

North Dakota Physician

SUMMER 2022



 NDMA

Paul Carson, MD, FACP
61st Faculty Lectureship Award
Two Years on a Pandemic Frontline

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

Submissions

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

Advertising

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

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

Copyright 2022 North Dakota Medical Association. All rights reserved.

North Dakota Medical Association Council Officers

Joshua C. Ranum, MD, President
Stephanie K. Dahl, MD, Vice President
Parag Kumar, MD, Policy Forum Chair
Erica C. Hofland, MD, Secretary-Treasurer
Misty K. Anderson, DO, Immediate Past President
Fadel E. Nammour, MD, AMA Delegate
David F. Schmitz, MD, AMA Alternate Delegate

Councilors

Joseph E. Adducci, MD
Neville M. Alberto, MD
Misty K. Anderson, DO
Joan M. Connell, MD
Stephanie K. Dahl, MD
Kent R. Hoerauf, MD
Scott E. Knutson, MD
Kevin J. Mork, MD
Sarah L. Schatz, MD
Randolph E. Szlabick, MD
Ana M. Tobiasz, MD
Dennis E. Wolf, MD

Commission and PAC Chairs

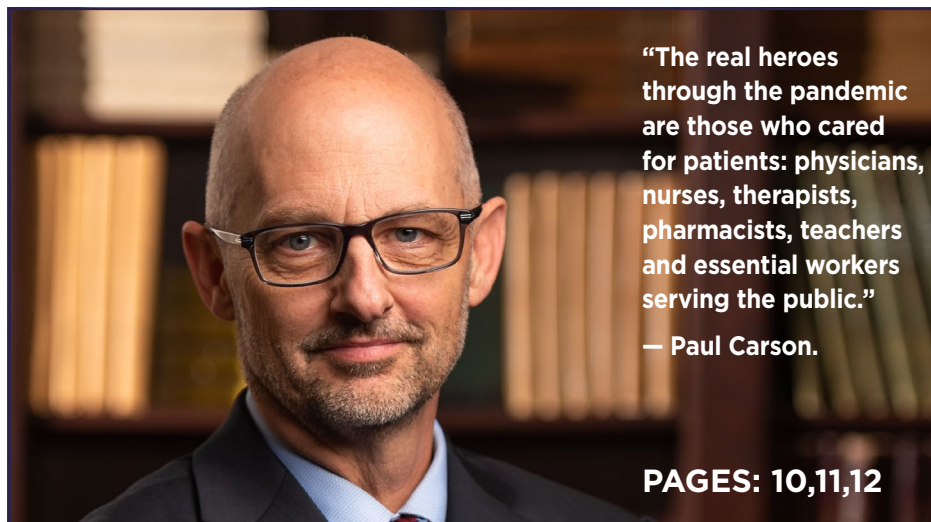
Parag Kumar, MD, Socio-Economics
Sarah L. Schatz, MD, Legislation and Governmental Relations
Shari L. Orser, MD, Medical Services and Public Relations
Dinesh Bande, MD, Medical Education
Thomas I. Strinden, MD, NDMA PAC

Staff

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



IN THIS ISSUE



"The real heroes through the pandemic are those who cared for patients: physicians, nurses, therapists, pharmacists, teachers and essential workers serving the public."

— Paul Carson.

PAGES: 10,11,12

- | | |
|--|--|
| <p>3 PRESIDENT'S MESSAGE
Building Resilience
Joshua Ranum, MD
NDMA President</p> <p>4 NDMA IN ACTION
A Blank Slate - North Dakota Legislative Changes
Courtney M. Koebele, JD
NDMA Executive Director</p> <p>6 NEWS FROM THE DEAN
UND School of Medicine & Health Sciences
Joshua Wynne, MD, MBA, MPH
UND Vice President for Health Affairs, Dean UND School of Medicine & Health Sciences</p> <p>7 NDMA Physician Members Awarded For UND SMHS Faculty Support</p> <p>8 Analysis Of The North Dakota Supreme Court's Recent Decision Addressing Application Of The Peer Review Privilege</p> <p>10 FEATURE
The 61st Faculty Lectureship Award Two Years On a Pandemic Frontline
Dr. Paul Carson</p> <p>13 CONGRESSIONAL UPDATE
Traveling Nursing Agencies Across The Health Care Industry
Senator Kevin Cramer</p> | <p>14 CONGRESSIONAL UPDATE
A Thank You To North Dakota's Health Care Professionals
Congressman Kelly Armstrong</p> <p>15 CONGRESSIONAL UPDATE
Working To Ensure North Dakotans Can Access Mental Health Care
Senator John Hoeven</p> <p>16 Expanded Sanford Clinic Unites Primary and Specialty Care</p> <p>18 NDMA UND SMHS Student Awards</p> <p>20 Colorectal Cancer Screening: New Cost-Sharing Guidances</p> <p>20 Prescription Connection</p> <p>21 Women's Way: Serving Women For 25 Years</p> <p>22 Bismarck Cancer Center Expansion Is Complete</p> <p>23 Now Offering IG-SRT Treatments</p> <p>24 SafeSide - Suicide Prevention Primary CARE Training</p> <p>24 Call For Award Nominations</p> <p>25 Neurosurgeon Dr. Steven Kraljic Joins The Bone & Joint Center</p> <p>28 The Medicaid Expansion Audience—Great Challenge and A Greater Opportunity</p> <p>30 Key Legal And Regulatory Issues With Telehealth</p> |
|--|--|



Joshua Ranum, MD
NDMA PRESIDENT

Building Resilience

Greetings, everyone. As I write this article for the SUMMER issue, our state is digging out from a massive spring blizzard. Although severe, it has brought much needed moisture this spring and hopefully ushers in a verdant summer. Today's snowstorm leads to tomorrow's green grass.

Passing the two-year pandemic mark and now dealing with a three-day blizzard has me contemplating resilience. We've been through a lot as a society the last two plus years. It's affected us deeply, and the statistics are frightening. Traffic deaths up 20%, overdoses have dramatically increased, road rage kills one person every 17 hours, 18% of nurses have left healthcare. Our limbic systems are on full alert; we're in chronic fight or flight. On the other side of trauma, though, is resilience. A tree that doesn't bend in the wind breaks. Or, as Bruce Lee more eloquently put it, "Be like water." For a fascinating review of the neurobiology of disasters and practical steps to help yourself and others, check out Dr. Kira Mauseth's Building Resilience lecture on YouTube. Her approach to conflict de-escalation is a practical skill I certainly need to improve upon.

One of the most effective ways to build resilience is to connect with others. The interruption of social connections during the pandemic caused many unintended consequences and that damage will be felt for decades. Reconnect – it's therapeutic.

I was fortunate recently to attend a district medical society meeting in Dickinson, reconnect with colleagues, and meet other physicians I hadn't met yet. It was a therapeutic evening. One evening can't undo the traumas of the past two years, but it's a start. Connect with your colleagues formally or informally. A district medical society meeting is a great place to do that.

Another great opportunity to reconnect is our upcoming Annual Meeting, October 6th and 7th, in Fargo. This year's meeting will be held in conjunction with the American College of Physicians' and Society of Hospital Medicine's ND Chapters. This year's program is excellent and also includes the policy forum and our awards luncheon (which may or may not contain a musical number). I look forward to reconnecting with you at the Annual Meeting.



SAVE THE DATE

2022 ANNUAL MEETING

OCTOBER 6 - OCTOBER 7, 2022

FARGO, ND | DELTA BY MARRIOTT



Courtney M. Koebele, JD
NDMA Executive Director

A Blank Slate – North Dakota Legislative Changes

As primary election season rolls around, North Dakota is facing almost entirely new legislature leadership, and many new legislators in many of the state's districts.

Many long-time leaders with decades of experience are retiring, such as the majority and minority leaders in the Senate, and the majority leader in the House. The current speaker of the house—with over 25 years of service in the legislature—was defeated in his district endorsing convention and has chosen to not run in the primary. The Senate appropriations committee chair—with 40 years in the Senate—announced his retirement and resigned his position as of June 30.

Many other legislators opted to not seek re-election. For those that seek re-election, if not endorsed by their district, they are forced to run in the primary against their own district's choice.

For the June primary, 24 seats are up for re-election due to contested district endorsements—four times the number of seats in past elections. This could mean a great deal of turnover in the legislature. The Senate Human Services committee alone, which receives many health policy issues impacting physicians, will have at least two new members, since two Republican members chose to not seek re-election. This is the opportunity to form new relationships with your legislative policy-makers. We need champions of medicine in the legislature.

For legislators to become supporters, an understanding of issues facing physicians and their patients is paramount. As is the case with most of the general public, many legislators have no experience with the day-to-day practice of medicine and have pre-conceived ideas of how health care works. We must take action now to educate on the facts and how proposed changes to the healthcare system can improve health care outcomes.

- Don't wait. Now is the time to contact legislators—before they are installed in their office and working full-time during the legislative session. One effective option is to offer to be a resource for them on health care issues.

- The challenge. Out of 141 seats, 98 are up for re-election with a majority of the districts having at least one seat up for election. I challenge you to look up your legislators and ask to meet and get to know them. Here is the link to finding your legislator: <https://ndlegis.gov/lcn/assembly/constituentViews/public/findmylegislator.htm>

- Don't give up. Even though you may think a legislator has settled on an opposing view, don't give up. Positions on issues can be changed through education and by building trust and relationships.

WHAT'S ON THE MENU

Because of the influx of new members into the legislature, many issues that may be considered settled may be brought back into

the mix. Issues that may be on the table in 2023 include vaccines, behavioral health, abortion, telemedicine, scope of practice and acute psychiatric hospitalization.

We need all members to become advocacy champions for medicine in their own districts. As the old saying goes, if you are not at the table, then you are on the menu. And as we are seeing, medicine is the special of the day.



NDMA is on the front lines advocating for you and your patients on crucial issues that impact medicine, fighting on your behalf for improved insurance coverage, fair reimbursement and prevention and wellness initiatives.

Supporting the PAC is the easiest, quickest, and most effective way to make your voice heard.

Support the PAC with a financial gift today!

To participate, mail your contribution to NDMA PAC • 1622 East Interstate Ave. • Bismarck, ND 58503 or contact the office at 701-223-9475 • All major credit cards accepted

Say yes to your Dream Home



Ready to find the perfect home for you and your family? First International Bank & Trust's Physician Loan Program offers a loan process designed to meet your needs. Our Private Bankers and Mortgage Loan Officers will work together to determine the best program and custom loan process created with you in mind. We understand how busy life can be, so we'll work with you when the time is right, according to your schedule. Give us a call when you're ready to say yes to Living First.

Renee Daffinrud
Private Banking Manager
(701) 751-8511 | rdaffinrud@FIBT.com
NMLS #814596



Lindsey Rath-Wald
Private Banker
(701) 851-0110 | lrath-wald@FIBT.com
NMLS #1993737



FIBT.com

Member FDIC



0007_12-21



UND School of Medicine & Health Sciences



Joshua Wynne, MD, MBA, MPH

UND Vice President for Health Affairs
Dean UND School of Medicine & Health Sciences

Despite major challenges—including a pandemic that never seems to end, supply chain issues, inflation, and a troubled world—our UND School of Medicine & Health Sciences faculty, staff and students have not only persevered but excelled. There is no better demonstration of this than the commencement ceremony that took place recently for the medical student Class of 2022. Soon, these 69 newly minted doctors will be joining residencies in North Dakota and elsewhere. Over 40 percent of the class matched into the primary care specialties of family medicine, internal medicine, obstetrics & gynecology, and pediatrics. About 17 percent of the cohort is set to enter family medicine, which is especially important and reassuring for a rural state like North Dakota. Also noteworthy were the higher-than-national average percentages of the class going into psychiatry and pathology. Given the shortages and needs in those two specialty areas, this is a positive step forward in addressing staffing issues.

The commencement speaker for the medical student ceremony was Dr. Rhome Hughes, a former SMHS faculty member who was invited back by the class and generously agreed to return for his address. His address was personal, poignant, and moving. He certainly helped the students conceptualize the transition that they now face from student to practitioner. But as he pointed out, even as practitioners the new grads must remain students for the duration—and learn as they grow as physicians.

Recognizing Outstanding Contributions

One of the highlights of commencement day festivities is the opportunity to recognize the outstanding contributions from a variety of faculty members, both full- and part-time/voluntary. This year we had four winners of the Dean's Special Recognition Awards for Outstanding Volunteer Faculty who were nominated by their respective regional campus deans. The winners are:

- Jo Ellison, Ph.D., ABPP, Clinical Assistant Professor of Psychiatry & Behavioral Science, Essentia Health, Fargo, N.D.
- Jessie Fauntleroy, M.D., Clinical Instructor of Obstetrics and Gynecology, Trinity Health, Minot, N.D.

- Karalee Harper, MGMT, LAC, Clinical Instructor of Psychiatry & Behavioral Science, Heartview Foundation, Bismarck, N.D.
- Tana Setness Hoefs, M.D., Clinical Instructor of Obstetrics and Gynecology, Altru Health System, Grand Forks, N.D.

The Reverend Elmer and Min West Memorial Faculty Award went to the individual who coordinated our years-long preparations for the recently completed accreditation visit by a team from the Liaison Committee on Medical Education:

- Stephen Tinguely, M.D., Professor of Pediatrics, Assistant Dean for Medical Accreditation, and Chief Medical Accreditation Officer

Finally, the School of Medicine & Health Sciences Faculty Excellence Endowment Awards went to three individuals who have provided outstanding learning experiences for our medical and graduate students:

- Jon Solberg, M.D., Chair and Clinical Assistant Professor of Emergency Medicine
- Colin Combs, Ph.D., Chair and Professor of Biomedical Sciences
- Peter Sandroni, M.D., Assistant Professor of Family & Community Medicine, and Program Director, UND Center for Family Medicine, Minot

Medical Student Curriculum Reaccreditation

Another recent milestone was the completion of the reaccreditation process for the medical student curriculum by the Liaison Committee on Medical Education (LCME). As indicated before, this complicated and comprehensive effort was coordinated in an outstanding manner by Dr. Stephen Tinguely.

Accreditation typically lasts for eight years and then a team from the LCME returns for a several day visit. But a huge amount of preparatory work by our faculty, staff and students preceded the actual site visit, including the preparation and submission of many hundred pages of documents and narrative. We won't hear the official results of the visit until the LCME makes its determinations in October 2022.

Research and Sponsorship Activity

Another area where the faculty, staff and students of the SMHS have excelled—again, despite the pandemic—is in the area of research and sponsored activity.

Over the past few years, the research and discovery enterprise of the School has grown to a remarkable degree. If one uses the amount of external funding awarded to the SMHS to support such activities as one important metric of this growth, our research program has more than doubled in the past decade. That is a remarkable achievement, and it has moved the school higher on the list comparing our funding with that of other medical schools. Of course, funding in and of itself is not a direct measure of the impact and importance of the ensuing research, but it is a widely accepted surrogate.

Thus, despite the challenges presented by the pandemic, the faculty, staff and students of the SMHS have continued to do an amazing job in the face of adversity. A special note of thanks goes out to the many part-time and voluntary faculty members from across the state who play an essential role in the education of our medical (and other) students, and who have continued to do so despite the challenges imposed by the pandemic, heavy patient workloads, and not enough hours in the day. Thank you all so much—we literally couldn't do it without you!

NDMA Physician Members Awarded for UND SMHS Faculty Support

During the May 7th commencement ceremonies, the University of North Dakota School of Medicine & Health Sciences (SMHS) presented two NDMA members with awards. Of the roughly 1,700 physicians in North Dakota, more than 1,300 have voluntary clinical faculty appointments at the SMHS, said Joshua Wynne, M.D., M.B.A., M.P.H., vice president for health affairs and dean of the SMHS.

"As a community-based institution, the school could not carry out its educational mission without the dedication and sacrifice of our voluntary faculty members," Wynne added. "We are fortunate to have many dedicated physicians from across North Dakota who teach. These physicians have gone above and beyond the call of duty in giving our students the benefit of their time, experience, knowledge, and wisdom gained from years of caring for patients."

WE ARE GROWING OUR OWN HEALTH CARE PROVIDERS FOR NORTH DAKOTA

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



med.UND.edu





Dean's Special Recognition Award for Outstanding Volunteer Faculty

Tana S. Setness Hoefs, M.D.,
Clinical Instructor

of Obstetrics and Gynecology, Altru Health System of Grand Forks, received the Dean's Special Recognition Award for Outstanding Volunteer Faculty.



Outstanding Physician-Teacher

Bernie Dallum, M.D.,
Clinical Assistant Professor of Radiology,
Altru Health System of Grand Forks,
was selected by the

2022 medical student class as outstanding physician-teacher at the Grand Forks UND campus.



Analysis of The North Dakota Supreme Court's Recent Decision Addressing Application of the Peer Review Privilege

Briana Rummel

Attorney for Vogel Law Firm

Peer review privilege has long been established under North Dakota law. On March 17, 2022, the North Dakota Supreme Court issued its decision in *St. Alexius Medical Center, a North Dakota Corporation, d/b/a CHI St. Alexius Health Bismarck v. The Honorable Pam Nesvig, Judge of the Court, South Central Judicial District, et. al.* 2022 ND 65. In its first decision addressing the scope of the peer review privilege since 1996, the Court made abundantly clear what information need not, and cannot, be included in a privilege log to successfully assert the peer review privilege. The Court's strict application of the statutes' plain language further reinforced the application and scope of the privilege under North Dakota law.

What is the peer review privilege? Chapter 23-34 of the North Dakota Century Code provides that peer review records and related communications are not subject to subpoena, civil discovery or admission as evidence. Importantly, the peer review privilege promotes honest professional critique and candid self-analysis, ensuring high quality medical care will be available to the public. To that end, peer review records are confidential under the law and their use is limited to professional peer review.

Peer review records include "data, information, reports, documents, findings, compilations and summaries, testimony, and any other records generated by, acquired by, or given to a peer review organization as part of any professional peer review, regardless of when the record was created." N.D.C.C. § 23-34-01(4)((a)(1). Professional peer review is defined to include "all procedures of a peer review organization or functions it performs to monitor, evaluate, and take action to review the medical care provided to patients by health care organizations or health care providers." N.D.C.C. § 23-34-01(5). Peer review includes activities such as the collection and dissemination of data and statistics, identifying and analyzing trends in medical error, and providing for quality assurance.

Like all legal privileges there are narrow exceptions to the rule, including (1) testimony based on personal knowledge, but only if the information was not obtained as a result of participation in the peer review process, (2) peer review records subpoenaed by the North Dakota Board of Medicine, and (3) original source documents.

What is a privilege log? A privilege log is a document occasionally produced in the course of litigation. It describes the nature of documents withheld from disclosure and the legal privilege asserted. Under the North Dakota Rules of Civil Procedure, a privilege log must provide sufficient information regarding documents withheld from disclosure to allow the other party to assess the claim of privilege. Importantly, a privilege log need not include information which is itself privileged.

As the North Dakota Supreme Court explained, an assertion of the peer review privilege requires careful analysis of the applicable statutes to determine what information is protected from disclosure. 2022 ND 65, at ¶ 13. The Court specifically held the date of creation is irrelevant to the assertion of the privilege under North Dakota law and need not be included in a privilege log. *Id.* at ¶¶ 14-15. The Court also held that the identities of authors and recipients, as well as their positions, do not assist in assessing the privilege asserted. Compellingly, the Court reasoned this is the very type of "information the legislature has determined falls within the privilege itself." *Id.* at ¶ 19. Accordingly, the Court resolved any ambiguity litigants may have had regarding the information required in a privilege log to successfully assert the peer review privilege.

The North Dakota Supreme Court's full opinion is available at <https://www.ndcourts.gov/supreme-court/opinion/2022ND65>. The parties' oral arguments in this case are available at <https://www.youtube.com/watch?v=RCPBHOZfXho>.





Briana Rummel

Angie Lord

Brenda Blazer

OUR PRACTICE PROTECTING YOURS

When you as a healthcare professional need sound legal advice or a strong defense, Vogel attorneys are here to help. Our skilled and experienced team has an exceptional record partnering with physicians, multi-specialty health systems, hospitals, clinics, and other healthcare professionals on legal matters. Use our expertise to assist with:

- // Medical Malpractice Defense
- // Professional Board Matters
- // Risk Management
- // Compliance
- // Administrative Matters
- // Licensing

Bismarck // 701.258.7899

Fargo // 701.237.6983

vogellaw.com

VOGEL
Law Firm

With offices in Fargo, Bismarck and Grand Forks, ND, and Moorhead and Minneapolis, MN



Dr. Paul Carson, Medical Director of the NDSU Center for Immunization Research and Education (CIRE), became a regular consultant to the North Dakota Department of Health and served on Governor Doug Burgum's task force to address the pandemic response. He became known to many as the scientific expert and the voice of reason.

Throughout the pandemic, Dr. Carson's calm demeanor and straight forward approach to the science-based facts drew a great deal of attention from the public and media. He was featured on numerous webinars, townhalls, and answered many news media requests – too numerous to count. Inquiries came from

all over the state, country, and some even internationally.

Outstanding credentials give credence to why he was sought out for this position. His credentials include – but not limited to - specializing in the field of internal medicine and infectious diseases and serving as an instructor in the public health graduate program on the management of infectious diseases. In 2020, he received the NDSU College of Health Professions Mary J. Berg Award for Excellence in Teaching. In 2015, a pivotal point in his career, is when he founded the NDSU Center for Immunization Research and Education, which has received more than \$8 million in funding to address barriers to vaccination and means of increasing vaccine acceptance and uptake.

Kylie Hall, once a student taught under Dr. Carson's leadership in the NDSU public health master's program, is now the operations director of CIRE. Her experiences working first-hand with Dr. Carson provide testament to why state leaders seek him out for advice on challenging infectious disease issues. "Dr. Carson is incredibly well-respected across the state. He's the physician North Dakota looks to when an infectious disease threat is present," said Kylie. "I consider myself fortunate to work and learn with Dr. Carson each day. The Center would not be where we are without his contributions and leadership."

For these reasons, and going above and beyond the call of duty, Dr. Carson received NDSU's 61st Faculty Lectureship Award. The Faculty Lectureship, one of the oldest and most prestigious of the University's awards, recognizes sustained professional excellence in teaching, scholarly achievement, and service among current faculty at NDSU.

The 61st Faculty Lectureship Award *Two Years on a Pandemic Frontline*

By Donna Thronson
NDMA Communications Director

Throughout the pandemic, thousands of North Dakota health care professionals and support staff battled to protect our communities by going the extra mile. These warriors were met with face-to-face combat treating patients and taking the extra shifts, but some warriors – or public servants – were destined to serve in another capacity by getting the word out to the public. One such champion is Dr. Paul Carson.

When the pandemic hit, fear, anxiety and even paranoia proliferated. Conspiracy theories fueled through social media about the causes and treatments gave credence to unscientific misrepresentations about medications claiming to prevent, treat or cure the disease. To further exasperate the situation, this caused problems for public health officials' attempts to educate the public on credible information about the pandemic and the COVID-19 vaccine.

The 61st Faculty Lectureship Award lecture: Two Years on a Pandemic Frontline, Lessons Learned and Reflections for the Academy, focused on how vaccines have been one of the greatest public health accomplishments of the last century, and how those accomplishments are threatened by health misinformation and a rising tide of vaccine hesitancy. As part of his role in managing information in crisis situations, he also addressed lessons learned in public health from the COVID-19 pandemic.

WHAT WE LEARNED

Dr. Carson shared why it becomes so difficult for the public to recognize the severity of a pandemic and the importance of vaccination. “The problem with past pandemics is that no one remembers how past diseases have been eradicated,” said Carson. “These past diseases have faded from our collective consciousness.” Many do not remember how diseases that once impacted lives through suffering and death are no longer a threat - largely due to vaccines. While some diseases may appear to be less of a public threat as prevalence decreases, it is important for the public to understand that elimination does not mean eradication and why protecting themselves against vaccine-preventable diseases is important to prevent outbreaks.

Some diseases are making a comeback. Such as the Disneyland measles outbreak a few years ago; and more recently a measles outbreak in Brooklyn, New York. Even polio, which was on the cusp of being eradicated from the world, is making a comeback with cases identified in the Philippines, Israel, Mozambique, and Malawi. While not new, vaccine hesitancy has taken on a new meaning for many during the COVID-19 pandemic. “The real or imagined adverse effects of vaccines have outgrown concerns about the diseases the vaccines are meant to prevent,” said Carson. “We now have a new global health threat which is listed by the World Health Organization as Vaccine Hesitancy.”

MITIGATING THE NEXT THREAT: VACCINE HESITANCY

Tackling vaccine hesitancy is part of public health’s philosophy of upstream thinking and one of CIRE’s core values. Some projects researched included identifying how to improve vaccination rates through research and education.

ABOUT CIRE

In 2013, when Dr. Carson made the move to NDSU, he was asked to resurrect an advocacy group to help educate the public on the importance of vaccination. Recognizing the scope of the project, Dr. Carson proposed to take it one step further and develop a center that included an education and research component. That’s how it started.

Dr. Carson applied to the North Dakota University System State Board of Higher Education to develop a NDSU-based center for immunization research education, which was granted in 2015. It came with a caveat: the center would never ask the state for money and would need to function on grants.

One of the first grants the center received was a research grant from the Centers for Disease Control and Prevention (through the North Dakota Department of Health) to help improve childhood vaccine rates in the state. “The health department was noticing a steady decline in immunization rates of children entering schools,” said Carson. From 2012 to 2015, North Dakota became one of the fifth lowest states in vaccination rates for children entering kindergarten. CIRE was asked to investigate and study and make recommendations to the department and to the legislature.

At first glance, it appeared that that vaccine policies were too lenient; however, after digging deeper it was discovered that vaccine rates had more to do with how principals and superintendents of schools viewed and enforced existing policy.

A white paper of the findings was delivered to the legislature, the North Dakota Department of Public Instruction, and the North Dakota Department of Health. As a result, vaccination rates climbed back to the prior higher rates.

Another issue tackled by CIRE was how to improve vaccine rates for the Human Papillomavirus (HPV) vaccine. The problem is that sexually transmitted disease makes for uncomfortable conversations between the physician, the parents and child patient. To compound the dilemma, the public also had received a great deal of misinformation on the safety of this vaccine, even though the vaccine was proven to be very safe. CIRE studied over 100 clinics across the state and delivered state-of-the-art information to primary care providers on safety and efficacy of the vaccine; but most importantly a communications strategy was developed on how to have the difficult conversations.

The strategy worked. By 2020 North Dakota was the second-best state in the country for HPV immunization rates, second only to Rhode Island – a state that had mandated the vaccine for school entry. The success of this technique led to an even greater accomplishment. CIRE is now helping to develop a communication component as part of a curriculum for pre-professional schools. The idea is to train on the technique prior to going out into the field.



Dr. Paul Carson presents the 61st Faculty Lectureship Award lecture: Two Years on a Pandemic Frontline.

MAKING A DIFFERENCE

The magnitude of the pandemic quickly amplified the work of CIRE by providing students with real world examples in marketing, communication, and psychology. Students stepped up to the plate to assist many entities, including the North Dakota Department of Health and Governor Burgum in technical briefs, and were asked to serve on task forces for the county, state, and university system.

To disseminate the information quickly across the state, a partnership was forged with the North Dakota Department of Health and CIRE where Dr. Carson's outstanding efforts made a difference to get the word out. North Dakota Department of Health Immunization Director Molly Howell said that Dr. Carson's knowledge and expertise was instrumental in the Department's response to the pandemic by making difficult decisions less complicated.

"Dr. Carson's guidance has been critical to increasing vaccination rates and improving confidence in vaccines," said Molly. "He is an excellent communicator and has the ability to translate complicated science into understandable language."

THE SCIENCE VERSUS VACCINE HESITANCY

Vaccine hesitancy dates back to 1808 with the founding of the Antivaccine Society in the midst of the cowpox virus used to vaccinate against smallpox. Many vaccine hesitancy platforms back then are the same as today: personal liberty and autonomy or otherwise known as health freedom.

Another factor that leads to vaccine hesitancy is misinformation and fear of unknown or adverse effects. This very same fear can amplify and even induce adverse effects. Despite the science showing vaccine safety, adverse effects – whether real or imagined – can easily override trusted sources of information through quick-moving social media channels fueled by pseudoscience heroes.

"The problem is that science is fluid and it's a bit like sausage being made," said Dr. Carson. "Sometimes it's not a pretty process and the curtain has been pulled back on what science has been doing in a way I don't think has ever been seen in history before."

Dr. Carson said non-peer reviewed literature pre-prints are being put out on social media channels before the information has been verified. This causes the public to react as the data becomes more available and continues to change. "People are getting a look at the sausage before it's finished."

LESSONS LEARNED

Never let a good crisis go to waste. *Winston Churchill*

- Overconfidence and failure to proclaim uncertainty: leadership should have been quicker to acknowledge uncertainty.
- Prioritizing health over all goods: other competing values needed to be at the table.
- Addressing misinformation: use empathy to deliver a more credible message.
- Improving communication: invest in marketing and communication strategy to better communicate the science.
- Communicating the science: we must have a serious examination of mathematical and scientific literacy to "immunize" the next generation against misinformation.

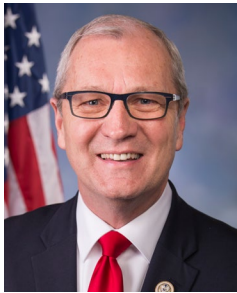
In closing, Dr. Carson extends a sincere thank you to everyone who has served on the front lines. "The real heroes through the pandemic are those who cared for patients: physicians, nurses, therapists, pharmacists, teachers and essential workers serving the public," said Carson.

To review Dr. Paul Carson's presentation, go to <https://www.youtube.com/watch?v=n7dY5Pmfky0>

NDMA extends a most sincere congratulations to Dr. Paul Carson for a job well done.



According to Dr. Paul Carson, his greatest accomplishment was marrying his wife of 37 years, Dr. Janine Carson (center). Their four children were present at the lecture: Therese (left) is a third year UND SMSH medical student; Grace (second from left) is a UND SMHS medical school graduate and completing her fourth-year residency in obstetrics and gynecology; Madeline (second from right) is a recent master's degree graduate in Counseling Psychology; Graham (right) is an engineer with a masters in mechanical engineering.



Traveling Nursing Agencies Across the Health Care Industry

Kevin Cramer

Republican Senator for North Dakota

The COVID-19 pandemic exacerbated struggles and challenges facing the health care industry, especially workforce shortages. Even before the pandemic hit the U.S., rural states such as North Dakota were struggling to employ the medical professionals necessary to care for their communities. With the pandemic, came a crippling shortage of health care professionals, particularly nurses, as a result of increased burnout and stress.

These shortages opened the door for travel nurses to fill positions. A challenging market dynamic emerged with agencies operating like contractors to supply nurses who travel to work in temporary nursing positions in hospitals around the country. I've heard anecdotal reports from constituents alleging these agencies inflate prices, essentially monopolizing the workforce.

My Senate colleagues, Bill Cassidy (R-LA) and Mark Kelly (D-AZ), wrote a letter to the Biden Administration emphasizing, "nurse staffing agencies are vastly inflating price, by two, three or more times pre-pandemic rates, and then taking 40% or more of the amount being charged to the hospitals for themselves in profits."

In addition to inflated prices, there is little to no transparency regarding how these agencies pay their employees. They act as middlemen between health care institutions and their travel nurses, charging institutions to employ their nurses and paying nurses for their rotations. There is little to no insight into the profit margins they keep for themselves. These allegations are especially concerning given the increased demand we are seeing for health care workers in rural settings as we continue to transition out of the COVID-19 pandemic.

I am introducing an upcoming bill requesting the Government Accountability Office (GAO) conduct a study to analyze the business and payment practices and the effects of travel nursing agencies across the health care industry. I share the concerns held by North Dakotans in the industry and it is critical this issue get the sunshine it needs.

If these allegations of anticompetitive pricing practices are true, particularly at the peak of high demand, there are a number of concerning consequences for providers and consumers, including inflated prices for care, the exacerbation of nursing shortages, and continued strain on the entire health care system. Doctors and nurses who choose not to travel are working irregular hours with constantly rotating staff and a fragmented work environment, which risks lower-quality yet more expensive patient care. Like many issues facing remote and rural areas, the workforce shortages ultimately have an outsized influence on rural and underserved areas like North Dakota.

Doctors, nurses, and health care professionals stepped up to the plate to provide care and administer life-saving treatments throughout the pandemic. The American people and the entire health care industry deserve a transparent view of these travel agencies. The goal isn't to impede workers' choices, but to shine light on poor practices with far-reaching effects on the quality of our health care system in rural America.

I welcome hearing from you about this issue and others affecting health care in North Dakota. Please know my door is always open to you in my offices in Washington and across North Dakota.



NDMA is the only statewide physician organization that provides advocacy & legislative representation to protect your practice.

We've Got Your Back

JOIN or RENEW TODAY!

Pay online at www.ndmed.org or contact us at 701-223-9475.

Learn more about membership at ndmed.org



Kelly Armstrong

Congressman for North Dakota

I have always admired the dedication North Dakota's health care professionals have for your work, patients, and communities. Two years after the arrival of COVID-19, my admiration and gratitude for your devotion has only grown. I am confident this is a feeling shared by many of my fellow North Dakotans. I believe I speak for all of them when I say to you, our providers, thank you. Your sacrifices have not gone unnoticed.

I know the past two years have been difficult for many. The pandemic has presented even more strains for health care workers and additional burdens on patients. We see a greater need for mental health services as substance use rises in North Dakota and across the nation. While we have been familiar with this issue for years, urgency and demand has increased substantially. More than 107,000 Americans died of drug overdoses in 2021, the most in our country's history.

Providing more resources to fight the twin epidemics of substance use and the mental health crisis have been a priority of mine. This Congress, I cosponsored the State Opioid Response Grant Authorization Act of 2021, which will provide state opioid response grants to state, local, and tribal governments to help provide resources. This bill overwhelmingly passed the U.S. House of Representatives last fall, and I am hopeful the Senate will pass this important funding.

Earlier this year, I helped introduce the Summer Barrow Prevention, Treatment, and Recovery Act that provides funding focused on overdose prevention, first responder training, co-prescribing programs, pregnant and postpartum women substance use disorder treatment, and alternatives to opioids in emergency rooms.

Though these challenges have intensified in recent years, one positive advancement

we have made during the pandemic is the increased access to telehealth for a variety of services. In a rural state like ours, patients often struggle to get the care they need due to a variety of factors, one being distance to the nearest provider. The advancement of telehealth is a breakthrough that I am hopeful we can see continued implementation of moving forward. I will continue to support legislation that will eliminate unnecessary regulatory barriers to further implementation of telehealth services.

I appreciate the work our healthcare professionals do for our communities, and I look forward to working with you to address these challenges we face head on. Our state, our communities, and our people are worth it. I welcome your expertise as we find ways to provide quality and affordable health care.

■ REFERRALS START WITH YOU ■

“This is my Wish!”

“I wish to have a Superhero-themed clubhouse in my backyard!”

Henrik, 9
Fargo
leukemia

DON'T WAIT FOR HOPE. Create it.

Hope is essential for children with critical illnesses, and you can unlock its life-changing power today. Help make wishes come true.

**REFER A CHILD AT
MD.WISH.ORG**

Make-A-Wish®
NORTH DAKOTA



John Hoeven

Republican Senator for North Dakota

Working to Ensure North Dakotans Can Access Mental Health Care

Access to mental health care is an important part of maintaining our overall quality of life, and this has become particularly challenging during the COVID-19 public health emergency. Many people, including those in North Dakota, have been faced with increased stress resulting from isolation, uncertainty, economic hardship and personal loss. We appreciate the good work of our health care professionals, including psychologists, psychiatrists, therapists, and social workers, who provided the mental health support needed to empower people across our nation to weather these difficult times. That's why I continue advancing efforts in the U.S. Senate to ensure our state's residents can access mental health care when it matters most.

To this end, I've worked as a member of the Senate Appropriations Committee to fund programs under the Substance Abuse and Mental Health Services Administration (SAMHSA). This includes the agency's suicide prevention activities, which we recently made more accessible with the passage of the National Suicide Hotline Designation Act of 2020, bipartisan legislation I cosponsored to establish a new, easy-to-remember 9-8-8 suicide lifeline. We've since provided \$100 million to launch this service, which will better connect those in crisis with support centers around the nation and will go live in July 2022.

At the same time, we've continued to support community health centers, critical access hospitals and all of our rural health care providers, who fill an essential role in serving our hardest-to-reach communities. Providers in rural communities face unique challenges, which were only made more difficult during the pandemic.

Among other efforts, we worked to overcome these issues by expanding the use of telehealth. This important tool gives our health care providers greater reach, while allowing those who are receiving care, including behavioral health services, to do so in a setting of their choosing. Accordingly, I helped introduce the Connect for Health Act, which would ensure that current telehealth flexibilities are extended on a permanent basis.

As we work to advance these priorities for all North Dakotans, we must remember in particular the tremendous debt we owe our veterans, who have earned the very best care. We must ensure that our veterans are treated for wounds both seen and unseen, and that's why I cosponsored and worked to pass legislation to strengthen mental health and suicide prevention programs at the U.S. Department of Veterans Affairs (VA). Specifically, this legislation empowers the VA to hire more mental health professionals, increase access to telehealth services and expands research into alternative treatments for post-traumatic stress and traumatic brain injury. We are also supporting innovative solutions for our servicemembers, like the Task Force True North program. This initiative embeds civilian mental health providers within units so that individual airmen are more comfortable seeking help when they need it.

Our behavioral health care professionals do a tremendous job in helping North Dakotans of all backgrounds to overcome a variety of challenges. The COVID-19 pandemic made the need for these services all the more clear, and through these and other efforts, we are working to support the success of our providers in aiding those in mental health crisis.

At the same time, we've continued to support community health centers, critical access hospitals and all of our rural health care providers, who fill an essential role in serving our hardest-to-reach communities.

Expanded Sanford Clinic Unites Primary and Specialty Care

Submitted by Sanford Health

The Sanford Veterans Square Clinic in Fargo, North Dakota, has undergone an expansion that more than doubles its size and dramatically increases the number of providers offering pediatric specialty services. With its opening in mid-December, the newly expanded clinic is making specialized pediatric care more convenient than ever for families and providers.

Children whose visits involve primary and specialty care can now complete both types of visits on the same day and in the same building.

This is a huge benefit for patients like Saysomone Shea and her young daughter Landon. They can now make one trip to see their primary care provider Stephanie Antony, MD, and specialty care provider Luis Casas, MD, at the Sanford Veterans Square Clinic.

“It’s the convenience of going to one place,” said Shea, whose daughter Landon has had ongoing appointments since birth due to being born 12 weeks premature. “We’re pretty blessed. I was thinking if I lived outside of Fargo, how convenient the clinic would be. I was also thinking about our providers. They can catch up with each other in the hallway if they want. That’s a big advantage.”

Under one roof

What was originally a 5,957-square-foot facility is now over 16,000 square feet with 30 additional exam rooms, two consult rooms, and additional physicians and providers. The pediatric specialties housed at the Veterans Square Clinic include endocrinology, nephrology, neurology, infectious disease, rheumatology, sleep medicine and genetic medicine.

“If you have questions, it’s fairly easy to get ahold of them now, but with the expansion, we’ll have the chance to just go down the hall and talk in person.”

“Sometimes when we coordinate services, the patient has to jump around town going to different places. More specialists in the same location will make it easier for patients and their families,” explained Dr. Casas, a pediatric endocrinologist.

Because Sanford Health is one of the only pediatric specialty providers in North Dakota, many patients travel from out of town. The clinic’s proximity to the hospital is helpful for those who are traveling long distances to receive specialty services.

“It makes it easy for patients if they have procedures at the hospital on the same day,” said Dr. Casas. “It also brings the specialists closer to the hospital, where we can easily run between the clinic and the hospital to care for patients.”

Dr. Antony added, “It’s going to be nice to have so many (providers) in one location. It’s going to be nice for the pediatricians to be able to go chat with specialists. If you have questions, it’s fairly easy to get ahold of them now, but with the expansion, we’ll have the chance to just go down the hall and talk in person.”

In addition to collaborating across pediatric specialties, the care team at the Sanford Veterans Square Clinic works diligently to keep referring providers included – partnering with them at every step.

Referring pediatric patients

When referring a patient to Sanford Health, the process is simple. Providers can submit a referral to the Sanford Health Referral Center at sanfordhealth.org/referral-center or (844) 851-1515. For a complete list of providers at the Sanford Veterans Square Clinic, visit sanfordhealth.org.





Pediatric specialty care *is right here.*

**When your child needs services that go beyond
general care, turn to Sanford Health.**

With our newly expanded Sanford Veterans Square
Clinic, we have a team of specialists under one roof
to provide pediatric specialty care close to home.

Pediatric specialties now at the Sanford
Veterans Square Clinic:

- Endocrinology
- Genetics
- Infectious disease
- Nephrology
- Neurology
- Rheumatology

**Refer your patients by visiting
childrens.sanfordhealth.org**



Congratulations!

2022 Alliance Awards

The NDMA Alliance recognizes two outstanding class of 2022 UND senior medical students. **Congratulations to the following graduates:**



Andrew Carman
Bismarck, ND
Psychiatry



Emily Falcon
Belcourt, ND
Family Medicine



Ryan Norri
Sandy, UT
Anesthesiology



Sarah Pippin
Williston, ND
Pediatrics



Cole Sogge
Glyndon, MN
Family Medicine

2022 Graduating Medical Student Outstanding Award Winners

Each year, NDMA recognizes three outstanding UND senior medical students. **Congratulations to the following 2022 graduates:**

UND School of Medicine & Health Sciences Sophomore Awards

Each year, the North Dakota Medical Association honors three UND sophomore medical students nominated by their peers for outstanding performance. This year's 2022 awards ceremony was held online in January. Outstanding performance was recognized in three curricular areas. **Congratulations to the following award recipients:**

North Dakota Medical Association Awards



Timothy Colwell
New Brighton, MN

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.



Dakota Snustad
Woodbury, MN

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.



Emily Hao
Fargo, ND

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.

North Dakota District Medical Society Awards

NDMA District Medical Societies Senior Awards

Each year, NDMA District Medical Societies recognize graduating UND School of Medicine & Health Sciences senior class medical students. The recipients are selected from each campus who best exemplify high scholarship and characteristics of integrity, leadership and initiative.

First District (Fargo) Southeast Campus



Bethany Freeland LeClair
Mayville, ND



Anne Sandstrom
Bismarck, ND

Third District (Grand Forks) Northeast Campus



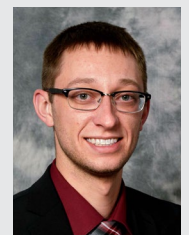
Seth Arntz
Thompson, ND

Fourth District (Minot) Northwest Campus



Erika Ysabelle Mojica
San Juan, Launion, Philippines

Sixth District (Bismarck) Southwest Campus



Bradley Conant
Fargo, ND



NDMA President Ranum Presents Awards

NDMA President Dr. Joshua Ranum (right) presented the North Dakota Medical Association awards during the May 7 UND SMHS commencement ceremony. Shown with Dr. Ranum are NDMA Alliance senior medical student award winners Andrew Carman and Emily Falcon (center), and Dr. Joshua Wynne (left), UND SMHS Dean and Vice President for Health Affairs.



Connell Receives Healthcare Hero Award

At a celebration honoring nurses and healthcare workers, NDMA member Dr. Joan Connell (pictured on the left next to Governor Doug Burgum) was awarded the Healthcare Hero Award. The event shines a spotlight on those that have gone above and beyond for their patients, working tirelessly on the front lines to ensure people in need of help are cared for. Dr. Connell, University of North Dakota Center for Family Medicine pediatrician, was recognized for her work as part of the pandemic response efforts in the fight against COVID-19. NDMA extends its most sincere congratulations! Well done.

thevillage **ENHANCING** *lives*

FAMILY SERVICE CENTER through behavioral health services:



MENTAL HEALTH COUNSELING

IN-HOME FAMILY THERAPY

CONSUMER CREDIT COUNSELING

**ADOPTION AND PREGNANCY
OPTIONS COUNSELING**

FIRST STEP RECOVERY (FARGO)

800.627.8220 | TheVillageFamily.org

Colorectal Cancer Screening: New Cost-Sharing Guidances



Quality Health Associates
of North Dakota

Jonathan Gardner, Data Manager
Quality Health Associates of North Dakota

For a long time, persons on nearly any insurance plan have been surprised with unexpected bills after routine preventive colorectal cancer screening procedures. They might go to sleep for a regular screening colonoscopy and wake up with a bill for a diagnostic or therapeutic colonoscopy due to findings or additional procedures that took place during the screening.

One of the goals of the Affordable Care Act (ACA), a comprehensive health care reform law enacted in March 2010, is to lower the costs of health care and make affordable health insurance available to more people. Section 4104 explicitly waives the beneficiary coinsurance and deductible for certain covered preventive services identified by the U.S. Preventive Services Task Force (USPSTF), including colonoscopy, sigmoidoscopy, and fecal occult blood testing (FOBT).

While the goal of Section 4104 of the ACA was to eliminate the coinsurance and deductibles for covered services, diagnostic or therapeutic colonoscopies have continued to be subject to coinsurance and deductible costs to beneficiaries.

To address this, the Biden Administration issued guidance in January 2022 clarifying the patient cost-sharing for preventive benefits under the ACA. Under this guidance, a colonoscopy scheduled as a screening procedure per the USPSTF recommendations should not result in cost-sharing for items and services integral to performing the procedure, including polyp removal and pathology.

In addition, the guidance states that “follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.”

Colonoscopies and related procedures scheduled and performed as a result a positive stool-based test, such as FIT, iFOBT, or mt-sDNA, should not result in cost-sharing.

Non-grandfathered plans under the ACA must implement this guidance for persons 45 and older for plan or policy years beginning on or after May 31, 2022. This guidance does not apply to traditional Medicaid programs except for those who may have coverage through Medicaid Expansion.

While this guidance also does not apply to Medicare plans, Congress has passed the Removing Barriers to Colorectal Cancer Screening Act in December 2020, which reduces cost-sharing for Medicare patients if polyps are found and removed during a screening colonoscopy. This bill is implemented in a phased approach, increasing the benefit by 5% every two years and eliminating all cost-sharing by 2030.

This new guidance will significantly reduce the cost of preventive services among Americans. However, it is important to verify coverage with the health insurance plan owner prior to scheduling any preventive services that may incur unexpected cost-sharing.

Affordable Care Act (<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>)

United States Preventive Services Taskforce Recommendation: Colorectal Cancer Screening (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>)

FAQs about Affordable Care Act Implementation Part 51 (<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>)

Medicare coverage of Colonoscopies (<https://www.medicare.gov/coverage/colonoscopies>)

Removing Barriers to Colorectal Cancer Screening Act (<https://www.congress.gov/bill/116th-congress/house-bill/1570>)

Prescription Connection

Prescription Connection is a North Dakota Insurance Department program that assists citizens of all ages in acquiring prescriptions that might otherwise be unattainable. A person may be eligible for assistance through the Prescription Connection program if he or she meets the following requirements:

- You must be a North Dakota resident.
- You do not qualify for any state assistance programs for prescription drugs.
- You have low income and/or you have financial challenges affording your prescriptions.

Physicians: Please inform your patients of this service so that they know the program is available if they may need assistance.

If your patient has long term medical or financial needs, they may be eligible to use Prescription Connection at: <https://www.insurance.nd.gov/consumers/prescription-connection>.

Physicians and other care providers may use the search function at www.nodakpharmacy.com to find participating pharmacies and available medications.

Women's Way: Serving Women For 25 Years

In 2022, North Dakota's *Women's Way* will celebrate 25 years of serving women. The effort to increase critical breast and cervical cancer screening services access to underserved women began in 1990 when Congress passed the Breast and Cervical Cancer Mortality Prevention Act (BCCMPA). This act directed the Centers for Disease Control and Prevention (CDC) to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1993, CDC provided funding to the North Dakota Department of Health for planning and system development for a breast and cervical cancer early detection program named *Women's Way*. Screening services began in 1997, utilizing four pilot sites. The next step was to expand program coverage statewide. Health care providers and facilities were enrolled, and the program became fully operational statewide, utilizing ten local coordinating units to recruit and enroll women in 1998.

Women's Way was providing screenings, but the 1990 BCCMPA did not authorize the CDC to pay for breast and cervical cancer treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which allowed states to offer those diagnosed with cancer in the NBCCEDP access to treatment through Medicaid. In 2001, the North Dakota state legislature passed, and Governor Hoeven signed legislation, allowing uninsured *Women's Way* clients diagnosed with breast or cervical cancer to access treatment coverage through Medicaid.

Today, more than 850 health care providers are enrolled as *Women's Way* providers making it possible for most individuals to receive services through their regular health care provider. Working together with providers, *Women's Way* has made it possible for 16,000 women to get screened, with just over 750 cancers and precancers being diagnosed.

Former *Women's Way* enrollee and cervical cancer survivor Linda Appelt, Surrey, ND, stated, "I'm thankful for *Women's Way* every day. If it wouldn't have been for their help, I probably wouldn't be here now."

Celebrating 25 YEARS

and 16,000
women screened

through *Women's Way*!



health.nd.gov/womens-way

Bismarck Cancer Center Expansion is Complete

In February of 2020, the Board of Trustees, comprised of representatives from Sanford Health Bismarck and CHI St. Alexius Health, along with Bismarck Cancer Center leadership, developed a plan to address our services' growing demands in our region.

In August of 2020, the Center broke ground on an expansion of the Center. The expansion included the construction of a second floor, the renovation of the first floor, and the addition of necessary medical equipment, including a third treatment machine and a second CT Scanner for additional specialized treatment. The second floor and renovation of part of the first floor provided the Center with more space for patients, including additional exam rooms, family counseling rooms, support services space, education/conference room, a procedure room, and administrative space.

What makes Bismarck Cancer Center unique is the available support services. In 2007, the Bismarck Cancer Center Foundation was established to provide wrap-around services.

Those services include lodging assistance, transportation assistance, massage and physical therapy, nutrition, spiritual and emotional care, support groups, yoga classes, art classes, equine therapy, and more. The Foundation continuously looks for additional ways to support cancer patients and their families. The extra space has enabled the Center to provide these necessary services better.

As of March of this year, the construction project is now complete! Staff moved into the second floor in February 2022, and we welcomed the public to view the facility in March. The cost of this initiative was \$14 million. The Cancer Center covered most of the expansion cost through past savings and investments, leaving a \$4 million goal to raise.

In November of 2020, the Center kicked off the Healing for Today, Building Hope for Tomorrow Capital Campaign and, to date, has raised over \$2.5 million towards the goal. The Bismarck Cancer Center is grateful to the many individual donors, businesses, and organizations who have supported the Center. The campaign is halfway through the three-year effort.



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
or scan the QR Code.



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

Now Offering IG-SRT Treatments

Fargo Center for Dermatology is proud to be the only dermatology clinic in North Dakota to offer patients a new, scalpel-free, non-surgical treatment option for non-melanoma skin cancer.

Our newest treatment offering, IG-SRT (image-guided superficial radiotherapy) is an excellent alternative treatment with a 99+% cure rate and ultrasound image guidance that rivals surgery.

NDMA member Dr. Ness, a graduate of the UND School of Medicine & Health Sciences, is the owner and founder of Fargo Center for Dermatology and has proudly provided care to her dermatology patients since 2008.



Refer a patient for this procedure by contacting Fargo Dermatology at 701.203.9852 or learn more at fargoderm.com



MEDICAL | SURGICAL | AESTHETIC
A 3173 43RD ST. S, FARGO, ND 58104 | P 701-478-8780 | W FARGODERM.COM

Don't wait to get your patients in for any of their dermatology needs!
Fargo Center For Dermatology can see all North Dakota patients through Telehealth or at our clinic! With a Board-Certified Dermatologist on-site we treat the entire family from infants to seniors!



DR. RACHEL NESS
BOARD-CERTIFIED DERMATOLOGIST





SafeSide – Suicide Prevention Primary CARE Training

Julie Blehm, MD

President of NDPHP Board of Directors

Suicide is a leading cause of death with over 45,000 Americans lost to suicide each year. Primary care represents a key intervention point given that 45 percent of people who die by suicide saw their primary care physician in the month before their death.

Recognizing this alarming statistic, the move to integrate behavioral health into primary care settings represents an opportunity to save lives.

Most primary care clinicians are eager to help, but training is hard to come by along with uncertainty about what defines a solid response to risk. We have a solution. The American Foundation for Suicide Prevention (AFSP) has partnered with SafeSide-Primary CARE, a program that focuses on a patient centered framework for suicide prevention in primary care.

SafeSide-Primary CARE Training

SafeSide-Primary CARE is co-taught by primary care psychologist and internationally recognized suicide prevention expert, Dr. Anthony R. Pisani, and a suicide attempt survivor, Kristina Mossgraber. The duo draws additional subject matter expertise from the University of Rochester faculty and team. Training includes three 50-minute sessions, provided in a blended video and group-based learning format.

The program's learning objectives are:

- Develop a sustained connection with patients to support direct conversations about suicide
- Gather and summarize assessment information that is actionable
- Respond to a patient's suicide risk level with appropriate interventions

- Extend the patient's care into behavioral health or other appropriate resources and supports

3.0 CME credits are available for physicians and there are also 3.0 education credits for nurses.

The ND Chapter of the American Foundation for Suicide Prevention was awarded \$125,000 from ND Human Services Behavioral Health Division to provide SafeSide training across North Dakota for 800 primary care providers including advance practice professionals and nursing staff at no cost to the clinicians or the healthcare systems.

SafeSide is not meant to replace current initiatives or practices already in place in the clinics. It is an additional tool in the clinician system's toolbox.

To learn more, contact Samantha Christopherson, area director of the ND Chapter of the American Foundation for Suicide Prevention: schristopherson@afsp.org or 701-371-1194.

NDMA | 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

Nominations must be submitted by August 31, 2022.

For questions contact NDMA at 701-223-9475.

NDMA 2022 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.

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.

COPIC is a participating partner with NDMA and offers this generous contribution to NDMA members.

DOWNLOAD A NOMINATION FORM AT NDMED.ORG



Neurosurgeon Dr. Steven Kraljic Joins The Bone & Joint Center

Steven Kraljic, MD
Neurosurgeon at Bone & Joint

“Dr. Steven Kraljic might be the newest addition to The Bone & Joint Center (he joined the practice in January 2022), but his connection to the Bismarck community is well established. For more than a decade, this board-certified neurosurgeon has been treating local patients for spinal and intracranial tumors, degenerative spinal disorders, and head and spinal trauma.

Like most of The Bone & Joint Center’s physicians, Dr. Kraljic is a North Dakota native. He earned an undergraduate degree from University of North Dakota, followed by receiving his medical degree from Creighton University School of Medicine, and he completed a neurosurgery residency at University of Iowa.

Get to Know Dr. Kraljic

Why was The Bone & Joint Center the right fit for you?

I am able to pursue independent practice while having the support of a well-established and respected group. I have practiced in Bismarck for over 15 years, and I look forward to serving the community and region for many years to come in conjunction with my colleagues at The Bone and Joint Center.

Describe your care philosophy.

I believe physicians are called to serve their patients. In my neurosurgical practice, that may mean through surgical intervention for degenerative conditions or trauma. It could, however, mean simply counseling them and offering conservative treatments to improve their quality of life.

What is the most rewarding thing about what you do?

Helping patients and families through difficult times, such as after intracranial trauma or a new tumor diagnosis. Also, helping patients regain their independence and return to a normal way of life.

Are you accepting new patients?

Yes, I am happy to see patients or discuss cases with referring physicians anytime.

To refer a patient
with Dr. Kraljic
please call
701.946.7400
to set up an
appointment
today



The Bone &
Joint Center

NORTH DAKOTA'S
LARGEST INDEPENDENT
ORTHOPAEDIC PRACTICE

Our **team of experts** includes board-certified orthopaedic surgeons, a board-certified neurosurgeon, experienced therapists and customer service specialists. With **convenient locations** across the state, including Bismarck, Dickinson, Minot and several outreach clinic locations, we're ready to deliver **high-quality care** to patients in a safe, comfortable environment.



Duncan B. Ackerman, MD



Timothy J. Bopp, MD



Chad B. Carlson, MD



Joseph W. Carlson, MD



Derrick O. Cote, MD



Brian P. Dahl, MD



Timothy J. Juelson, MD



Steven G. Kraljic, MD



Brock A. Norrie, MD



Troy D. Pierce, MD

1.800.424.2663 | www.bone-joint.com



Now offering quality evidence-based programs to help your patients achieve their care management goals.

Healthcare providers are the backbone of North Dakota's care delivery systems, providing a wide array of coordinated care to patients at all stages of life, treatment of chronic and acute conditions, referrals to adjunct services, and more.

NDC3 offers complementary supportive, educational programs to extend the care you provide for your patients with chronic pain and disease and those at risk for falls.

Programs

Diabetes Prevention & Management

- National Diabetes Prevention Program
- Better Choices, Better Health

Falls Prevention

- Stepping On
- TaiJiQuan: Moving for Better Balance

Chronic Pain and Disease Management

- Better Choices, Better Health: Chronic Conditions
- Better Choices, Better Health: Chronic Pain

Powerful Tools for Caregivers

Classes are offered either for free or at low-cost affordable rates throughout North Dakota and conducted in person or via Zoom. Learn more at ndc3.org.



NDC3
NORTH DAKOTA
Community Clinical Collaborative

You Can Make A Difference.

Refer your patients today to participate in healthier lifestyles.

For more information about programs facilitated by NDC3, visit the website at <https://ndc3.org/>.



STOP JOINT PAIN

ORTHOPEDIC CARE
AT SANFORD HEALTH

At Sanford Orthopedics & Sports Medicine, our team offers the treatment options your patients need to manage current joint pain or plan for a future total joint replacement. We'll work together to help your patients live without pain holding them back.

Get expert orthopedic care for:

- Foot or ankle
- Hip
- Knee
- Shoulder
- Hand or wrist

**Visit sanfordhealth.org to
learn more.**

SANFORD®
ORTHOPEDICS
SPORTS MEDICINE

The Medicaid Expansion Audience—Great Challenge and a Greater Opportunity

By Greg Glasner, M.D., Chief Medical Officer, and Chelsey Matter, MPH, Executive Director of Government Programs, Blue Cross Blue Shield of North Dakota

If you've ever felt like your patient load has you running on a perpetual hamster wheel, one culprit is the current fee-for-service reimbursement system that rewards care volume, not quality.

Lately, though, health care payers nationwide are accelerating the transition to value-based care over volume-based care. The journey is long, but necessary for a sustainable health care system.

In that transition, Medicaid programs have lagged behind commercial payers, but that's changing in the Rough Rider state.

North Dakota recently claimed a title no one wants to own—#1 in the nation for highest cost per Medicaid Expansion beneficiary. And with more than 30,000 enrolled in that Medicaid subgroup alone, taxpayers' price tag is exorbitant.

The answer was to find promising cost-reducing solutions. One such solution was to tap into practices of commercial health care counterparts and begin the shift toward a value-based payment model. To that end, the North Dakota Department of Human Services (DHS) sought a new Managed Care Organization. In BCBSND, they found a proven model for improving quality and aligning payment with outcomes. The DHA-BCBSND partnership became official January 1.

BlueAlliance enables DHS transition to a value-based care model

As part of the new relationship, BCBSND is leveraging its established BlueAlliance program which has participation from 90% of the state's primary care providers.

Through that program, BCBSND and providers work together with BCBSND providing the data necessary to help providers close care gaps. Providers can adjust care practices to create better outcomes. And payments are aligned with those outcomes. Together, we are moving the needle on cost and quality.

Drawing on BlueAlliance success, a specific Medicaid Expansion version was developed—BlueAlliance Care+. The program mirrors its commercial cousin but addresses unique barriers in caring for Medicaid Expansion beneficiaries.

The list of challenges is long. For example, the Medicaid Expansion group tends to be mobile, which complicates care follow-up.

Medicaid Expansion Quality—A Joint Effort

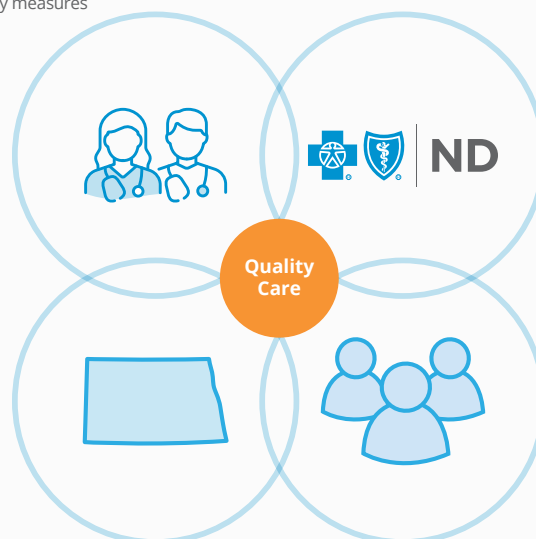
Improving the value equation for this audience requires a strong partnership

Physicians

Continue to provide quality care but also work toward some different quality measures

BCBSND

Identify gaps among beneficiaries, connect them to providers to close gaps



State of North Dakota

Alignment on improving outcomes for all populations

Members

Take advantage of program benefits to overcome barriers (i.e., transportation to appointments)

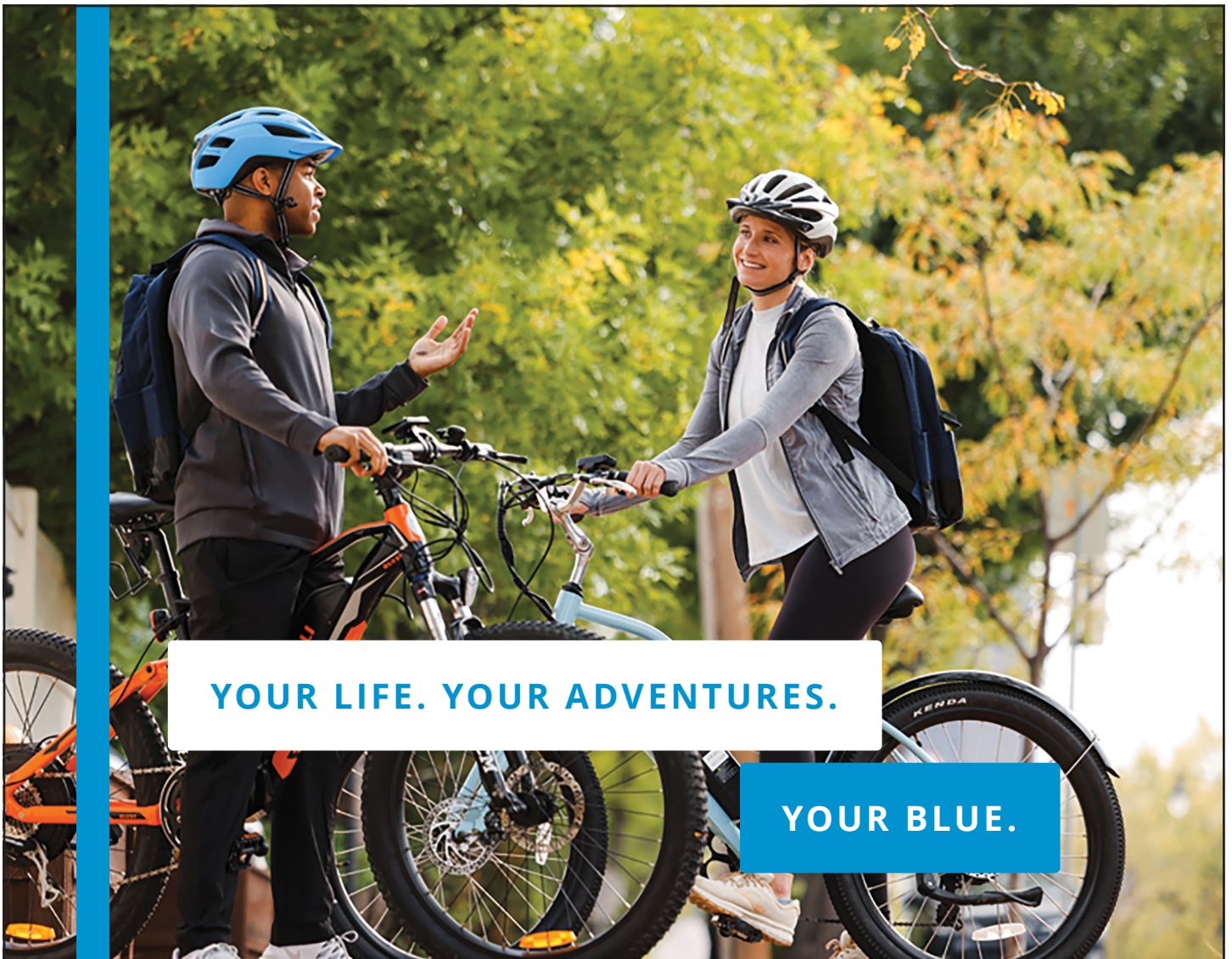
Many beneficiaries use the E.R. as their primary care office. Impacting this audience's health requires collaboration. And that's the foundation of BlueAlliance Care+.

The same end goal

Commercial- or state-funded, each BlueAlliance program has the same end goal—to increase quality and better manage the cost of care. Metrics that are monitored include:

- Potentially Preventable Admissions
- Potentially Preventable ER Visits
- Post-Discharge Follow-up Visits
- Primary Care Visits

No doubt, the challenges are real. But so too is the opportunity to change course. With a concentrated, collaborative effort, North Dakota can fall from the top of the "cost-to-treat list" and climb its way to the top in quality care. And through the same effort, we move provider incentives off the proverbial hamster wheel.



YOUR LIFE. YOUR ADVENTURES.

YOUR BLUE.

Health care coverage in today's world should empower you to be who you really are—as unique as North Dakota itself.

No matter what life gives you, it's better with coverage from Blue Cross Blue Shield of North Dakota. Get the assistance you expect, options you need and health care protection that's practical, affordable and smart—from a partner who cares.



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

BCBSND.com



Key Legal and Regulatory Issues With Telehealth

John Domeika, General Counsel

COPIC Department of Patient Safety and Risk Management

Providing health care services through telemedicine is regulated by a myriad of evolving federal and state laws. The complexity of governmental requirements begins with what is considered telemedicine—an evolving concept that will differ among licensing jurisdictions.

A practitioner's telemedicine services will generally require compliance with federal and state laws as if the practitioner provides the services in an in-person setting, but may include additional requirements that apply in the telehealth setting. This article focuses on three areas: licensure, privacy and security, and prescribing authority.

LICENSURE

State licensure laws will apply as there is no nationwide license for telemedicine. With limited exceptions, states require practitioners that treat patients through telemedicine to be licensed in the state of the physical location of the patient at the time of service. A physician practicing in a state through telehealth is subject to the state's medical practice act and all medical board regulations and policies.

Becoming licensed in several states to perform telemedicine is an arduous application process that is somewhat mitigated by the Interstate Medical Licensure Compact (IMLC), a group of 34 states, D.C. and Guam, that seek to streamline the application process (www.imlcc.org). However, please note that the IMLC process still requires a practitioner to obtain licensure from each state's medical board in which the practitioner seeks to provide telemedicine services and to pay the applicable licensing fee. If a practitioner provides health care services in a state without that state's license, the practitioner can be subject to disciplinary action. Additionally, any negative complaint against a practitioner is required to be reported to each state participating in the IMLC.

PRIVACY AND SECURITY

Practitioners must also comply with all privacy and security laws (state and federal, such as HIPAA) in a telemedicine setting to generally the same extent that apply when examining or treating a patient in person. The telemedicine technology platform and all patient records and information must be stored, preserved, and secured in compliance with all applicable requirements as in any other setting.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA-compliant and will enter into HIPAA business associate agreements in connection with the provision of their video communication products. Additionally, patient records originating from a telemedicine setting must adhere to ONC's Cures Act Final Rule requirements that a patient must have immediate access to his or her medical records.

PRESCRIBING

The authority to prescribe controlled substances originates from the practitioner's state of licensure regardless of the patient setting. Before COVID-19, prescriptions for a controlled substance issued by means of telemedicine were generally predicated on an in-person medical evaluation (21 U.S.C. 829(e)). However, during the designated public health emergency, DEA-registered practitioners may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
- The telemedicine visit with the patient is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable federal and state laws. Practitioners must be registered with the DEA in at least one state and have permission under state law to practice using controlled substances in the state where the dispensing occurs.

Regardless of whether a public health emergency exists, if the prescribing practitioner previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his or her professional practice.



PEACE OF MIND

BEYOND COVERAGE

As a premier medical liability insurance carrier, we are committed to being there when you need us. Our physicians and other staff serve as extended members of your team to help answer questions or navigate difficult situations. And when it's urgent, you have 24/7 access to a physician via our Risk Management hotline. Plus, our legal and HR experts help you tackle other issues as they arise.

That's Value Beyond Coverage.

COPIC is proud to be the endorsed carrier of the North Dakota Medical Association. NDMA members may be eligible for a 10% premium discount.



CALLCOPIC.COM | 800.421.1834



SAVE THE DATE

2022 ANNUAL MEETING

OCTOBER 6 - OCTOBER 7, 2022

FARGO, ND | DELTA BY MARRIOTT

ARE YOU WORRIED ABOUT YOUR WELLBEING?

Substance Abuse



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

is a substance use and mental health monitoring program for medical professionals. It's the support you need to counter the effects of drug or alcohol abuse and mental health concerns.

We are here to help.



NORTH DAKOTA PROFESSIONAL
HEALTH PROGRAM

DID YOU KNOW that Medical Providers are affected by Substance Use Disorders and Mental Illness at the same rate as the general population?

If you have concerns please contact the NDPHP.

919 S 7th St. Suite 305 Bismarck, ND

tel 701.751.5090 fax 701.751.7518

ndphp.org

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.