and Antibiotic use (childhood and lifetime)

Learn more about Early-Onset Colorectal Cancer and screening at nccrt.org
Congratulations
2020 ND Colorectal Cancer Screening Achievement Awardees

The North Dakota Colorectal Cancer Roundtable and the North Dakota Cancer Coalition present these awards to celebrate local improvements and successes in colorectal cancer screening. After a competitive nomination and review process (including out of state reviewers), the following awardees were selected:

ORGANIZATION OF THE YEAR: Blue Cross Blue Shield of North Dakota

Blue Cross Blue Shield of North Dakota (BCBSND) has prioritized colorectal cancer (CRC) screening awareness and has incorporated this into various aspects of business. The BCBSND Caring Foundation partnered with the North Dakota Colorectal Cancer Roundtable and the American Cancer Society to produce videos featuring two North Dakota CRC survivors. The videos, which urge viewers to talk with their doctors about screening, reached over 10,000 plus people on social media and have been aired more than 3,000 times across North Dakota clinics through Good Health TV. In addition, the BCBSND Wellness Department developed a preventative screening toolkit encouraging businesses to allow for paid time off for CRC and other preventative screenings. This approach is intended to increase the likelihood that employees will actually take steps to prevent and/or manage health conditions. BCBSND also mails reminder cards to over 10,000 members throughout the month of March, reminding them to complete their cancer screenings. Employees from several BCBSND departments have served as active members of the ND CRC Roundtable.

CHAMPION OF THE YEAR: Sara DCamp

Sara DCamp is the Executive Director of Love Your Buns, a local non-profit organization that she founded to remove stigma and improve awareness around rectal cancer, its growing prevalence – particularly among young adults – and its symptoms. As Sara continues her own ongoing battle with stage IV rectal cancer, she actively shares her personal story with local businesses, health professionals, and media outlets in an effort to raise awareness. She does all of this while working full time and raising three young children. She is also a strong advocate for current patients and survivors to have an improved quality of life and has implemented local projects in support of this goal. Through the efforts of her and Love Your Buns, many individuals have approached Sara, letting her know how the work she is doing led to them, their siblings, or friends getting tested for colorectal cancer.

COMMUNITY OF THE YEAR: Turtle Mountain Tribal Health & Indian Health Service

The Turtle Mountain Tribal Health Department collaborated with their local Indian Health Service unit, Quentin N. Burdick Memorial Health Care Facility, to increase colorectal cancer screening in their community. Public health nurses, lab, and the Government Performance and Resources Act (GPRA) department worked closely with the health educators on the project. They distributed take-home tests and worked together to track returns and results. They made follow-up telephone calls to encourage community members to return their tests. Since embarking on this project in 2017, they have continued to increase the number of community members screened each year and are exceeding the goals set each year for the project. Their team is committed to saving lives from colorectal cancer through screening in their community.

Congratulations to these awardees and thank you to EVERY organization working hard to save more North Dakota lives from colorectal cancer!
When it comes to physician leadership through the COVID-19 crisis, Dr. Joan Connell cannot go unnoticed. As the appointed leader of the North Dakota Department of Health’s Physician Advisory Group (PAG), her level-headed leadership style, just like cream in coffee that smoothly rises to the top, assures us that this pandemic is manageable and that a return-to-normal way of living stays within sight.

Dr. Connell, field medical officer for the ND Department of Health and UND Center for Family Medicine pediatrician, was tapped on the shoulder in early March – when North Dakota reported its first COVID-19 positive case – to lead a physician-based group that could provide recommendations for the state’s Unified Command.
The state’s Unified Command Center, established right before the first case of coronavirus was identified in North Dakota, includes key leaders from across the state and is co-led by the ND Governor’s Office’s Chief Operating Officer Tammy Miller and the ND Department of Emergency Services Director Major General Alan Dohrmann. The mission is to protect the citizens of North Dakota and to minimize the loss of life and economic hardship.

A Call to Lead
The Physician Advisory Group is charged with discussing recommendations on topics as assigned by one of the Unified Command’s subsets: the Incident Command.

The elite group is comprised of physicians from across the state, recruited by Dr. Connell herself, along with recommendations from fellow physician-colleagues. According to Dr. Connell, being part of the team has been an incredible experience by being in the eye of the storm and navigating direction through COVID-19. She is honored to have been selected for this leadership position by Tim Wiedrich, who is the co-section chief for the Operations Section of the Unified Command, and who also serves as the ND Department of Health Emergency Preparedness & Response Section Chief.

The PAG serves an important role in protecting the health of North Dakotans and meets on a weekly basis, and sometimes more frequently when the need arises, to quickly pick up the pieces on issues that hit the turf.

Tim Wiedrich said that he knew Dr. Connell was the right choice to lead the team based on her drive and commitment.

She recognizes the important contribution this group makes to the COVID-19 response,” said Wiedrich. “In addition, Dr. Connell is an excellent meeting facilitator and has a leadership style that allows the subject matter experts opportunities to make valuable contributions.”

Dr. Connell is quick to credit physician members for the PAG’s success. “This is an amazing opportunity for physicians to provide recommendations on major issues and have the issues vetted with some of the brightest physician minds in North Dakota,” said Dr. Connell. “This group is an immense resource of knowledge, wisdom, and strength.”

According to Dr. Connell, some of the most productive outcomes for managing the COVID-19 spread revolved around improved hygiene and social distancing, which was enhanced by limiting settings where people congregate such as schools, churches, restaurants, and bars. Another huge priority for the PAG is keeping the elderly safe, as evidence from all over the world shows this group is at the highest risk. Dr. Connell stated that the PAG gave full support to Governor Burgum’s executive orders for these protections.

Some choices to prevent the spread come with a high emotional price tag, such as policies put in place to protect our most vulnerable populations.

“While we are hopeful that research will demonstrate that long-lasting antibodies against COVID-19 are protective, we really work to spread the message that the science is not there yet.”

“While I am so grateful that we have done a great job of protecting nursing homes, I really miss seeing my mom, who is a nursing home resident,” said Dr. Connell. “The thought of what it would be like for a loved one dying from COVID-19 without being able to say goodbye is very heartbreaking for me.”
As businesses begin to reopen, we encounter a new normal and cautiously watch how the pandemic continues to linger throughout our communities. Through it all, Dr. Connell shares optimism in some novel approaches, such as testing the effectiveness of convalescent plasma therapy and anti-viral medications.

“Small studies from China indicate that convalescent plasma may be useful in helping critically ill patients improve clinically,” said Dr. Connell.

The ND Department of Health is working with Vitalant, the major blood supplier in North Dakota, to provide convalescent plasma to North Dakota patients. Many of the North Dakota hospitals have joined the Mayo COVID-19 convalescent plasma expanded access clinical trial.

When it comes to antibody testing, Dr. Connell said PAG cautiously navigates through the developments since the science behind these developments is non-existent. “With our current understanding and available tools, serology testing is useful only for surveillance studies.” PAG patiently waits for more highly specific testing outcomes that can provide more direction.

“While we are hopeful that research will demonstrate that long-lasting antibodies against COVID-19 are protective, we really work to spread the message that the science is not there yet.”

One of the main challenges for managing health care during this pandemic is managing limited supplies of personal protective equipment (PPE). Throughout the pandemic, anxious feelings linger around the issue of having adequate PPE to protect health care workers while caring for patients.

Dr. Connell recommends that medical facilities treat PPE like its inventory that your facility is exclusively responsible to replace, knowing that COVID-19 is going to be around for a long time.

As the coronavirus pandemic seems to have slowed, Dr. Connell feels that we cannot let our guard down and we must continue to seek solutions for replenishing PPE supplies to prepare for a resurgence. “Since the virus is so transmissible, a resurgence is inevitable, and we need to prepare accordingly,” said Dr. Connell. “We need to think of this pandemic as a marathon, and we are only at mile marker two.”

More Than a Double Whammy

Dr. Connell is well-accustomed to working long hours under stressful conditions and when it comes to work-life balance, she faces a double whammy. In addition to serving as the ND Department of Health’s field medical officer, she also provides medical care to pediatric patients at the UND Center for Family Medicine in Bismarck. To make life even more interesting, husband Dr. Michael Jankoviak, an anesthesiologist at CHI St. Alexius, Bismarck, also works in a COVID-19 impacted environment. Through it all, the juggling becomes even a bit more complex as the physician-combo team navigates their home life with three children: two school-age children and one college graduate who works as an accountant in Denver, CO.

“Juggling it all has its challenges and some days go better than others,” said Dr. Connell. “Michael and I make it a priority to support each other and we also take advantage of our kids being home to maximize opportunities for family time.”

Husband Dr. Jankoviak said the kids have really stepped up to the plate to help with chores. “As a family we all understand that during this crisis, Joan’s public health planning requires an intensive effort.”

Recognizing Heros

Dr. Connell is truly a humble leader and simply slipping on a white coat is not what she is about. She acknowledges the
importance of teamwork and giving credit to where it belongs. “I’m forever grateful to my physician colleagues – working on the Advisory Group and otherwise – along with my colleagues at the ND Department of Health – these are my heroes.”

The gratitude is far reaching – and she mentions that this work would not be possible without those who put in many weekend and evening hours organizing telehealth clinic plans, ramping up contact tracing, and developing guidelines.

“These people make personal sacrifices, including the certified nurse assistant working to keep long-term care facility residents safe, and to those on the front lines providing direct care to COVID-19 patients,” said Dr. Connell. “And thank you to all the people who listened and stayed home when asked.”

**NDMA & Leadership**

Dr. Connell shares that her membership and involvement with the North Dakota Medical Association has been a great investment to her profession and the camaraderie between members has been extremely valuable.

“NDMA has been amazingly nurturing and supportive of me,” said Dr. Connell. “NDMA has supported me in many ways by encouraging me to take on leadership positions and by participating in other events such as providing support for physician practices and patient care by taking advantage of opportunities to provide legislative testimony.”

NDMA has been instrumental in helping Dr. Connell communicate the PAG’s priorities through NDMA’s Wednesday Webinars. Each Wednesday, Dr. Connell dedicates her already-scarce time to provide a PAG update to physician members across the state. As webinar attendees listen intently, it is obvious that the responsibility tasked to this group is not for the faint of heart. Many issues – all in the name of health and preventing the COVID spread – require making tough choices and can challenge one’s inner courage.

NDMA is extremely proud of the good work being done by Dr. Connell and all the NDMA physician members on the team.

NDMA extends an invitation for all members to join Dr. Connell during the Wednesday Webinars to learn more.

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Dr. Joan Connell, a Board Certified Pediatrician, provides health care to children at the UND Center for Family Medicine.
Public Health Crisis Speeds Telehealth Adoption

By: Dr. Greg Glasner
Chief Medical Officer, BCBSND

There is nothing like a crisis to accelerate change.

While the COVID-19 crisis has us all craving a return to some sort of normal, crises of this magnitude inherently contribute to an entirely new normal. For better or worse, the health care landscape is undergoing dramatic transformation.

One positive change is the shifting paradigm of where health care delivery takes place. To that end, the COVID-19 crisis has put adoption of remote health care visits – aka telemedicine or telehealth – on the fast track.

For years, telemedicine has lingered on the sidelines as a cost-controlling, high convenience system. When it came time to put it into practice, health care organizations found hurdles at every turn. Platform issues. Bandwidth issues. Payment structure. Quality concerns. Privacy and other liabilities. The list was long.

Telehealth helps flatten the curve
Enter a pandemic and suddenly traditional health care settings are overwhelmed and under-resourced. Overnight, telehealth has become an indispensable tool for flattening the coronavirus curve, preserving health care personnel and resources for the critically ill.

Out of necessity, health systems and independent providers are quickly adapting, finding ways to break down previous barriers to telehealth.

Patients are adapting, too. In the age of social distancing, home video visits keep patients out of the virus’ path, away from crowded waiting rooms and, most importantly, away from patients who need critical care.

As a payor, Blue Cross Blue Shield of North Dakota (BCBSND) is helping to accomplish that goal.

Our endorsement of telemedicine is not new. For years, telemedicine was the way to connect specialists to rural providers so patients could get care close to home. Some of those early efforts were supported by BCBSND Foundation grants.

Present day, we saw telehealth as a major contributor to easing the impending COVID-19 health care onslaught. A determined group of BCBSND health care experts worked in collaboration with state officials, under federal guidelines, to re-examine and expand BCBSND telehealth coverage.

As a result, during the COVID-19 crisis, telehealth coverage will include:
- COVID-19 testing-related in-network visits – no out-of-pocket costs
- COVID-19 treatment-related care – no out-of-pocket costs
- Other services – no out-of-pocket costs for non-related, medically necessary services*

*Naturally, we suggest BCBSND members seek virtual visits with their primary care providers. If that is not an option, we offer telehealth services through our partner, Amwell.

Extended COVID-19 coverage goes beyond telehealth
To help ensure North Dakotans get the care they need during the pandemic, BCBSND is:
- Waiving coverage on COVID-19 in-person testing and treatment services
- Increasing access to medications, allowing early prescription refills and allowing 90-day supplies on maintenance meds through local or mail-order pharmacies
- Helping employers keep employees covered by allowing them to lift eligibility requirements such as minimum hours or probationary employment periods; we are also assisting with coverage support in cases of income loss

What will telehealth look like in two years, or five or 10? That’s unclear; however, one thing is for certain: It will never again look like it did just six months ago.
Why choose BCBSND?
One thousand North Dakotans working for you. For Katie Veidel it’s all about community. At Blue Cross Blue Shield of North Dakota, she lends a helping hand to members every day. When she volunteers at Furry Friends animal rescue, she has no trouble extending a helping paw.

This is health insurance, North Dakota style.
BCBSND.com/NDStyle
What is ONE Rx?

Have you ever wondered which of your patients will go on to develop problems with opioid use? Have you ever wished you could look into the future using a crystal ball in order to know with which of your patients it would be best to avoid use of opioids? ONE Rx is not a crystal ball, but it is an evidence-based and increasingly recognized mechanism for identification of risk of opioid-related harms.

ONE Rx is an opioid misuse prevention program designed by North Dakota healthcare researchers and delivered to North Dakota patients receiving opioid prescriptions. Opioid and Naloxone Education (ONE) Rx focuses on upstream prevention of opioid-related harms. The ONE Rx program is centered on identification of opioid-related risks before severe problems begin to occur. It involves voluntary screening of all patients with an opioid prescription in order to identify risks of: (1) accidental overdose (based on comorbid conditions and concomitant medications) and (2) opioid misuse (based on a validated instrument called the Opioid Risk Tool (ORT)). Screening leads to the ability to deliver targeted interventions to the individual patient based on risk stratification. Targeted interventions associated with the ONE Rx program include, but are not limited to: discussion of medication-take back options for unused opioid, delivery of targeted patient education, referral to community support services, and prescribing of naloxone. The ONE Rx program has been implemented in community pharmacies throughout North Dakota.

Interim Results

Nearly 5000 patients have been screened in North Dakota pharmacies. Of these, more than 23% have been identified as at-risk for accidental overdose and 4% have been identified as at-risk for opioid misuse based on an elevated ORT score. Eighty-eight percent of patients screened received information about medication-take-back options and 43% received an additional targeted intervention. Eighteen percent of patients who were identified to be at risk for accidental overdose or opioid misuse were prescribed naloxone by a pharmacist with nearly 11% accepting and taking naloxone home with them. These numbers are considerably higher than naloxone prescribing rates around the country, which suggest that only about 1.5% of patients with high-risk opioid use are prescribed naloxone.2 The average time spent by pharmacists screening and delivering targeted interventions through the ONE Rx program is approximately 5 minutes per patient.

What Should Prescribers Know?

ONE Rx isn't just for pharmacists or pharmacies. Prescribers can screen patients in their offices prior to prescribing pain medication using free ONE Rx resources. More information can be found at: https://onerxproject.org/providers/

References:

North Dakota participating pharmacy locations Pharmacists in 35 pharmacies throughout North Dakota are screening and providing targeted interventions for patients prescribed opioids. Collaboration between pharmacists, prescribers, and other healthcare team members is the goal in order to arrive at the best outcomes for each patient. The ONE Rx program targeted interventions process may prompt the pharmacist to call the prescriber to discuss opioid prescriptions and opioid use when patients may be identified as having high risk.
This Opioid and Naloxone Education program addresses potential opioid risks when a patient picks up their prescription from their local pharmacist.

**ONE Rx pharmacists:**
- Screen patients on a voluntary basis when they pick up their opioid prescription
- Assess risk for accidental overdose or opioid misuse
- Prescribe and dispense naloxone
- Contact prescriber if concerns present
- Offer info on community support services

3,000+ patients screened

**94%** at risk of opioid misuse or accidental overdose received critical interventions

**10%** dispensed naloxone

Find out how ONE Rx can enhance your patient care at [www.onerxnd.org](http://www.onerxnd.org)

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**CALL FOR NOMINATIONS**

Nominations for awards are being sought from NDMA’s membership. If you are aware of a North Dakota individual with outstanding contributions for any of the following awards, submit the nomination by completing the corresponding form located on our website: [www.ndmed.org](http://www.ndmed.org)

Nominations must be submitted by August 7, 2020. For questions contact NDMA at 701-223-9475.

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**NDMA 2020 Award Nominations**

Each year, NDMA selects two recipients who have made outstanding contributions to North Dakota’s medical profession, their patients and community.

1) The Physician Community Award (physician award)

2) Friend of Medicine Award (non-physician award)

*Eligibility requirements for both awards are included on the nomination form.*

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**COPIC Humanitarian Award**

The COPIC Humanitarian Award is presented each year to honor a physician for volunteer medical services and contributions to the community. The award seeks to recognize physicians who volunteer outside the spectrum of their day-to-day lives.

The recipient of the award designates a $10,000 donation from COPIC to be provided to a health care-related 501(c) (3) organization within their respective state. If you know a worthy candidate, please nominate him or her for this award.

Download a nomination form at ndmed.org

*COPIC is a participating partner with NDMA and offers this generous contribution to NDMA members.*
Ensuring the Best Possible Support for our Health Care Providers in the Fight against COVID-19

By Senator John Hoeven

We all owe a debt of gratitude to our state and nation’s health care workers, and they deserve the best possible support as they fight against COVID-19 pandemic every day. That’s exactly why we’re working with the administration to provide the necessary resources and ensure proper implementation of the three phases of legislation passed by Congress, including the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

As we work to craft the next phases of the federal response, we appreciate the opportunity to hear from those on the front lines of addressing this pandemic. To this end, I recently led a discussion with key administration officials and North Dakota’s health care providers to outline the assistance under the CARES Act and gather input to better inform our continued efforts.

For this discussion, we hosted Dr. Anand Shah, the Deputy Commissioner for Medical and Scientific Affairs at the Food and Drug Administration (FDA), as well as senior officials from the Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services (CMS) and the Federal Emergency Management Agency (FEMA). This was a tremendous opportunity for these leaders to hear directly from North Dakota health groups representing hospitals, physicians, rural health care providers, Community Health Centers, nurses and long-term care facilities on what their greatest needs are.

Further, it allowed us to share vital information on federal efforts and address the questions and concerns of the medical community. The items we outlined include the:

- **Coronavirus Relief Fund**, from which North Dakota will receive at least $1.25 billion to support the state’s COVID-19 pandemic response. We also secured an $8 billion set-aside in the fund for tribal governments.

- **$100 billion to reimburse hospitals and health care providers** for expenses or lost revenue due to COVID-19. The first tranche of payments under this fund went out recently to North Dakota providers, who received $91 million.
  - We continue working with the administration to advance the next tranche as soon as possible and ensure it includes a focus on rural providers and providers that serve a high proportion of Medicaid patients.
  - Further, I joined a bipartisan effort stressing the importance of assistance for rural hospitals to HHS Secretary Alex Azar and also pressed him to make skilled nursing centers and other senior living communities explicitly eligible for this funding.

- **$16 billion to procure personal protective equipment** through the Strategic National Stockpile.

- **$11 billion to assist with the development of vaccines** as well as therapeutics and diagnostics.

In addition to the above funding, the CARES Act includes legislation I cosponsored to support the increased manufacture of CDC-approved respiratory protective devices. The law also increases payments to providers for COVID-19 treatment, provides flexibilities to improve access to telehealth services, suspends the two-percent Medicare sequester, and requires health plans to cover COVID-19 testing and future vaccination without cost-sharing.

The **CARES Act** is a central part of our nation’s response to COVID-19, and we’re committed to meeting the needs of our health care providers.

We will continue to engage with our providers throughout this challenge, bringing their feedback to Congress and the administration. We will beat COVID-19, and when we do, we will have our health care workers to thank for overcoming this pandemic.
An Update from North Dakota’s Congressional Delegation

By Congressman Kelly Armstrong

The novel coronavirus, COVID-19, presents the biggest public health challenge in a generation. Hundreds of thousands of Americans are confirmed to be infected with the virus and thousands have died. Among the tally are North Dakotans whose lives were threatened or cut tragically short by this virus.

The human cost is the most important aspect of the pandemic, but its effect is felt in every corner of America. It has stretched healthcare resources, shuttered businesses, threatened economic security, and created uncertainty for millions.

In the face of this monumental challenge, I am heartened by our response. Healthcare professionals continue to serve knowing full well the danger they face. Companies in industries ranging from construction to technology are donating stocks of critical N95 masks to frontline workers. Manufacturers are retooling factories to produce masks and ventilators. The food industry, from farmers to grocery employees, is ensuring the food supply remains stable. Americans are reaching out to high-risk neighbors to help them get needed supplies without leaving the house. It is in these times of adversity when the strength of the American people is revealed.

I was encouraged by the bipartisanship in Congress to swiftly enact three laws to help the country respond to COVID-19. These laws provide crucial resources to support the healthcare system, help families make ends meet, and reinforce small businesses.

The Coronavirus Preparedness and Response Supplemental Appropriations Act supplied nearly $8 billion to speed the development of a vaccine, bolster access to testing and treatments, and expand access to telemedicine services. The Families First Coronavirus Response Act included free diagnostic testing for all, enhanced assistance to workers and businesses, including paid sick leave. These two laws were the legislative triage to slow the spread of COVID-19 and prepare for the coming battle.

The most recent law, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, provided an unprecedented $2 trillion in resources to fight the pandemic and support the economy. It boosted and expedited Medicare payments to physicians and hospitals through the end of the year, increased payment rates for inpatient hospital treatment of COVID-19 patients by 20 percent, and eliminated further restrictions on telehealth access. It also included $100 billion for hospitals and other providers, $16 billion for personal protective equipment and ventilators for the Strategic National Stockpile, and billions more for treatments and the Centers for Disease Control and Prevention.

The CARES Act also included resources specifically for physician practices. The Paycheck Protection Program offers forgivable loans for small businesses to maintain payroll and meet other obligations. Congress specified that physician practices are eligible regardless of legal structure because we know the importance of doctor’s offices in our communities.

The COVID-19 pandemic is one of the toughest challenges we have faced as a country. It has already required extraordinary sacrifices and resources, and more will be required. Congress is prepared to enact additional legislation to support healthcare providers who courageously serve as the frontline against COVID-19. During this toughest of times, thank you on behalf of all North Dakotans for your service and commitment to keep our communities safe and healthy.

If there is anything I can do for you or if you have any questions about the federal response to COVID-19, please reach out to my offices in Bismarck, Fargo, or Washington. Additional resources are also available on the Coronavirus Updates page on my website at armstrong.house.gov/coronavirus-updates.
As the United States takes aim at combatting the COVID-19 pandemic, I am working to support North Dakota’s health care providers and physicians, and I want to share this update with you.

On March 26, the Senate passed a comprehensive spending package we crafted known as the Coronavirus Aid, Relief and Economic Security (CARES) Act. This bill appropriates $100 billion to ensure health care providers receive assistance for COVID-19 related expenses and lost revenue. As these funds are being allocated, the Trump Administration already announced 841 providers and health care systems in North Dakota received funds from this appropriation, totaling $91,064,579. On April 21, we passed an additional appropriation which included $75 billion for health care providers. More help is on the way, and as these funds are mobilized I will continue to advocate for all providers across the state, regardless of size or location.

Congress has now passed four packages, each building on the progress of previous efforts to fight the pandemic. Every step includes funds for expanded testing and vaccine development. They also contain commonsense changes like expanding telehealth capabilities so patients can see a doctor from the safety of their own home.

We are now working with the Trump Administration, urging it to take additional steps to help health care providers and their physicians. In North Dakota, nearly 5 percent of our physicians are here on H1B visas. After hearing from several constituencies, I spoke to Department of Homeland Security Acting Deputy Secretary Ken Cuccinelli about providing clarity and flexibility for these health care workers who serve North Dakotans on a daily basis. Additionally, I joined my colleagues in urging the Administration to waive restrictions preventing doctors on certain employment-based visas from providing medical care at locations or in specialties other than those specifically approved for their immigration status.

Not only do we need to provide them support, but we as a nation must show our gratitude to those who are on the frontlines of this fight. To that end, on March 25, I introduced a resolution thanking and saluting all health care workers, including doctors, nurses, custodial staff, administrative staff, patient care assistants, public health officials, mental health professionals, researchers, lab technicians, and many others. They have acted with excellence and professionalism to ensure United States citizens receive the care they need to get us through this crisis. Ultimately, the solution to COVID-19 will not come from Washington, D.C., but from all citizens doing their part to stop the spread, including health care workers who are working tirelessly to care for patients and find a cure.

I plan to keep working to make sure our physicians and providers are able to keep their doors open and focus on providing the best care possible. If anyone has concerns or questions, please reach out to me. I know the best ideas for fixing Washington come from North Dakota, not the other way around. For more information, visit cramer.senate.gov/covid19. Thank you, and God bless.
A program funded by Health Resources & Services Administration (HRSA) called the Geriatric Workforce Enhancement Program was awarded to UND Geriatrics as a five-year, $3.75M contract to strengthen Geriatrics Education and create Age-Friendly Health Care in the Dakotas.

Dakota Geriatrics supports:

- On-line curriculum leading to Digital Badging, CME and Certification in Geriatrics
- Tele-mentoring through Project ECHO-Geriatrics
- Certification of health care systems as an Institute for Healthcare Improvement (IHI)-accredited Age-Friendly Health Care

FREE CME!

Join a learning community every 2nd Tuesday at 12 noon (CT) via Zoom video conferencing

- Learn about the Geriatrics 4Ms
- Learn more or SIGN UP HERE: https://ruralhealth.und.edu/projects/project-echo

Schedule:

- July 14, 2020—What Matters – Beyond POLST
- August 11, 2020—Mobility – Prescription for Physical Activity
- September 8, 2020—Medications – Medication Update
- October 13, 2020—Mentation – Depression in Older Adults

Project ECHO is short for Extension for Community Healthcare Outcomes, a clinical model created in 2003 at the University of New Mexico to bring specialty medical care to underserved populations via primary care practices. The platform basically supports tele-mentoring, often with an inter-professional panel of healthcare experts. Through generous HRSA funding, the UND Geriatrics program created Project Echo Geriatrics in order to strengthen Geriatrics expertise in a state that needs at least 40 more Geriatricians.

UND – based Project ECHO Geriatrics provides monthly and flash-scheduled Zoom meetings to strengthen knowledge and skills around the Geriatric 4Ms. Clinical research shows that health systems and providers who routinely apply the Geriatric 4Ms in their clinical assessment and management plans achieve higher quality care at lower costs. The four 4M’s entail 1) What Matters, 2) Medications, 3) Mentation, and 4) Mobility. Each month one of the 4Ms is highlighted with an inter-professional team of faculty trained in Geriatrics.

The format entails a brief power point presentation, case studies provide an ice breaker and then open discussion ensues. Attendees learn about atypical presentation of disease in older adults, medical management of dementia, prescriptions for functional longevity and over 72 competencies aligned with ABIM certification of Geriatrics expertise. To complement ECHO Geriatrics, participants can enroll in the Dakota Geriatrics on-line curriculum and work towards a Certificate of Added Qualification in Geriatrics. For further information and to sign up, see https://ruralhealth.und.edu/projects/project-echo or www.dakotageriatrics.com

www.dakotageriatrics.org ● DakotaGeriatrics@und.edu ● 701-777-6936
Mid Dakota Clinic, at its 9th & Rosser Main Clinic, Gateway Mall Clinic, and Kirkwood Mall Clinic locations in Bismarck, North Dakota, received recognition for being in the top 4.5% nationwide in the Comprehensive Primary Care Plus (CPC+) program. CPC+ is a new patient-centered approach to primary care that aims to provide better care, smarter spending, and healthier people. Mid Dakota Clinic is the top ranked clinic in North Dakota in this program.

Marvin Lein, CEO at Mid Dakota Clinic, said, “There are over 2,800 participating clinics in the nation working on improving primary care for patients, and all three of our primary care clinics are among the very exclusive top 4.5% of all of them. In furthering our commitment to our patients, this achievement was made possible by the tremendous team effort of our doctors, advanced practice providers, nurses, health coaches, and quality management staff.”

As the doctors you know and trust, Mid Dakota Clinic wants to make sure patients are seeing their primary care providers first. The focus of this program is on prevention efforts to keep the patient well with better care and the assistance of health coaches. Mid Dakota Clinic health coaches provide additional outreach to patients with follow-up calls after hospital discharge to answer questions about care plans, verify if medication was picked up, and determine if additional appointments must be scheduled with their regular doctor or a specialist. They may review lab or imaging results and help arrange for home health services as needed. Health coaches may also follow up with patients on their blood pressure, diabetes, or other chronic conditions for four or more weeks depending on the patient’s needs. This year to date, Mid Dakota Clinic’s health coaches have made almost 9,000 follow-up calls to patients.
The enhanced coordinated care model under CPC+ helps patients be seen consistently and timely by their primary care provider, who manages their entire spectrum of care and helps them achieve better health outcomes. CPC+ also benefits patients financially by seeing their primary care provider more often than going to the emergency room and hospital, resulting in less money spent.

As a member of CPC+, Mid Dakota Clinic has improved primary care in North Dakota. To earn recognition, Mid Dakota Clinic’s primary care clinics scored well in clinical quality measures, patient experience survey scores, and reducing hospital and ER visits that impact the total cost of care.

Mid Dakota Clinic’s team achieved high screening rates for breast cancer, cervical cancer, and colorectal cancer by using electronic health records to remind patients of recommended screenings and identified several patients with serious behavioral health concerns by administering depression questionnaires at the beginning of office visits. They also offered special vaccination clinics during the year and increased vaccination rates for several vaccines, including influenza, which is responsible for hospitalizing over 200,000 adults in the US annually.

CPC+ allows Mid Dakota Clinic to continue delivering high-quality, personalized, and professional care that patients have come to expect from their doctors.

**About CPC+**

Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through regionally based multi-payer payment reform and care delivery transformation. There are 2,851 primary care practices currently participating in CPC+ in 18 regions.
First International Bank & Trust
Your Partner in Building a Brighter Tomorrow

Living first for more than 110 years
The lenders, bankers, and support staff at First International Bank & Trust have a singular focus: making dreams come true for their clients, customers, and communities. Our commitment has remained the same since 1910, when brothers Odin and Gerhard Stenehjem founded the bank to serve farmers in western North Dakota. It is now a multi-billion dollar, full-service financial institution serving customers at 28 different locations in three states.

Nationally recognized among the best
First International Bank & Trust was recently named among the top extraordinary banks in the United States by The Institute for Extraordinary Banking™. The bank took home the Institute’s highest and most exclusive honor, being inducted into the Hall of Fame, for exemplary commitment to community banking. These awards recognize the best of what community banks offer to our cities, towns, and nation: a genuine commitment to the success of the small businesses and local communities they serve.

Focused on community first
We thrive when the communities we serve, and the people who live in them flourish. That’s why at First International Bank & Trust, we continue to give back in big and small ways to organizations and causes that make a difference in our customers’ lives. Whether it’s a significant donation, or a few hours spent volunteering at a community garden, we believe in the act of giving without expectation. We challenge our employees to leave their mark on their communities, and they not only rise to the challenge but surprise bank leaders and their communities with the capacity of their hearts.

In 2019:
• Nearly 3,000 community organizations and non-profits benefited from giving by First International Bank & Trust or its employees, through volunteer hours, or donations
• First International Bank & Trust donated more than $800,000 to charitable causes in the communities it serves
• 587 of First International Bank & Trust’s employees recorded more than 8,000 hours volunteering

The greatest lesson we’ve learned from being in business for 110 years is we are stronger when we stand together.

Our lenders and leaders recognize challenging times lie ahead for many in our community. We promise to continue to support local businesses and individuals financially and lend a hand to our neighbors and non-profits whenever possible. The greatest lesson we’ve learned from being in business for 110 years is we are stronger when we stand together.
To the few sacrificing so much to help so many,

Thank you.

Our sincere gratitude to North Dakota’s doctors, nurses, hospital staff, and volunteers.
Ophthalmologist Surgeon Relies on Local Eye Bank for Better Outcomes

Michael Greenwood, MD
Board-certified Ophthalmologist

Board-certified ophthalmologist Dr. Michael Greenwood specializes in cataract, glaucoma, cornea and laser vision correction surgery at Vance Thompson Vision in Fargo, North Dakota. As a native of North Dakota and a graduate of North Dakota School of Medicine and Health Sciences, his commitment to his home state runs deep.

During his undergraduate years at the University of North Dakota, Dr. Greenwood was recognized as an Academic All-American football player by ESPN. He attributes his years on the gridiron with reinforcing the value of teamwork and the understanding that working together with other committed people can lead to accomplishing great things.

As an eye surgeon, he considers the local Dakota Lions Sight and Health eye bank a vital part of his team and an important resource for providing his patients with world-class eye care close to home.

Dr. Greenwood said, “The Dakota Lions Sight and Health team takes the time for regular face-to-face meetings to learn more about my practice and my needs. They also share the latest news, innovations and techniques that they are seeing through their national exposure to other nonprofit eye banks. All of this, and their expert preparation of corneas for implantation, means my patients benefit from faster recovery and healing times and superior post-surgery visual acuity.”

The non-profit Dakota Lions Sight and Health was one of the first eye banks in the country to offer surgeons, like Dr. Greenwood, Descemet Membrane Endothelial Keratoplasty (DMEK) grafts. These transplant-ready cornea tissues reduce the time required for surgeons to begin surgery and also dramatically reduce the occurrence of tissue being damaged during preparation.

Marcy Dimond, Chief Executive Officer of Dakota Lions Sight & Health said, “We see working closely with surgeons like Dr. Greenwood as being vital to our mission. Our goal is to ensure that local surgeons have exactly what they need to make such a significant impact on their patients’ lives. From the latest information about new procedures and techniques to the most advanced tissue preparation, we are committed to providing our local communities a state-of-the-art approach to the life-changing gift of sight.”

The commitment and focus of surgeons like Dr. Greenwood to their local communities and their partners, including Dakota Lions Sight and Health, means that North Dakotans don’t need to travel great distances to get the best eye care.
Connecting a Child with Make-A-Wish

Essentia Health Child Life Specialists help make the connection to make wishes come true.

By Jessica Hotchkiss and Michelle Finneman
Child Life Specialists, Essentia Health

Close your eyes. I want you to imagine one of your greatest wishes coming true. What do you see?

These are the questions that Make-A-Wish volunteers ask our patients every day. Who do you want to be when you grow up? Who is your greatest hero? If you could do anything, what would it be? As adults, we often forget to spend time with our dreams. However, for those with critical illnesses, dreams are what can get them from one day to the next when their future seems scary or uncertain. That’s where our partners at Make-A-Wish come in. They understand that the children we work with are often spending more time with medical appointments, hospital admissions, and dealing with side effects from medication than being with their friends, thinking about their dream job, or studying for that geography test. Our patients are faced with the realities of their diagnoses every day, so through Make-A-Wish we help to shift the focus back on what matters most—the life of a child.

As Certified Child Life Specialists, we help to refer our patients when they may be eligible for a wish. We work with our medical team to complete the referral process and diagnostic verifications, also giving information to our families. The ease of the referral process is what benefits our families the most as it gets our patients started on their Make-A-Wish journey right away. The Make-A-Wish North Dakota staff are also incredible to work with. They are always in constant communication with us, making sure our patients have exactly what they need. They plan phone calls to not only answer our questions, but also our families’ questions as well. Their timeliness and constant support are incredibly beneficial to our patients and families. We love that they are here to help us connect our patients at Essentia Health with a potentially life-changing wish.

Every day in our work we see the impacts of hospitalization and life-threatening diagnoses. We support patients and families through some of the most difficult times in their lives. Yet, we know the significance this has on their lives outside of the hospital as well. One of our main goals is to help our patients and families during hospitalizations and procedures so they can continue planning for their futures. The Make-A-Wish process helps us do that in so many ways. We have seen the power of a wish when it gives our patient a reason to smile for the first time in a while, or when our patients place countdowns on the walls in their hospital rooms. Our partners at Make-A-Wish are an incredible asset to Essentia Health. They help our patients keep hope in a time where that can be hard to find—and that is the powerful thing of all.

As medical providers, you can refer a child for a wish! This process begins at md.wish.org, or you can call Make-A-Wish North Dakota at 701.280.9474. Thank you for your support!
2020 UND Sophomore Outstanding Awards

NDMA sponsored awards were given to UND School of Medicine and Health Sciences second-year students nominated by their peers, the Class of 2022, and recognized for outstanding performance in three curricular areas: academic, teaching and service.

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

Peer Teaching
Outstanding contributions to the group’s database and facilitating group learning, skillful and accurate presentations, and willingness to assist fellow classmates to learn concepts they do not understand.

Integration of Basic Science and Clinical Application
Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

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

North Dakota District Medical Society Awards

**FIRST DISTRICT (Fargo)**
- Jacob Greenmyer
  - Stirum, ND
- Anna Melicher
  - Fargo, ND
- Annika Strand
  - Grand Forks, ND

**SECOND DISTRICT (Minot)**
- RaMae Harpestead
  - Minto, ND
- Donald Hamm
  - Power, MT
- Hunter Huff Towle
  - Bismarck, ND

**THIRD DISTRICT (Grand Forks)**
- Ashley Zeman
  - Georgetown, MN
- Jacob Greenmyer
  - Stirum, ND
- Annika Strand
  - Grand Forks, ND

**FOURTH DISTRICT (Minot)**
- John Stacy
  - Cheyenne, WY
- Brett Johnson
  - Fargo, ND

**SIXTH DISTRICT (Bismarck)**
- Jacob Greenmyer
  - Stirum, ND
- Annika Strand
  - Grand Forks, ND
- Hunter Huff Towle
  - Bismarck, ND
TOGETHER, WE IMPROVE QUALITY OF LIFE

We’re meeting a need for well-trained administrators with a deep understanding of Indigenous health issues with the creation of the world’s first Indigenous Health Ph.D.

Indigenous Health Ph.D. prepares graduates for a wide range of careers:

- Health researcher
- Health program evaluator
- Health policy analyst
- University or tribal college faculty
- Tribal health director
- Health program administrator
- Indigenous health consultant
- Nonprofit administrator
- Public health officer

78K+
Average annual salary for university or tribal college faculty*

84K+
Average annual salary for health researchers**

*Bureau of Labor Statistics
**Bureau of Labor Statistics

UND.edu/programs
One of the challenges of being a medical provider is when your world intersects with the legal world. It can place you in situations where confusion and concern may arise when deciding the proper course of action. A common example is when health care providers receive medical records request from an attorney. These requests can occur in a variety of forms:

- When you are treating a patient involved in a motor vehicle accident, or a patient who is under investigation in a criminal situation such as a DUI or an assault and battery.
- Custody battles between parents also result in requests for records from attorneys involved.
- Requests may involve an attorney investigating whether to bring a medical malpractice claim.

Different legal rules may apply depending on who makes the request, whether it is an informal request or a subpoena, or if the request is tied to a criminal case. All of this can be very confusing, and before taking any action, providers need to understand the details of their specific situation. In addition, providers should consider legal assistance to ensure they are abiding by the appropriate requirements that can vary by state.

**INFORMAL REQUESTS BEFORE A LAWSUIT:**

**Who usually requests the records:** The patient or the patient’s attorney.

**What to know:** If the patient, or the patient’s personal representative asks that you send all or part of a medical record to an attorney, then the patient’s “right of access” under HIPAA applies and the records must be provided as soon as reasonably possible, but no later than 30 days. If unusual circumstances exist, beyond the control of the provider, such that the records cannot be produced within 30 days, one additional 30-day extension may be obtained by notifying the patient of the unusual circumstances and that an additional 30 days will be required. If the informal request for medical information does not come through the patient, then the provider must have a HIPAA-compliant authorization signed by the patient, before care is discussed or copies of records are provided.

**REQUESTS AFTER A LAWSUIT IS FILED:**

**Who usually requests the records:** One or more of the attorneys involved.

**Informal requests:** A HIPAA-compliant authorization signed by the patient or the patient’s personal representative must be obtained before any information may be disclosed, oral or in writing.

**Subpoenas:** The provider will need to determine if it involves a civil lawsuit or a criminal case:

- Most subpoenas involve civil lawsuits including motor vehicle accidents, premises liability claims, and divorce and child custody issues.
- Subpoenas in criminal cases usually have a state or federal government entity or agency listed as a party and are signed by a deputy district attorney or assistant attorney general.

**OUT-OF-STATE SUBPOENAS**

Occasionally, providers receive subpoenas from out-of-state attorneys or record retrieval services. Generally, a subpoena, whether civil or criminal, is not valid in any state except the state in which the action is pending (unless the attorney goes through a process to get a state court to issue a subpoena for the out-of-state proceeding). Providing records to an invalid subpoena could result in civil claims for breach of confidentiality and administrative action for violation of HIPAA.

**CONCLUSION**

Many providers are unfamiliar with the rules pertaining to responding to subpoenas. We encourage you to discuss these principles and educate your staff about properly responding to an attorney request for information. If you have any questions, it is recommended that you speak with an attorney or contact your medical liability insurance provider if they are able to provide assistance in these situations.

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1 Under HIPAA, a person authorized to act on behalf of the patient in making health care related decisions is the patient’s “personal representative.” Typically, this is a person holding a medical power of attorney. An attorney does not usually have the authority to make health care decisions for a patient-client and would not normally be a “personal representative.”
COPIC connects you with expert guidance when you need it; with legal and HR helplines and a 24/7 risk management hotline.

**Trusted knowledge from an engaged partner. That’s why.**

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COMPLIMENTARY ISSUE

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NDPHP MISSION: To facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.