

North Dakota Physician

WINTER 2021

OUTSTANDING LEADERSHIP RECOGNITION

NDMA AWARD
RECIPIENTS



Dr. Dennis Wolf
COPIC Humanitarian



Dr. Michael Brown
Physician Community &
Professional Services



Kirby Kruger
Friend of Medicine

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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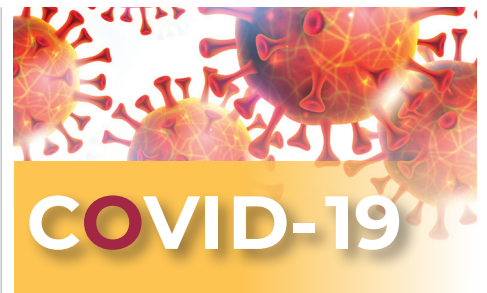


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A Focus on Medicine in 2021

Misty Anderson, DO
NDMA PRESIDENT

When I ordered my Christmas cards this past year, instead of Merry Christmas or Happy Holidays I decided to go with the “Well that was crazy” referring to the rather tumultuous year of 2020. Before I talk about what an honor it has been to serve as President of the North Dakota Medical Association this past year and discuss all of the important work we are doing to advocate on behalf of the physicians and their patients in North Dakota, I would first like to share some of my experiences in caring for COVID patients in my Valley City community over the past year.

It was early March and North Dakota had not yet had its first case of COVID-19. Unfortunately, there were other places around the country that were already seeing outbreaks. The first cases in our state were related to travel. Governor Burgum ordered schools to shut down for a week in mid-March and they never reopened for in-person learning until the fall. At this time, even though our state didn't have an official stay at home order, it seemed that nearly everyone took precautions to avoid contracting or spreading the virus. Gyms and bars were closed and restaurants were open for takeout only. As a state we had our first death in late March. In my community we had already had two cases and both were related to international travel. Luckily there was not an abundance of cases or community spread for the entire summer allowing our hospital and staff more time to prepare for possible surges. There was one patient hospitalized for COVID in the early summer that eventually recovered and returned home. Late summer brought the reopening of schools and colleges which

created an influx of testing and a sharp increase in numbers and contacts. People here were following the rules and taking precautions. Our county had not had a death, a significant outbreak or even further hospitalizations at this point.

It was in early October when cases started ramping up all over the state that we had our first death attributed to COVID. There was a nursing home outbreak in a surrounding county and many residents died. Despite the increasing numbers and hospitalizations, this is the point where people seemed to stop caring about the health and well-being of others. NDMA had been a strong supporter of wearing masks and we had already sent a letter to the schoolboards at the beginning of the school year. Still, many people have been resistant to wearing masks and continued to attend large events like funerals and weddings. Governor Burgum issued a mask mandate that went into effect on November 16th.

A large nursing home outbreak was already underway in Valley City and a total of over 70 residents were infected with 24 deaths thus far.

It became difficult to transfer patients to the tertiary hospitals and I heard many stories from around the state of patients ending up out-of-state for care. Many patients with COVID were cared for locally. We had an outbreak at an assisted living too.

Although we always had beds available, having adequate staff to care for the patients was more of a challenge. Our PPE supply was excellent and staff illnesses were likely due to exposures in their home and not from the COVID patients. As I am entrenched in this battle, I was completely shocked by how many people around the state

didn't seem to care about the day-to-day struggles of my colleagues in healthcare or the lives of others. Fortunately, many essential workers in my community did take precautions, like our teachers, which allowed our school to successfully stay in session. We learned many things during the pandemic and there were constant changes in the recommendations which tended to frustrate some whom I reminded that we are dealing with a new illness that was discovered just over 1 year ago. There is no better group to lead the fight than the physicians of North Dakota who have put in numerous hours learning, educating, planning, and caring for those affected by COVID-19. Many physicians from around the state have been involved in the weekly Physician Advisory Group and Wednesday Webinars sponsored by NDMA.

This past year, I have been able to attend many meetings virtually. One of those included a legislative forum with Senators Hoeven and Cramer and Representative Armstrong. The NDMA Annual Meeting and Policy Forum also took place using this format. As we look forward to 2021, we focus on the next North Dakota legislative session and prioritize our advocacy efforts on Medicaid expansion, patient safety, public health, liability protection for COVID-19, payment parity for Telemedicine, and the UND School of Medicine and Health Sciences. It has been a privilege to serve as your president this past year and I look forward to working even harder for all of you in 2021.



Health Care workers at Valley City's Sanford Health join together to keep morale upbeat during pandemic times.



Courtney M. Koebele, JD
NDMA EXECUTIVE DIRECTOR

67th Legislative Preview

Occurrences at the 2021 Legislative Session

Maybe it's the effect of the COVID-19 pandemic but the 67th legislative session seems to be particularly frenetic for medicine. Now that the deadline to submit bills has passed, NDMA has summed up a total of 185 bills to track.

Vaccines and more

Among the list of bills are seven vaccine bills, including one proposing to eliminate school vaccinations, and one directing the state to conduct a study on the effects of vaccines as it relates to autism and Sudden Infant Death Syndrome (SIDS). There are four bills relating to drug importation and several bills attempting to limit the governor's emergency powers, including a resolution that would cancel all outstanding emergency orders.

Scope of Practice

Of course, we have many bills that include expansion of scope of practice: allowing chiropractors to conduct sports physicals; allowing naturopaths to prescribe prescription drugs; allowing pharmacists to vaccinate young children; and allowing physical therapists to order x-rays. In addition, there is a bill that allows healthcare to be delivered by unlicensed providers; and a physician assisted suicide bill.

Despite all the problematic bills, there are some positive developments.

Liability Relief – HB 1175

In December 2020, Congress passed the final COVID relief package without any liability protections for physicians. Fortunately, the Greater North Dakota

Chamber, of which NDMA is a member, is bringing a COVID-19 liability relief bill, HB 1175. At last count, the bill has over 27 supporters from various associations throughout the state. The bill is similar to those passed in many states and is certainly not a new concept.

This is an issue important to physicians nationwide, because during the crisis, physicians put themselves at risk every day while facing shortages of medical supplies and safety equipment. Physicians are susceptible to the threat of unwarranted lawsuits as they continue heroic efforts to treat patients with COVID-19 while meeting the needs of other non-COVID-19 patients.

The bill provides that "A health care provider or health care facility is immune from civil liability for any act or omission in response to COVID-19 that causes or contributes, directly or indirectly, to the death or injury of an individual." This immunity includes injury or death resulting from screening, assessing, diagnosing, or treating an individual with a suspected or confirmed case of COVID-19, or prescribing an off-label drug for use to treat COVID-19.

The immunity is also extended to an act or omission while providing a health care service unrelated to COVID-19 if the act or omission supports the state's response to COVID-19, including delaying or canceling a nonurgent or elective dental, medical, or surgical procedure, or altering the diagnosis or treatment of an individual. This may also

include an act or omission undertaken by a health care provider or a health care facility because of a lack of staff, facility, medical device, treatment, equipment, or other resource, attributable to COVID-19.

The immunity does not apply to an act or omission that constitutes willful, reckless, or intentional acts.

The immunity bill garners broad support because it also provides for limited liability for premise owners for any act or omission resulting in damage or injury sustained from the individual's exposure to COVID - 19, unless the person exposes the individual to COVID - 19 through an act that constitutes actual malice; or intentionally exposes the individual to COVID - 19 with the intent to cause harm.

HB 1175 also provides for a safe harbor for compliance with statutes, regulations, or executive orders, if the act or omission was in substantial compliance or was consistent with a federal or state statute, regulation, or order related to COVID-19.

Stay Informed

As work done on the legislative level can rapidly change, it is best to stay informed on bills through our weekly e-physician and through our website ndmed.org. The NDMA bill tracker lists the status of all the bills we are following.

If there is a bill or an issue you would like to learn more about, please do not hesitate to contact me at ckoebele@ndmed.com.

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UND School of Medicine & Health Sciences

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

I'm looking forward to the time when I can provide an update regarding the activities at your UND School of Medicine & Health Sciences without having to reference the impact of the pandemic on our operations. Let's hope that brighter days will occur sometime in 2021. But for now, all of our activities have been impacted by the virus in various ways. The incredible news is that thanks to the extraordinary efforts of our faculty, staff and students, the School continues to execute on its three core missions – to educate, to discover, and to serve the community of North Dakota and beyond – and to do so at a high level of accomplishment and achievement.

Let's start with education. In an effort to reduce some of the isolation and separation implicit with the pandemic and the imperative for physical distancing, I've been calling dozens and dozens of individual medical students with the goal over time of visiting with every one of them – just to connect and reassure them that they are part of a larger medical community. The uniform response I hear from students when I ask, "How are you doing?" is that they dearly miss many of the person-to-person interactions that they would have under usual conditions, but that all-in-all things are going as well as might be expected under the circumstances.

One of the very positive things we have going on at the School is outstanding leadership from our student leaders. Here's one example: as required by the Liaison Committee on Medical Education (LCME, the accrediting body for U.S. medical schools), the students are conducting a survey of student opinions on a wide variety of issues related to their education. Called the Independent Student Analysis (ISA), it is an important component of the accreditation process; our next site visit by the LCME will be in April 2022. Thanks to the incredible efforts of our student leaders, the School has achieved the unique accomplishment of having 100% completion of the survey by our 297 medical students from the first-year class through the fourth-year class! To the best of my knowledge, no other medical school in the country has ever achieved that milestone!

On the research front, our investigators have continued advancing

the frontiers of scientific knowledge despite the substantive challenges associated with doing research during a pandemic. In fact, our faculty and staff received more external funding to support their efforts during the past academic year than ever before, at over \$30 million. And for the first quarter of this current academic year, we have received more funding than ever before in a single quarter.

On the service front, we continue to aid and support community and other activities across the state. Healthcare workforce development is one important measure of our service activities, and the most recent report from the Association of American Medical Colleges shows just how well we are doing. Under a decade ago, North Dakota retained medical students for practice in the state after graduation at a rate well below the national average; we were at the 28th percentile, meaning that almost three-quarters of the states in the U.S. did better than we did in retention. **Data from this latest report show that we now are well above average, at the 69th percentile, meaning that we are doing better than two-thirds of the other states at keeping our graduates in-state.**

Finally, I'd like to repeat a request I made in the last column – **would you be willing to help advise a medical student regarding their career options and choices?** Students value such advice and mentorship tremendously, and we would be incredibly grateful if you would help students in this way. If so, visit med.und.edu/student-affairs-admissions/mentor to enter your contact and practice information. Volunteers who practice in specialty areas that are less well-represented (that is, those other than internal medicine, general surgery, general pediatrics, and family medicine) are in high demand; however, we would welcome any and all to sign up. We are fortunate that many physicians practicing in North Dakota have volunteered to be clinical faculty members at the UND School of Medicine & Health Sciences. Of the roughly 1,800 practicing physicians in the state, more than 1,200 of you are UND clinical (voluntary) faculty members – a higher proportion than in any other state in the country. We truly couldn't do it without you. So, thanks again. And special thanks if you also volunteer to be a career advisor. Our students will be most grateful!

Warmest wishes from my wife, Dr. Susan Farkas, and me for a safe and healthy 2021! And please remember – physical distancing does not mean social distancing. Stay in touch, stay safe, and thank you for all that you do.

You Can Refer a Child for a *wish*

As medical professionals, you know that while COVID-19 has changed a lot of things, it hasn't changed the fact that children across North Dakota are still being diagnosed with critical illnesses. What you might not know is that we at **Make-A-Wish North Dakota** are still actively seeking referrals of these children to ensure they get their wish come true. We need your help! We have delayed all wishes that include out-of-state travel and large crowds but are still granting all kinds of other

wishes like Sean's wish to have a puppy this past September or Hunter's wish to have a gaming PC in November. If any children in your care may qualify for a wish, we invite you to **please refer them today at md.wish.org**. Wishes are not medicine, but they bring hope and joy at a critical time in children's lives, and they can transform them for a brighter future. Thank you for all you do!



Wish Kid
Dexter

Make-A-Wish®
NORTH DAKOTA

**REFER A CHILD AT
[MD.WISH.ORG](https://md.wish.org)**

Awards Recognition & Policy Forum Wrap Up



Senator John Hoeven

NDMA's Annual Meeting launched with great success as President Misty Anderson welcomed our congressional leader guests to the online forum: Senator John Hoeven, Senator Kevin Cramer and Representative Kelly Armstrong.

Each delegate was given a 15-minute window to share the latest information from the hill, as it relates to health care, particularly during the pandemic.

The delegates thanked physicians for their essential service in combatting the coronavirus public health emergency and outlined federal efforts to support physicians' critical work. The delegation understands the serious situation of health care workers being able to provide for patients during the pandemic and have worked hard to advance needed assistance.



Senator Kevin Cramer

Part of that legislation includes the Provider Relief Fund established under the Coronavirus Assistance, Relief and Economic Security (CARES) Act, from which North Dakota providers have received more than \$300 million so far.

Following is a summary of legislative issues supported by North Dakota's delegation:

- Supporting rural physician workforce production.
- Extending the J-1 visa waiver program to allow international doctors to remain in the United States upon completing their residency to practice in underserved areas, such as rural communities.
- Extending telehealth services.



Representative Kelly Armstrong

The delegates also fielded questions from members on CDC guidelines and on efforts to ensure people have continued access to coverage.

This was a great opportunity for members to learn more about the good work being done by our congressional delegates, to also learn more about the issues being worked on, and the process of passing effective legislation.

The meeting kicked off with brief updates by President Misty Anderson and NDMA Executive Director Courtney Koebele. Following the updates, NDMA recognized some very deserving individuals for their contributions to medicine and patient care.

40 YEARS OF SERVICE

We continue our tradition of recognizing physicians who have achieved at least 40 years of service to the medical community upon graduation from medical school (1980). Congratulations to these physicians for receiving their Forty-Year Certificate of Appreciation:

- Wayne Anderson MD, Williston
- Ashok Bansal MD, Grand Forks
- Philip Gattey MD, Bismarck
- Mark Hart MD, Bismarck
- Ward Fredrickson MD, Bismarck
- George Hiltz III MD, Bismarck
- Garth Teske MD, Fargo

PHYSICIAN COMMUNITY & PROFESSIONAL SERVICES

Dr. Michael Brown

Since 1977, NDMA has been honoring physicians with this prestigious award that recognizes physicians for outstanding leadership and service to the people of North Dakota. NDMA created this Physician Community and Professional Services Award to recognize outstanding members of our organization *who serve as role models and are active in both their profession and in their community*. Since 1977, this award has been presented to forty-four distinguished physicians.



The recipient of the NDMA Physician Community and Professional Services Award this year is Dr. Michael Brown, a distinguished physician who practiced medicine for nearly 40 years, Dr. Brown dedicated many years of service to the Grand Forks community serving as mayor and many other volunteer positions.

Dr. Michael Brown was nominated by Fargo physician and city mayor Dr. Tim Mahoney.

Dr. Mahoney says this about Dr. Brown: leadership roles have been and continue to be a big part of Dr. Brown's life. It's who he is. In the ND Physician Spring Issue, Dr. Brown was quoted as saying *"Leadership is to serve, to give, and to achieve together—it's putting people first and yourself last."*

FRIEND OF MEDICINE

Kirby Kruger

Chosen by the NDMA Executive Committee, *the 2020 Friend of Medicine Award* was given to Kirby Kruger for his contributions to outstanding service to North Dakota during a time of crisis – the COVID pandemic. Kirby has worked for the North Dakota Dept. of Health for 30 years and has been a tireless advocate for public health.



Kirby Kruger, Medical Services Section Chief for the North Dakota Dept. of Health, was

nominated for the award by coworker and NDMA member Dr. Joan Connell.

Dr. Connell says this about Kirby: He has been a courageous leader during this pandemic. From the beginning, he has reached out to NDMA to inform, consult and partner on issues. He works the endless hours, to publish the guidelines, to do the interviews, and to make the recommendations for all our health.

COPIC HUMANITARIAN

Dr. Dennis Wolf

For the second year, NDMA is pleased to present the COPIC Humanitarian Award. This award honors a physician for volunteer medical services and contributions to the community.



This year's COPIC Humanitarian Award was presented to Dr. Dennis Wolf.

As part of the award, COPIC designates a \$10,000 donation to a 501 (c)(3) charity of the recipient's choice. Dr. Wolf has selected Able, Inc., of Dickinson as his charity of choice.

Nominated by Dr. Kamille Sherman, she has this to say about Dr. Wolf: Dr. Wolf has dedicated his life to the practice of medicine in rural North Dakota for nearly 60 years, during which time he has demonstrated unceasing commitment to medicine and his community.

POLICY FORUM

During this event, NDMA conducted a 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 and brought to the November 24th NDMA Council meeting, which were adopted for implementation.

- **Racial Health Inequity** – This is a policy position supporting racial health equity. Nationwide, this has become an issue, particularly during the pandemic. Recent studies show that racial and ethnic minorities experience a lower quality of health care and are less likely to receive routine medical care and face higher rates of morbidity and mortality than non-minorities. NDMA should adopt a policy statement opposing racially and culturally based disparities in health care in North Dakota and support initiatives to alleviate these disparities in North Dakota.
- **Telemedicine Payment Parity** – This is a policy position encouraging telemedicine payment parity. In 2017, the North Dakota Legislature passed coverage parity, which is not payment parity. Payment parity is necessary to have a sustainable model. NDMA should support telemedicine payment parity in the 2021 ND Legislative Session.
- **COVID-19 Foundation for Healthy Habits Appeal** – This unprecedented pandemic has presented many issues for our nation, including physicians and their patients. This topic proposes to use the foundational elements of COVID-19 healthy habits summarized into a white paper document; then used to advocate for patient health. This tool can be used to recruit physicians to adopt and promote the white paper. Physician recruitment may be conducted in a variety of avenues, such as promoting through online signatures or one-on-one recruitment.

Review complete topic details here: <https://www.ndmed.org/2020-online-annual-meeting/ndma-policy-forum-2020/>.

THANK YOU TO ALL WHO PARTICIPATED IN THE ANNUAL MEETING.



Nursing homes and their Medical Directors are invited to join weekly telementoring sessions on Quality Improvement.

The Agency for Healthcare Research and Quality (AHRQ) has created a nationwide effort to improve NH quality with a focus on COVID-19 which has disproportionately impacted long term care facilities.

A 16 week "boot camp" on QAPI follows a 32-week QAPI in Action series. UND Geriatrics is the host for these sessions that brings regional experts together in a COVID Action Network.

Weekly Zoom at noon offers presentations from the Institute for Healthcare Improvement, case reports and discussions about the newest and latest information on the pandemic as it impacts nursing homes.

Program Goals

- Prevent COVID-19 from entering the nursing home
- Prevent viral spread
- Practice best care of COVID-19
- Protect/preserve nursing home staff
- Manage family members and visitors
- Enhance Quality Assurance/Performance Improvement (QAPI)

Program Format

- Weekly ECHO sessions (60 minutes) with core faculty and 30 other facilities for 16 weeks
- Quality improvement topic focus by IHI (20 minutes)
- Case presentation, e.g., system issue, patient care, etc. (20 minutes)
- Q & A (20 minutes)
- Optional weekly "office hours" for an additional 36 weeks following initial sessions

Program Benefits

- Reduce COVID-19 and future communicable diseases
- Receive up to \$6,000 per facility for 16-week program participation
- Access to reimbursement funds from CMS (\$2B available nationally)
- Establish IHI quality improvement accreditation

Program Resources

- UND Geriatrics and faculty
- ECHO telementoring network
- IHI mentorship and accreditation
- Peer facility network (100+)



www.dakotageriatrics.org • DakotaGeriatrics@und.edu • 701-777-6936

Bismarck Cancer Center Undergoes Expansion and Capital Campaign



After years of planning for the growing number of diagnosed cancer cases, the Bismarck Cancer Center announces a \$14 million expansion that will double the facility's square footage.

This initiative will allow the Center to continue to make a meaningful impact on the lives of individuals in this region in need of cancer care. The expansion will bring a second floor, renovations to the first floor, and an additional third linear accelerator and second CT scanner.

The Cancer Center has seen steady growth in the past decade, with an anticipated 30% increase in patient visits over the next decade. "This community recognizes the Bismarck Cancer Center for its state-of-the-art technology and compassionate care. It's essential for us to be looking to the future and growing our facility to meet those increased demands," says Amy Gross, Executive

Director. "This expansion provides the necessary space for the clinic's supportive and healing environment—a comfortable place where a team of professionals can deliver the very best care."

To help support this endeavor, the Center has launched a capital campaign, "*Healing for Today. Building Hope for Tomorrow*". The campaign will allow philanthropic support for the future of the region's cancer care.

Construction began in the fall of 2020 with a completion goal by year-end 2021. The Bismarck Cancer Center, a radiation therapy center, is a cooperative venture of Sanford Health Bismarck and CHI St. Alexius Health. For more information, please contact Sara Kelsch at 701-222-6119 or email skelsch@bismarckcancercenter.com.

HEALING FOR TODAY **BUILDING HOPE FOR TOMORROW** A CAPITAL CAMPAIGN FOR BISMARCK CANCER CENTER

MAKE A DIFFERENCE TODAY! SUPPORT THE *HEALING FOR TODAY,* *BUILDING HOPE FOR TOMORROW* CAPITAL CAMPAIGN

For more information or to make your commitment today,
visit our campaign webpage at

www.bismarckcancercenter.com/pledge-card

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COVID-19 IMMUNITY PROTECTIONS AND LIMITATIONS

Briana L. Rummel



The COVID-19 pandemic has altered much about the way we go about our ordinary lives. Everything from banking to grocery shopping to primary and secondary education looks and feels very different than this time last year. Healthcare is no exception. As healthcare providers may be required to make difficult decisions due to overwhelmed facilities, staff shortages, and a reduction in available medical equipment, they may wonder whether the decisions they are making expose them or their employers to liability for professional negligence. The answer to that question is, it depends.

Several states, to varying degrees and levels, either legislatively, or by executive order, created protections to limit the civil liability of healthcare providers and facilities for patient injuries or death during the COVID-19 pandemic. While the approach to COVID-19 immunity varies widely across states, one common theme has emerged. Many statutes and gubernatorial orders alter the measure of the applicable standard of care. Ordinarily, in professional negligence actions, a healthcare provider's conduct is measured against that of a reasonably prudent provider in their line of work under the same or substantially similar circumstances. In contrast, many of the COVID-19 immunity provisions require a showing of gross negligence, recklessness, or intentional misconduct before a civil action may be maintained. In addition, several of the COVID-19 immunity provisions limit recovery to economic damages sustained as a result of serious, or substantial, physical injury and death, preventing a plaintiff from seeking non-economic or punitive damages.



There are still, of course, many open questions as it relates to COVID-19 liability protections and limitations.

For example, can they, or should they, apply retroactively?

Should the immunity apply only to care rendered to patients being treated for COVID-19?

Should it extend more broadly to COVID-19 patient care that may be impacted by limited staff, space, and resources as a result of the pandemic?

Should these types of provisions be specific to COVID-19 or attempt to address the possibility of future pandemics?

These questions are only a few of the many considerations to be made related to COVID-19 liability protections and limitations. These questions are also particularly relevant in North Dakota, which unlike a majority of states, does not yet have COVID-19 immunity provisions, either by legislative enactment or executive order. The lack of immunity provisions in North Dakota, however, does not necessarily mean North Dakota providers are exposed to greater liability than providers practicing elsewhere. Arguably, the applicable standard of care should account for constraints placed on the healthcare system due to the COVID-19 pandemic. In addition, the lack of a uniformly recognized protocol for caring for patients with COVID-19 will likely inform the standard of care by which a healthcare provider's conduct can be fairly and reliably measured. Just as we are all uncertain whether and when our ordinary lives will return to a semblance of normal, it remains to be seen whether and when North Dakota may implement COVID-19 immunity provisions, by statute or otherwise.



Briana Rummel

Angie Lord

Brenda Blazer

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Bone & Joint Center Pioneers New Surgical Technology

Brian Dahl, MD

Orthopaedic Surgeon

The Bone and Joint Center in Bismarck has served North Dakota residents for over forty-six years and is the largest private group of orthopaedic surgeons in North Dakota. Nearly all of our surgeons are native to this great state and are recognized as leaders in orthopaedics. We are proud of our partnerships throughout North Dakota which allow us to offer orthopaedic services to patients in their home communities. **Today, The Bone & Joint Center offers full-time clinic services in Dickinson and Minot as well as outreach clinics in Beulah, Garrison, Hazen, Hettinger, Linton, Turtle Lake, Williston, and Wishek.**

ROSA Robot Surgical Assistant

The Bone & Joint Center is committed to innovation and excellence in serving patients and to carry out that commitment, we have most recently pioneered new surgical technology in the region by using the ROSA robot for total knees. The ROSA robotic surgical assistant was developed by Zimmer Biomet and enables surgeons to carry out knee replacement with greater precision by utilizing real-time information and assists The Bone & Joint surgeons with precise placement of the knee implants based on a person's unique anatomy. During the surgery, the ROSA knee functions like a high-tech GPS system utilizing optical trackers and a mini-camera attached to the leg to determine the exact position of the knee in space. The ROSA system makes adjustments with

even the slightest movement of the legs ensuring the surgical plan designed by the surgeon is carried out without any changes and with a high degree of precision. Throughout the procedure, the surgeon is provided with real-time data by the system, which enhances the surgeon's skill, enabling accurate placement of the knee implant.

Total Joint Program

Our Total Joint Program is unequalled in North Dakota. **Dr. Dahl, Dr. Bopp, Dr. Joe Carlson, and Dr. Chad Carlson** offer surgery safely in outpatient settings including Bismarck Surgical Associates and CHI St. Alexius. The Total Joint Program guides our patients through the preoperative and postoperative care to achieve results that exceed national standards and is now being used nationally as a model of care for other surgery centers. Altogether, our surgeons, including **Dr. Cote from Dickinson**, perform over fifteen hundred total joints every year!

The Bone & Joint Center has fellowship trained physicians in the areas of total hip and knee surgery, foot and ankle, hand and upper extremity, and sports medicine. All here to serve the needs of North Dakota!

In addition to our strong Total Joint Program we have resources for every orthopaedic need. **Dr. Juelson** is fellowship trained in sports medicine at the renowned Andrews Institute in Florida. He performs sophisticated realignment and joint preserving procedures including the MACI operation for cartilage repair using your own cells. **Dr. Pierce, Dr. Ackerman, and Dr. Norrie** are upper extremity specialists at the Bone and Joint Center that keep our community functioning. Debilitating injuries and chronic maladies of the hand, elbow, and shoulder often cannot be cared for without advanced training and surgical expertise. Providing access to high quality surgeons allow our patients to get the care they need right here at home.

Supporting and improving North Dakota orthopaedic care is our passion. On the national level, **Dr. Ackerman** is active in advocating for change to policy that will positively impact our patients and communities. He works to ensure patients have the right to seek out the best physicians and to educate lawmakers about the consequences of bills that may otherwise go unnoticed.

The Bone & Joint Center is grateful for the partnership with physicians, advanced practice providers, patients, and policy makers throughout the state. We look forward to caring for North Dakota for years to come!

DISCLAIMER: Promotional features represent the views of The Bone and Joint Center and are not representative of NDMA.

www.ndmed.org





NORTH DAKOTA PROFESSIONAL
HEALTH PROGRAM

Physician Suicide

SUBMITTED BY THE NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM (NDPHP)

For more than 150 years it has been known that physicians have an increased propensity to die by suicide. Approximately 300-400 physicians die by suicide a year, or an average of a doctor a day.

In every population, suicide is almost invariably the result of untreated or inadequately treated depression or other mental illness that may or may not include a substance use disorder.

Because of their greater knowledge of and better access to lethal means, physicians have a far higher suicide completion rate than the general population. Physicians are a "high control" population (along with law enforcement, lawyers and clergy) and situations that decrease physicians' ability to control their environment, workplace or employment conditions play a significant role in physician suicide.

There is a stigma associated with depression in almost all cultures, which seems to be greatly magnified among medical practitioners. Although physicians generally heed their own advice about avoiding smoking and other common risk factors for early mortality, they are decidedly reluctant to address depression. Depression is very common in medical students and residents, with 15-30% of them screening positive for depressive symptoms.

To some extent, physicians feel an obligation to appear healthy, perhaps as evidence of their ability to heal others.

Physicians may find it painful to share their experience of mental illness with others and feel that doing so could be risky.

The most common psychiatric diagnoses among physicians who complete suicide are affective disorders (e.g., depression and bipolar disease) alcohol and other substance use disorders. Physicians experience mental illness and substance use disorders at the same rate as the general public, but they have the benefit of access to the services of professional health programs.

Physicians need to be aware of the existence of professional health programs in nearly every state and province, which allow a physician who is compliant with treatment to avoid disclosing mental illness or



substance use disorders that do not interfere with ability to practice to licensing authorities.

We are here to help. Contact NDPHP at 701-751-5090 or visit ndphp.org.

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



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COVID-19

Connecting Physicians through Wednesday Webinars

By Donna Thronson
NDMA Communications Director



Joan Connell, MD



Andrew McLean, MD



Tim Wiedrich,
ND Dept. of Health



Timothy Mahoney, MD

As we look back at the onset of the COVID-19 pandemic, NDMA is pleased to make a difference by banding physicians together through an online network known to us as Wednesday Webinars.

The webinars serve as a platform to keep the physician community connected across the state's health care facilities and allows opportunities to share how the pandemic has impacted their physician practice and caring for patients.

Each webinar kicks off with a NDMA Physician Advisory Group update from the group's chair, **Dr. Joan Connell**; then leads into more specific topics that allow physicians to share information.

The first webinar launched on April 1st with a physician wellness topic on maintaining during stressful times presented by **Dr. Andrew McLean**. He stressed that remembering to maintain a sense of human is helpful when attempting to balance demands and the importance of being resilient by not only having a goal of recovery but to also seek ways to improve, learn, and benefit from the experiences. One example is that the pandemic has expanded telemedicine opportunities, which ultimately has greatly impacted access to rural health care.

Other webinars shared experiences caring for COVID-19 hospitalized patients; COVID-19's impact on pregnancy and newborns; and some sessions gathered chief medical officers from the big six health care centers to share treatment protocols and hospital capacity workload, including staffing issues.

In early May, when Governor Burgum began lifting restrictions and hospitals were gearing up to restart elective surgeries, questions on whether facilities would have enough personal protective equipment (PPE) were looming and if surgeries could move forward. To help ease tension, the ND Department of Health's co-section chief for the Unified Command, **Tim Wiedrich**, shared how the state implemented the Battelle PPE decontamination system, which allows health care facilities the option to clean and reuse precious inventory, particularly N95 masks.

Fargo mayor, **Dr. Timothy Mahoney**, joined us to share what their city was doing for virus control strategies. As mayor, early on he implemented directives, such as wearing face coverings and limiting gatherings. To help gain community support, Dr. Mahoney said that the message you send to the community is important. For example, he asked Fargo citizens to comply with the COVID-19 directives by reminding the people that if we comply now and rates remain low, we can get our summer back. For Dr. Mahoney, he admits that juggling being a practicing surgeon and a politician does have its challenges. He notes these are challenging times when you stare at the face of uncertainty as we continue to learn more about the virus and treatment options.



Avish Nagpal, MD



Paul Carson, MD



Karl Viddal, MD



Parag Kumar, MD

Dr. Avish Nagpal, infectious disease specialist from Fargo Sanford Health, has been a key participant to share on-going treatment of COVID-19 infected patients. One grave concern is that some patients present with the condition known as silent hypoxia, when a patient's blood oxygen saturation levels are exceedingly low but are not gasping for breath. He stressed these are very sick patients, but their disease does not present like typical acute respiratory distress syndrome. Their lungs are not oxygenating the blood, but patients still tend to appear alert and feeling relatively well. The concern is that patients are showing up in the hospital in worse health than they realize, and this condition can quickly result in needing to intubate a patient. Dr. Nagpal has also been instrumental in sharing with the group the latest treatment options, and how well the treatments respond to the virus.

Dr. Paul Carson, NDSU Director for Center for Immunization Research and Education, provided several updates on COVID-19, covering what we know about immunity and the vaccine pipeline. He covered how infection control in long term care centers is most likely dependent upon how well staff are being judicious in proper masking, wearing face shields and hand disinfecting, and encouraged those charged with long term care oversight to assure workers were using proper prevention measures. He also dispelled misinformation by groups that share how prevention measures such as masking do not work and warns that data presented by these groups is not scientific. To make his point, Dr. Carson presented the latest data on the effectiveness of using masks – a body of evidence that continues to grow and support these efforts. He also shared the importance of randomized controlled trials and that for hydroxychloroquine there were eight studies that show no benefit to using this as a COVID-19 treatment.

Another guest appearance was **Dr. Karl Viddal**. Originally from Canada, Dr. Viddal completed his residency with the Hettinger Rural Training Track of the UND SMHS for Family Medicine in Bismarck, graduated in 2019 and opened a practice in Phoenix, AZ. During the COVID-19 pandemic, Dr. Viddal contracted the virus and spent 55 days hospitalized. For this webinar, Dr. Viddal made the trip back to Hettinger's West River Health Services to share his story through a Wednesday Webinar. His story is an emotional encounter of his experience being in a medically induced coma for 28 days. During the time spent in a coma, he could hear people speaking around his bed, but it seemed like a dream that he

could not leave. He advises physicians—that if you are caring for a patient in a medically induced coma, remember that they can probably hear you and feel your presence. Take the time to grab that patient's hand and tell them, “it's gonna be ok.”

Because he became infected in early spring, Dr. Viddal did not have convalescent plasma treatment, nor Remdesivir or dexamethazone. He did have hydroxychloroquine boosted with azithromycin, which did not improve his condition. With nothing else to try, doctors turned to extracorporeal membrane oxygenation or ECMO, a complicated technique that is not widely available in the United States.

The ECMO machine, often called the highest form of life support, uses a pump to circulate a patient's blood through an artificial lung. The artificial lung adds oxygen and takes out carbon dioxide before the blood is returned to the patient.

The pandemic has left deep footprints on families, many who experienced losing a loved one way too soon and having to adjust to new ways to socialize, educate, celebrate, and worship. A tremendous burden has been placed on physicians and health care professionals as they care for patients and put their own lives at stake. One needs to look deep to see past the pandemic's negative impact; however, NDMA is pleased to be the organization that can help unite physicians during these trying times.

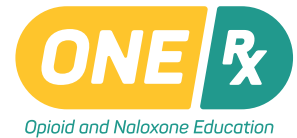
The good work NDMA provides would not be possible without champions. Some stand out in a crowd, and for that we are forever grateful. One particular champion is **Dr. Parag Kumar**, a pediatric hospitalist at Bismarck Sanford Health and clinical professor and clerkship director at UND School of Medicine & Health Sciences. Dr. Kumar takes the time to attend each webinar, either as a speaker or participant, and challenges us all with questions and opportunities that can lead us to the next important feature on the Wednesday Webinar.

To Dr. Kumar, and to all those that participate, the NDMA leadership thanks you for your contributions.

Stay tuned through the NDMA weekly e-Physician for updates.

To date, a total of 19 Wednesday Webinars are recorded and available for viewing on our website: ndmed.org.

ONE Rx: Upstream Prevention of Opioid-Related Harm – More important in the pandemic than ever before



The coronavirus pandemic was the topic of most of the headlines and national conversations in 2020. However, recent reports are also beginning to show that the opioid crisis is steadily worsening under the surface. More than 40 states have reported increases in opioid-related mortality since the pandemic began and emergency medical service activations for overdose-related cardiac arrests rose nearly 50% from January to August 2020 as compared to the same time period in 2019. We must not forget that despite the pandemic, continued focus on

preventing and addressing opioid-related harms is of vital importance. ONE Rx can help!

ONE Rx is an evidence-based mechanism for identification of risk of opioid-related harms and takes 5 minutes. Opioid and Naloxone Education (ONE Rx) is an opioid misuse prevention program designed by North Dakota healthcare researchers that focuses on upstream prevention of opioid-related harms. It involves screening of patients with an opioid prescription to identify risks of accidental overdose and misuse. Screening leads to delivery of tailored interventions including: medication take-back, education, referral to community support services, and naloxone prescribing. ONE Rx has been implemented in 35 pharmacies throughout North Dakota (<https://onerxproject.org/locate-a-one-rx-pharmacy/>) and expansion outside the state is underway.

Since inception, ONE Rx has screened 7000 patients and more than 23% were identified as at-risk for accidental overdose and 4% as at-risk for opioid misuse. In total, 88% of patients received information about proper opioid disposal and 18% of high-risk patients were prescribed naloxone by a pharmacist.

What Should Prescribers Know?

Pharmacists in 35 pharmacies throughout North Dakota are screening and providing targeted interventions for patients prescribed opioids (see map at <https://onerxproject.org/locate-a-one-rx-pharmacy/>). **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.

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/>



TOGETHER, WE IMPROVE PUBLIC HEALTH

The COVID-19 pandemic has shown us the value of strong public health programs. With in-class, online and hybrid programs in Health Management & Policy, Indigenous Health and Population Health Research & Analytics, we're preparing professionals to take on the public health challenges facing North Dakota, now and in the future.

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Opioid and Naloxone Education



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

5,000+ patients screened

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

18% dispensed naloxone

Find out how ONE Rx can enhance your patient care at www.onerxnd.org

Life is driven by purpose



Charles Cooper
Private Banking Manager



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Private Banking Manager

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Our history begins with Farmer's State Bank in Arnegard, North Dakota. The bank was issued its first charter and opened for business on May 1, 1910. In 1911, Odin Stenehjelm became the first Farmer's State Bank cashier and Gerhard Stenehjelm, his brother, became its first President. It was the only bank in McKenzie County to survive the Great Depression and reopen after President Franklin Delano Roosevelt ordered the banks closed for a week in March 1933.

In 1934, the bank moved to Watford City when it was named the county seat of McKenzie County. At that time, the name was changed to First International Bank. "Never a Loss of a Depositor's Dollar," was not only a slogan but a point of pride for the family-owned bank as the country and North Dakota's residents moved forward from the Great Depression.

Today, Stenehjelm bankers continue to lead FIBT. With Chairman and CEO Stephen L. Stenehjelm at the helm, the bank now operates offices in North Dakota, Minnesota, and Arizona. Our foundation has been built on the bonds between our employees and our customers. FIBT remains committed to those relationships, while at the same time we continue to grow our footprint and product offerings to serve our clients best.

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Physician Wellness During the COVID-19 Pandemic

Vijay Gaba, MD

Practicing physician and associate professor at the University of North Dakota School of Medicine

Toward the end of World War II, Sir Winston Churchill rightly said, “Never let a good crisis go to waste.”

Even before the COVID-19 pandemic, healthcare workers were suffering from an under diagnosed epidemic: ‘burnout.’ It has been compared to Post Traumatic Stress Disorder seen in soldiers after a war. It has been described as “an experience of emotional exhaustion, depersonalization, and feelings of low achievement and decreased effectiveness.”

We have all had to change our daily routine because of this pandemic. Some of us are working the frontlines, others are facing decreased staff availability, nervous patients, visit cancellations, and decreased income. On top of all this, we are concerned about our own parents, siblings, spouses, and children at home.

We still do not know how long this COVID-19 pandemic will last and there is so much uncertainty about treatment and vaccination. The current political climate in this country is only adding to the uncertainty with the management of the pandemic and vaccine distribution strategies. Social distancing has lead to isolation, loss of our daily routines, and less access to some coping strategies.

In the time of pandemic, what can we do to manage stress?

It is extremely important for us to think positive, even during the bad days.

Yoga is one stress management tool that we can do from our homes. Unlike some other activities, we can practice yoga in a small space with little to no equipment. It can be done on our own or with guidance. There are now many virtual live sessions that allow the potential for connection with others, a valuable offering in this time of isolation.

There is good evidence to support that yoga can relieve stress. People who practice yoga are more calm, experience less anxiety and less symptoms of post-traumatic stress disorder. Yoga also improves wellbeing, including increased gratitude, compassion, relatedness, acceptance, centeredness, empowerment, self-esteem, compassion and self-awareness.

Yoga and meditation can also help to reduce the severity of COVID-19 by helping the immune system and improving lung health. There



are potential benefits for a patient’s neuroimmune system as yoga helps replace the fight or flight response with a “relaxation response.”

Yoga has three components

1. ‘Asana’ – practice of physical postures.
2. ‘Pranayama’ - practice of breath control.
3. ‘Dhyana’ - practice of meditation.

When we incorporate all three forms, while practicing yoga, it is called ‘balanced yoga’.

I will elaborate on one pranayama practice.

Pranayama, the practice of breath control in yoga, is considered as one of the best exercises for your lungs. Practicing pranayama regularly during the time of COVID-19 can help increase our lung capacity and lung efficiency and make us stronger and more able to deal with COVID-19 in case we are infected. One such pranayama is ‘Kapalabhati’ or ‘skull shining breath.’

How to do Kapalabhati Pranayama

- Start by sitting in a comfortable position.
- Keep your spine straight and close your eyes.
- Place your palms on your knees, facing up.
- Exhale completely.
- Inhale normally through the nostrils and exhale sharply, pulling your navel in toward your spine and allowing your belly to forcefully expel all the air from the diaphragm and lungs by compressing it.
- As you relax the navel and abdomen, your breath will flow into your lungs automatically.
- Try taking 20 such breaths to complete one round, relax without opening your eyes, and feel the sensations in your body. You may do two more rounds of Kapalabhati Pranayama. Beginners may start with just 2 minutes a day and gradually increase the practice with time.

Thank you,
Dr. Vijay Gaba

References:

1. Can Yoga and Meditation Help with Coronavirus Treatment? Hannah C. Jul 14, 2020 12:41 AM EDT. <https://www.sciencetimes.com/articles/26447/20200714/covid-19-update-can-yoga-and-meditation-help-with-coronavirus-treatment.htm>
2. A Perspective on Yoga as a Preventive Strategy for Coronavirus Disease 2019. R Nagarathna, I HR Nagendra, 2 and Vijaya Majumdar Int J Yoga. 2020 May-Aug; 13(2): 89–98. Published online 2020 May 1. doi: 10.4103/ijoy.IJOY_22_20



Continuing the Fight Against Substance Abuse

By Congressman Kelly Armstrong

The COVID-19 pandemic has amplified the focus for millions of Americans on healthcare. While much of our public health attention is rightly focused on fighting this virus, we cannot ignore the epidemic of substance use disorder, particularly opioid use, which still ravages communities across the country.

Since the onset of the pandemic, more than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental health condition or substance use disorder. The North Dakota Department of Behavioral Health has yet to release statewide 2020 data for opioid overdoses, but has indicated an increase in overdoses throughout the state during the pandemic.

The opioid crisis is a unique public health challenge that cuts across all demographic, ethnic, and socio-economic groups. This epidemic is broad and touches every community. While I have supported Congress' \$3 billion appropriation for opioid use disorder treatment since 2019, we need to proceed in a thoughtful manner that targets resources where they are needed. With the effects of the crisis varying across states and communities, it is essential to have local stakeholders at the table when making decisions. The federal government certainly has a role to play in combatting this crisis, but it is our states and local communities that are the best equipped to enact meaningful change.

For this reason, I am proud of the House's recent passage of a bill I am

co-leading, the State Opioid Response Grant Authorization Act. This legislation authorizes State Opioid Response (SOR) Grants and Tribal Opioid Response (TOR) Grants for six years, which have only been funded for two years by Congress starting in 2018. These important programs provide funding to states to reduce overdose related deaths through prevention, treatment, and recovery efforts. Further, the legislation authorizes \$1.5 billion in funding per year, which includes \$50 million for TOR Grants. If signed into law, state and tribal governments will receive consistent and reliable funding that can be allocated to various programs and will give healthcare providers critical support in helping their patients address this crisis.

One of many innovations to come from our response to the COVID-19 pandemic is the Drug Enforcement Agency's emergency authorization for healthcare professionals to temporarily use telehealth to prescribe Medication-Assisted Treatment. This has allowed easier access for patients to receive the care they need, particularly in rural and underserved parts of North Dakota. Congress has enacted a permanent authorization for this remote prescribing authority and I am working to ensure its swift implementation. It is imperative that we work with healthcare providers and local stakeholders to make this a permanent fixture of our healthcare landscape and ease the ability to get these lifesaving treatments where they are most needed.

When we are through this pandemic, our work to fight substance abuse will remain. It is important we remain vigilant and continue to provide resources and attention to this crisis.



Providing the Support our Health Care Professionals and Nation Need to End and Recover from the COVID-19 Pandemic

By Senator John Hoeven

CCOVID-19 has been one of the greatest challenges our nation has faced in recent memory. Americans from all corners have felt the impact of this public health emergency, whether in terms of personal loss or their own struggles with health or finances. Throughout these difficult times, our nation's health care professionals have remained steadfast, working long hours for months on end to treat and protect against this disease.

The phrase "essential worker" falls short in describing the sacrifices that our medical community has made this past year. We are deeply grateful for this service and are thankful that the end of this struggle is in sight, with vaccine distribution now underway and Congress having passed additional COVID-19 relief legislation.

In fact, the COVID-19 relief package recently passed by Congress includes significant resources to assist health care providers in treating those infected, preventing the disease's spread and inoculating our population,

ultimately bringing victory over this terrible pandemic.

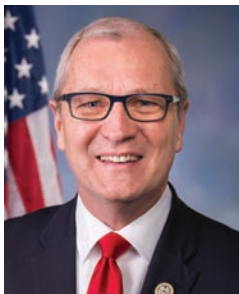
These priorities include:

- \$22.4 billion to support COVID-19 testing and contact tracing.
- \$20 billion for further vaccine development at the Biomedical Advanced Research and Development Authority (BARDA).
- \$8.75 billion to support vaccine distribution, access and coverage at the Centers for Disease Control and Prevention.
- \$3 billion for the Provider Relief Fund to assist hospitals and health care providers.
- \$3.25 billion for medical supplies and equipment at the National Strategic Stockpile.
- \$1.25 billion for research at the National Institutes of Health (NIH) to study and better understand the long-term effects of COVID-19.

While this important work continues, a critical element of our effort is providing the support families and businesses need to weather the broad impacts of this disease. The legislation we recently passed builds on the CARES Act, providing additional targeted assistance to meet remaining needs.

To this end, the latest relief legislation provides an additional \$325 billion for the Paycheck Protection Program, enabling small businesses to pay their bills and keep employees on payroll. For those whose careers were impacted by the pandemic, the bill extends the unemployment programs created by the CARES Act and authorizes a \$300 per week federal unemployment payment. The legislation also provides an Economic Impact Payment of \$600 per taxpayer, with the same amount being provided per qualifying child, and includes \$25 billion in rental assistance, while extending the eviction moratorium until the end of January.

Through these measures, we can protect the livelihoods of people across our nation, better empowering our communities to limit the further spread of COVID-19 until we've achieved widespread vaccination. That means, through the hard work of our health care professionals, we can end this pandemic sooner, with fewer lives lost and a stronger recovery afterwards.



Recently Passed Legislation Supports State Physicians With Nonimmigrant Visas

By Senator Kevin Cramer

Earlier this month, the Senate unanimously passed the Fairness for High-Skilled Immigrants Act, a bill to eliminate the arbitrary per-country-cap for employment-based immigrant visas in order to create a more merit-based system that levels the playing field for high-skilled immigrants. The bill does not create any new visas, and it provides protections to ensure domestic workers are not displaced by immigrant labor.

North Dakota is home to thousands of hard-working immigrants who bridge the gap between our workforce shortage and the immediate needs of many industries. Many of them have reached out to me to support legislation to remedy this unacceptable situation, and I have appreciated their input as Congress has considered the Fairness for High-Skilled Immigrants Act. Without them, important services would be unavailable in many parts of our state; and because of arbitrary per-country caps, their legal status is constantly in jeopardy. I helped lead the charge on this legislation in part because of the positive impacts it has on North Dakota's medical community.

Currently, no more than seven percent of employment-based immigrant visas can be given to the citizens of one country, leaving some professionals from larger countries on H-1B nonimmigrant visas to

face green card backlogs of up to multiple decades. At 4.68 percent, North Dakota employs the highest percentage of physicians on H-1B nonimmigrant visas in the United States. These doctors and other hospitalists lack peace of mind in their never-ending wait for a green card, despite living in and contributing to our communities for years.

Immigrants using H-1B visas provide care in every part of our state, including locations where it would otherwise be unattainable for North Dakotans to get the care they need. This bill will help these highly skilled professionals obtain permanent, legal status on their merits, not the place they were born.

High-skilled immigrants contribute a great deal to our state, and I am dedicated to ensuring North Dakotans have access to the care they need. It is well-known 2020 has highlighted the important role health care professionals play in our communities. To every member of the health care community, thank you. You have acted with excellence and professionalism to ensure the citizens of our great country receive the care they need, and your efforts have not gone unnoticed. As we await the approval and distribution of COVID vaccines, let us stand united in our support for the workers on the frontlines every day.

As always, I welcome your feedback on this and other issues impacting medical care across North Dakota in 2021 and beyond.



Dakota Lions Sight & Health
Eye and Tissue Donation

Dakota Lions Sight & Health begins recovery of nerves

Chad Hohwieler

Dakota Lions Sight & Health's Community Outreach Coordinator

Today, over 20 million Americans suffer from some form of peripheral nerve damage. Traumatic injuries, disease and other causes can result in physical impairment and separation of peripheral nerves.

If a patient's nerves cannot be properly reconnected, it may lead to the loss of sensory feeling, muscle and organ function or cause ongoing pain. For many patients, due to extent of injury or other contributing factors, a peripheral nerve transfer may not be a viable option and a transplant using donated nerves may be the best solution.

Due to ongoing advancements in surgical techniques and the effectiveness of posttransplant immunosuppression, the number of nerve transplantation surgeries continues to increase nationwide. This has led to a greater demand for properly recovered nerves for use in these potentially life-changing operations.

Dakota Lions Sight & Health has a long

history of recovering ocular tissue, heart valves, skin, bone, ligaments, cartilage and vascular tissue for use by local surgeons.

As part of the non-profit's mission of helping to enable the restoration of the gifts of sight and health, Dakota Lions Sight & Health is now also recovering peripheral nerves to be used for transplantation. Processed nerve tissue is now increasingly being used to reconstruct nerve pathways and repair damage to return motor and sensory function in injured areas.

Marcy Dimond, Chief Executive Officer of Dakota Lions Sight & Health, said, "Our organization is uniquely qualified for the recovery of nerve tissue. We have the facilities and highly trained team members to add this important function to the many other ways we help surgeons improve their patients' lives."

At the present time, Dakota Lions Sight & Health is working with Integra LifeSciences Corporation of Plainsboro, New Jersey, a leader in the nerve transplantation field, to

ensure proper processing and to streamline the distribution process.

"Today's use of donated peripheral nerves for transplantation has dramatically changed the options for treatment of injured patients," said Jerry Chang, Managing Partner and Chief Operating Officer of Samaritan Biologics, "To be successful requires those who recover the nerves to be experts at their jobs. With Dakota Lions Sight & Health, you know their technicians always receive the highest level of training and have a true commitment to their mission."

Dakota Lions Sight & Health is headquartered in Sioux Falls, South Dakota. Their state-of-the-art facility features a dedicated laboratory, two surgical recovery suites and in-house sterilization. The organization also has service offices in Rapid City, South Dakota; Bismarck, North Dakota, and Fargo, North Dakota. Each office has trained technicians on call 24/7 to perform recovery procedures.

You can learn more about Dakota Lions Sight & Health and the important work they do at dakotasight.org.



Within Normal Limits—A New Podcast by COPIC

COPIC has launched a podcast called Within Normal Limits: Navigating Medical Risks. Hosted by Eric Zacharias, MD, an internal medicine doctor and physician risk manager with COPIC, the podcast offers insights for physicians and medical providers on pitfalls to avoid and best practices to improve patient care. Each episode is around 20 minutes and focuses on conversations between Dr. Zacharias and other medical experts/physicians who provide practical guidance through detailed analysis and case study reviews.

Within Normal Limits is available on popular platforms such as Apple Podcasts, Google Podcasts, and Spotify. You can also go to www.callcopic.com/wnlpodcast for more information. New episodes will be posted throughout the year, so we encourage you to subscribe and hope you enjoy the podcast.

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COVID-19 Threatens Progress in Cancer Research

By Fadel Nammour, M.D.
ND Colorectal Cancer Roundtable
Steering Committee Member



When COVID-19 abruptly impacted our world, the American Cancer Society (ACS) was no exception. As the largest non-government funder of cancer research, the Society relies on community-based, in-person fundraising events, which have been disrupted during the pandemic. Today, the Society's world-renowned research program – which has played a role in almost every major cancer breakthrough in the last century – is at serious risk of losing significant funding.

Without this funding, we are at risk of losing an entire generation of progress against this disease. ***Not only does this impact our ability to save more lives from cancer, we risk a generation of scientists unable to launch their careers due to lack of funding.***

I interviewed two North Dakota researchers whose careers were launched through American Cancer Society funding – Gary Schwartz (PhD), Professor and Chair of Population Health at the University of North Dakota School of Medicine & Health Sciences, and John Wilkinson (PhD), Associate Professor of Chemistry and Biochemistry at North Dakota State University.

Read firsthand the importance of research funding, and consider making a donation to support the American Cancer Society at www.holidayfirhopend.org.

What is it like to receive research funding from the American Cancer Society?

Dr. Wilkinson: “For me, my ACS Research Scholar award was the first major grant I received as an independent investigator. At that early stage of my career, competing with established cancer researchers for the National Institutes of Health (NIH) funding (the major source of support for most investigators) was difficult. That award not only jump-started my career, but also confirmed that the ideas I had were moving in the right direction and had merit. The funding was great, but the intellectual boost was ultimately more valuable.”

Dr. Schwartz: "...making it to the funding line at ACS is like being in a tough race against your scientific competition and being the first to cross the finish line. It is an acknowledgment of the progress you have made and the incentive and means to take it to the next level."

What impact did American Cancer Society funding have on your professional career?

Dr. Wilkinson: "Receiving my ACS award was a major boost at the start of my career. I had submitted a similar proposal to the NIH that received very little enthusiasm, and to have the same science end up being the #2 grant in the ACS review panel was a major confidence boost. The funding allowed me to expand my research interests at an early stage, and to take a few risks that I would not have been wise to take without the support from ACS. Those risks ended up working out!"

Dr. Schwartz: "The value of ACS support is difficult to overstate. In the most direct way, it is a means to accomplish the research you painstakingly describe in the application for support. However, in the larger sense, it is validation of your efforts and provides entry into other services from ACS that sometimes get less mention than they deserve. I include in this the outstanding annual meetings that ACS provides for many grantees and the networking opportunities to work with other ACS grantees."

What is your focus of research now? How have you seen the American Cancer Society help shape the current world of cancer research?

Dr. Wilkinson: "The work my group is undertaking now is the logical extension of the studies we started in our ACS project. The exact nature of our research is a little different than what I envisioned more than ten years ago (in a good way), but the core scientific premise we are investigating remains the same. I think I'm a good example of how ACS fosters risky but meritorious science: my project would have taken a lot longer if I had struggled for 2-5 more years getting funding from the NIH, and the nature of the work would have been much more incremental, "vanilla" if you will, had that been the route taken to get research support."

Dr. Schwartz: "The focus of the support I received from ACS at the time concerned our work on vitamin D and calcium in blood and risk of prostate cancer. Through the twists and turns that many scientific careers take, we are still working on serum

calcium, but in ovarian cancer, and are using what we learned to develop triage and early diagnosis tests in ovarian cancer. Women who develop ovarian cancer show an increase in serum calcium and a decrease in serum albumin. This is especially exciting because there are no early diagnostic tests for ovarian cancer, which is the 5th most common cancer among women in the U.S. and one of the most fatal."

What impact can cancer research have (directly or indirectly) on day to day clinical practice and patient care here in ND?

Dr. Wilkinson: "Not just in North Dakota, but across the globe, it is always difficult to predict how basic science research (and even translational research) can/will impact clinical practices. Any improvement we make in early detection, more advanced drugs with fewer side effects, or improved surgical practices will lead to improvements in patient care. The challenge of cancer has always been that it is not one disease; cancer is thousands of diseases that share some commonalities but ultimately vary significantly from patient to patient. That means that improvements in cancer therapy are unlikely to be a magic bullet/one-size-fits-all leap forward. We are more likely to make smaller, more incremental advances that over time will converge on "cure." This is where the broad efforts of cancer researchers are so important: my work may not lead to a cure for all patients suffering from pancreatic cancer, but for a select few, it may be the difference between getting their affairs in order now and planning to see their grandchildren for the next ten Christmases."

Dr. Schwartz: "From the vantage point of cancer epidemiology, North Dakota is a fascinating state. ND has unexplained excesses for some very common cancers, including colorectal cancer, thyroid cancer and chronic lymphocytic leukemia (we have the highest rates in the U.S. for the latter), as well as low rates—also unexplained, for some other cancers, such as brain cancer. So North Dakota is really a natural laboratory for understanding cancer in our state and in the world."

Failing to invest in research now means that we will have fewer preventative tools, fewer treatment options, lost progress towards a cure, and ultimately, more deaths from cancer in the future.

Together, we can save and improve more lives but only if we keep pushing forward, embracing and pursuing new treatments and scientific frontiers. Without funding, there is no hope.

Cancer cannot wait. Donate today. www.holidayfirhopend.org



Managing the Impact of Missed or Delayed Diagnoses of Non-Covid Conditions

By Eric Zacharias, M.D.

COPIC Department of Patient Safety and Risk Management

CASE STUDY

A 72-year-old woman called her physician's office with concerns regarding several days of intermittent, mild chest pain. The patient has a history of coronary heart disease with a successful coronary artery stent procedure approximately seven years prior. At a cardiology follow-up visit in February, her examination and testing, including an echocardiogram and nuclear stress imaging, were normal. The patient is fully independent, but lives in assisted living with her husband. When she received the message of a patient with chest pain, the physician advised her staff to tell the patient to go immediately to the nearest emergency department.

The patient refused to go to the hospital and was extremely anxious. The physician called the patient back, and the patient said she was very worried about going to the ER because of the risks of contracting COVID-19. The patient was hopeful that the physician could do a telehealth visit to determine if the chest pain was coming from her heart. The physician wondered if special forms or charting would help protect her from allegations of negligent care if the patient wound up having complications from undiagnosed cardiac chest pain.

ANALYSIS

This case illustrates one of the many challenges during the era of COVID-19. Fortunately, the physician had a strong relationship with her patient and maintained timely and open communication from the outset. When they did a telehealth visit, the physician was able to appreciate the degree of and rationale for the patient's fear of visiting the emergency department. The physician made it clear to her patient that it was impossible to adequately exclude cardiac chest pain by a telehealth appointment. In addition, the physician had an informed refusal discussion with the patient and documented this contemporaneously in the patient's medical record.

While there is no "standard" way to address all the myriad disruptions that COVID-19 has caused, there are a few simple measures that will help you maintain quality health care and reduce the potential for allegations of negligence:

- When you are changing the care setting from what would typically be standard for a given situation, such as the use of telehealth, document your thought process and include the patient in the decision-making process. Are they clear that there are potential risks to the new setting?
- When performing follow-up procedures or screening studies that were delayed because of COVID-19 restrictions or concerns, document that either hospital policies or a triage plan resulted in the delay.
- Be cognizant of risks of allegations of abandonment if dismissing a patient for nonpayment of bills. Many individuals have unexpectedly lost health insurance coverage recently. Sometimes a thoughtful discussion with the patient can help them find appropriate continuity or more affordable care.

The irony of the pandemic is that the fear of exposure to COVID-19 is causing patients with conditions that have known beneficial treatments to forgo that helpful care. Many times, the fear of exposure is much less risk than the untreated medical condition. For those instances in which the patient is informed, competent to make decisions, understands the risks and benefits, and still chooses to refuse beneficial care, it may be appropriate to utilize an informed refusal form.

Communicating openly and honestly with patients as best as you can helps keep patients as partners in their care and reduce confusion about why they have not had a planned procedure within the expected time frame. During these conversations, it may be appropriate to mention how issues such as community viral load, the availability of testing, and the testing turnaround times can drive decisions. What is true today might not be true tomorrow, and patients should be kept informed as the situation evolves.



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