

North Dakota Physician

FALL 2022

NDMA 2022 ANNUAL MEETING

AND LEADERSHIP AWARDS

OCTOBER 6-7, 2022

DELTA BY MARRIOTT | FARGO, ND

Breakfast with the Dean

Educational Sessions

Policy Forum

Leadership Awards

Exhibits

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.

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Joshua Ranum, MD
NDMA PRESIDENT

Importance of Policy and Cultivating Legislator Relationships

Welcome to the Fall issue of ND Physician. After a quick summer, the kids are back in school, vacation is a warm memory, and like generations before us, we prepare for the upcoming winter. While no one reading this needs a root cellar full of canned goods to make it through a tough winter, there are several things we at the NDMA are preparing for. The upcoming legislative session will occupy a lot of time in 2023.

We expect several bills that will affect physicians and medical practice such as scope of practice, any willing provider, and a continuation of the COVID-related debates. We will need your support and testimony. Form a relationship with your legislators now; if you have an interest in a particular issue, let us know how you're able to help. More to come in the Winter issue.

Winter isn't winter without storms. Clinics, hospitals, and health systems across the state are facing a dramatically different fiscal situation now that aggressive government stimulus is being withdrawn. We are also on the cusp of another winter with COVID, and science and society are trying to navigate life with COVID as an endemic disease.

One thing that we're excited for is the return of the in-person annual meeting October 6th and 7th in Fargo. This year's meeting will be held in conjunction with the ND chapters of the Society of Hospital Medicine and the American College of Physicians. The NDMA's policy forum will be held during the morning session. We invite your submissions – don't worry if it isn't polished into resolution form. If you have a policy issue you'd like addressed, reach out to the NDMA staff for assistance.

**It's been too long since we've been
together as colleagues and friends.
Make plans to attend the annual meeting
and awards luncheon.**



Courtney M. Koebele, JD
NDMA Executive Director

NDMA In Action

North Dakota's 68th Legislative Assembly commences on January 3, 2023. It seems like the dust hasn't even settled from the 2021 Legislative session and the 2023 session is right around the corner. Part of our exhaustion is explained by COVID-19, and part of it is explained by the extraordinary November 2021 special session. As you may recall, the special session assembled to address the distribution of COVID-19 money and redistricting. However, NDMA and other partners were deeply involved with other bills dealing with vaccines and vaccine mandates. It is very likely these issues will surface again, because of the political environment and newly elected legislators.

To stay engaged in statewide advocacy, NDMA engages in many policy committees and advocacy groups to continuously monitor up and coming policy issues. The NDMA Commission on Legislation, led by Dr. Sarah Schatz, is where the ball drops to vet the issues. The commission has been working diligently to keep ahead by meeting monthly to vet the compiled issues, gleaned from committees, advocacy groups and our own members. NDMA will be closely monitoring its usual topics including budgets for ND Medicaid and the UND School of Medicine & Health Sciences. In addition, we expect many issues will make a comeback, such as vaccines, and many new issues as well.

Telehealth Payment Parity

In 2021, NDMA was part of a coalition that spearheaded a bill on telehealth payment parity. The bill was defeated, but a telehealth study was adopted to be completed by legislators during the interim. Telehealth access is vitally important to maintain health care access in rural areas and parity is necessary to make telehealth widely available. The legislative interim committees have been discussing this, especially in the context of behavioral health. There is great interest in pursuing this issue again, and NDMA is monitoring the issue closely.

Prior Authorization Reform

This is an issue that comes up number one on most physicians' lists of frustrations with medicine and cause of burn-out. Many of our border state physicians face prior authorization requirements that vary from policy to policy and from state to state, that delay necessary care. NDMA is involved with a coalition that plans on bringing prior authorization legislation forward on fair policy to bring us in line with surrounding neighbor states.

Health Care Provider Assault

This topic is gaining prominence in health care with patient's aggravations running at record levels, and unfortunately taking it out on physicians and other health care providers in our hospitals and clinics. Present law offers greater protections for those working in the emergency department. NDMA led the charge to increase the protections to all health care workers in 2015, and partnered with the ND Nurses Association in 2017, which resulted in slightly greater penalties for assaults against health care providers. In 2021, NDMA supported a bill which did not gain the support of policymakers. In 2023, discussions will be renewed, and there is hope for policy being adopted.

Women's Reproductive Health

The US Supreme Court issued the Dobbs decision in June of this year, overturning Roe v. Wade, which results in each state determining its own abortion laws. North Dakota has a law from 2007 that was triggered into place, which unfortunately places an unacceptable burden for physicians treating pregnant women. This trigger law provides for a Class C felony charge for the performance of an abortion, even in some situations to protect the life of the mother. Taking action to prevent the death of a pregnant mother falls into the category of "affirmative defenses" with a strict definition that also conflicts with the present ND Century Code Abortion Control Act. The life of the mother and rape and incest are affirmative defenses to providing terminations. These affirmative defenses may only be proved after hiring a lawyer and going through an entire criminal trial.

Although NDMA is neutral on abortion, NDMA steps in when legislative policy interferes with the treatment of patients and has a chilling effect on proper medical care. NDMA has been working with many partners on this issue and expects a larger discussion during the 2023 session.

Doctor of the Day Program

We can't talk about the 2023 Legislative session without mentioning our Doctor of the Day program. This is an NDMA exclusive – and a great opportunity to interact with North Dakota policymakers. Signing up for Doctor of the Day is available on the website right now, or call the office and we can sign you up. Check your schedules for 2023 and consider serving!

The number one expectation from NDMA members is strong advocacy on behalf of physicians. You can be rest assured that NDMA will be front and center on all issues affecting physicians and their patients in the 2023 session.



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.



ND

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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

With the start of the new academic year this past July, we've welcomed a new cohort of beginning medical, health sciences, and graduate students—and welcomed back continuing students. The School currently is operating in a quasi-normal fashion from the standpoint of the pandemic, but we are ready to pivot as necessary if public health conditions change. The students are just as enthusiastic and motivated as ever, and it always is a delight to get to know them, as Susan and I did at the reception we hosted for the first-year medical students this past July. We held the event in the newly updated garden at the North Dakota Museum of Art, which, as you may know, is on the main UND campus in Grand Forks (right across from Twamley Hall). As the expression goes, “a good time was had by all.”

The just-completed academic year that ended on June 30, 2022, was noteworthy in any number of ways. Most importantly, our outstanding educational programs continued to thrive despite the ongoing impact of the pandemic.

Our graduating medical students had an outstanding residency match, and our students selected family medicine and psychiatry for their career choices at far higher than the national average; this is good news given the community need for primary care and mental health providers both locally and beyond.

In research news, our faculty and community support personnel had their best year ever in terms of generating external financial support. If our estimates are correct, total sponsored

funding for the SMHS should surpass \$50 million for new awards in FY2022.

Although the amount of external sponsored funding is an indirect surrogate metric of excellence, it is one of the more widely used and commonly accepted measures of research impact that we have.

Likewise, our philanthropic efforts, led by SMHS director of development Jeff Dodson, also had a record-setting year, raising more money this past year than ever before. These donations are targeted at two important efforts: to minimize student debt through enhanced scholarship support; and to increase the number of endowed chairs we can offer faculty as a recruitment and retention strategy.

NDMA President Dr. Ranum Addresses UND SMHS Medical Doctor Class of 2026

NDMA President Dr. Joshua Ranum was invited by Dr. Joshua Wynne, UND SMHS Dean and Vice President for Health Affairs, to share guiding advice to the Medical Doctor Class of 2026.

The class of 2026 consists of over 78 first-year medical students. In keeping with recent national trends, more than half of this year's medical student class are female. The students' first two weeks are dedicated to orientation, and concludes with a White Coat Ceremony, wherein students recite the Oath of Hippocrates and receive their first white coats, which have been donated by the North Dakota Medical Association.

Dr. Ranum spoke of upcoming challenges to reaching the finish line and advised students on the art of mastering the principles of time. “Don't let it change your essence—take time for yourself, your family and community.”

“Your work is a service, so find your reason for service,” said Dr. Ranum. “Remember, people are coming to you for help.”

In closing, Dr. Ranum addressed what is close to his heart—to not overlook finding fulfillment in rural practice and the tremendous opportunity to serve rural North Dakota.



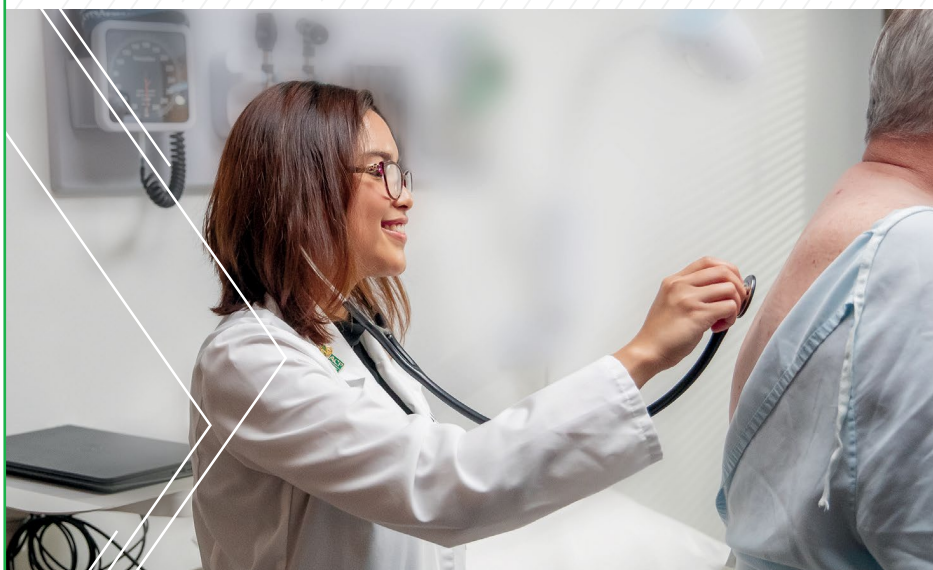
Our goal is to add at least one new endowed chair each year, and this past year we were able to do just that, thanks to the generosity of Dr. Gopal Das and his family with the establishment of the Wadhvani Family Endowed Chair of Translational Research. The availability of this position will enable the UND SMHS to recruit a nationally recognized leader interested in reducing the time often required to “translate” novel discoveries in the laboratory to the direct care of patients in the clinic, whether in the form of new pharmaceuticals or other therapeutics.

The phenomenal growth of our Indigenous health programming has been overseen by Dr. Don Warne, who is our associate dean for diversity, equity, and inclusion, the director of the esteemed Indians Into Medicine (INMED) program, and the chair of our novel Department of Indigenous Health, with its first-of-its-kind Ph.D. degree program in Indigenous health. Dr. Warne also is the principal investigator of a multi-million dollar federal grant that is exploring the impact of historical trauma on Indigenous people and their resilience in dealing with that impact.

We at UND are not the only ones impressed by what Dr. Warne and his colleagues have accomplished; others are as well. As a result, Don has been offered a new opportunity that truly is too good to pass up – he has been offered a senior faculty position at Johns Hopkins University that he has accepted. He will be joining the Bloomberg School of Public Health at Hopkins as of September 1, 2022, where he will be a tenured full professor and assume the title of Provost Fellow for Indigenous Health Policy. Dr. Warne will be the first enrolled member of an American Indian tribe in history to serve as a full professor at Johns Hopkins University. He has been asked to build and direct the world’s first International Indigenous Health Data Set and Research program. This is a fantastic opportunity for Don, and we wish him all the best in his new position. Fortunately, Don has worked assiduously to ensure a smooth transition of our Indigenous health programs going forward, even after he leaves. He has agreed to devote twenty percent of his professional time over the next year to staying engaged with the various SMHS programs that he has grown during his time here at UND to ensure their continued growth and success.

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

UND SCHOOL OF MEDICINE
& HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA



Looking forward, the North Dakota legislature re-convenes on January 3, 2023, fewer than six months from now. The appropriated dollars that we get from the people of North Dakota via the legislative process are an essential component of our budget, comprising over a third of our revenue. Accordingly, we already are earnestly preparing for the upcoming legislative session, especially since there likely will be ongoing concerns about inflation and economic growth and a very different slate of legislative leaders than we’ve had for many years.

I don’t anticipate any waning of legislative support, but as a former Boy Scout, I try to live by the Boy Scout motto of “Be Prepared!” And we shall be.

Thank you again to all of you who help to educate our medical and other health career students. We couldn’t do it without you!

ASGE Colorectal Cancer Screening Campaign

NDMA encourages physicians to visit the American Society for Gastrointestinal Endoscopy (ASGE) 'Colorectal Cancer Screening Appropriate Use' web page and download educational resources, including a printable office/practice poster, and patient letter templates.

ASGE Immediate-Past President Douglas Rex, MD, MASGE, explains, "More than 30 percent of U.S. adults aren't getting screened for colon cancer and it's a disease that has a 90 percent survival rate when detected early. Further, most cancers can be prevented through polyp removal at colonoscopy. So, this campaign will save many lives."

Dr. Rex also stresses that, "It is crucial for physicians to help their patients understand which colorectal cancer screening option is appropriate for them, keeping in mind that this can vary for each individual based on their history and risk factors." Today, colorectal cancer screening is recommended to begin at 45 years of age and screening options include colonoscopy, fecal immunochemical test (FIT) and MT-sDNA (Cologuard).

Dr. Rex says, "Colonoscopy can be used to screen high- and average-risk patients, meaning patients with no history of precancerous colorectal polyps or cancer, or who have no symptoms. For those who have had previous colorectal cancer or precancerous polyps, then surveillance colonoscopy is the only appropriate tool to monitor the patient and prevent cancer. The same is true for patients with colorectal symptoms, who should only be evaluated by colonoscopy."

He adds, "For asymptomatic average-risk patients undergoing screening, stool tests are also appropriate options for screening. Average-risk means that age is the only risk factor, and particularly when there is no strong family history of colorectal cancer. For such patients, FIT and MT-sDNA tests can also be used for screening and are an alternative to colonoscopy."

These tests aren't appropriate options for high-risk screening patients, surveillance patients who have a history of adenomatous polyps, sessile serrated polyps or colorectal cancer, or symptomatic patients."

ASGE recommends that patients of any age who are exhibiting symptoms (e.g., rectal bleeding, anemia, a change in bowel habits, persistent abdominal pain, or unintentional weight loss) or who are high-risk (e.g., they've had a pre-cancerous colorectal polyp or colorectal cancer) or whose family has a strong history of colorectal cancer

should talk to their gastroenterologist or primary care physician about the need for colonoscopy. Visit ASGE.org/Screening-Physicians to download ASGE's 'Colorectal Cancer Screening Appropriate Use' resources for physicians. Physicians can refer their patients to ASGE.org/Screening for an easy-to-understand infographic on the appropriate screening test.

With nearly 15,000 members, ASGE has been the global leader in the GI field for more than 80 years. ASGE empowers its members with the latest information, state-of-the art education, and unparalleled professional resources.



HELP PATIENTS UNDERSTAND THEIR RISK.

Visit ASGE.org/Screening-Physicians
to download the patient education resources

**COLORECTAL
CANCER
SCREENING**
The Right Test for Your Risk

\$NDMA 2022

ANNUAL MEETING

AND LEADERSHIP AWARDS

OCTOBER 6 | 7

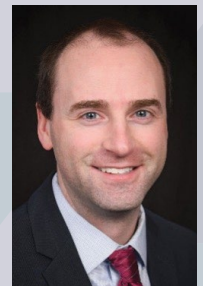
DELTA BY MARRIOTT | 1635 42ND STREET SW | FARGO, ND

It is my pleasure to invite you to the NDMA 2022 Annual Meeting featuring the highly-sought-after Policy Forum and Leadership Awards Ceremony.

We are excited to announce that this meeting is held in conjunction with the ND Chapter of the American College of Physicians, and the ND Chapter of the Society of Hospital Medicine. The combined effort is a chance to network with an even greater audience and increases program dynamics.

This is an exciting time to bring people together to network, share policy ideas and celebrate achievements. Please join us. You'll be glad you did.

NDMA President Joshua Ranum



PROGRAM AT A GLANCE

Thursday, October 6

3:00 pm | **Council Meeting** (Council Members Only)

5:30-8:00 pm | **Social**

Friday, October 7

8:00-8:45 am | **Breakfast With Dr. Joshua Wynne**

8:45-10:00 am | **Policy Forum**

10:00-10:30 am | **Break/Vendor Show**

10:30-11:15 am | **Policy Forum, Continued**

11:15am-12:00 pm | **Psychological Safety**

12:00-2:00 pm | **Leadership Awards Luncheon**

2:00-2:15 pm | **Welcome - ND ACP & ND SHM**

2:15-3:00 pm | **High Reliability In Healthcare Organizations**

3:00-3:15 pm | **Break/Vendor Show**

3:15-4:00 pm | **Post Pandemic Virtual Care**

4:00-4:45 pm | **Compassion: A Powerful Tool for Improving Patient Outcomes**

Thursday, October 6

3:00 pm | **NDMA Council Meeting**

(council members only)

Delta by Marriott, 1635 42nd Street SW, Fargo

5:30-8:00 pm | **Social**

Hosted by First District Medical Society

Tati's Mediterranean Saveur Restaurant

3150 Sheyenne Street, Suite 170, West Fargo

Friday, October 7

8:00-8:45 am | **Breakfast with the Dean**

Serving North Dakota Today and Tomorrow

Sponsored by UND School of Medicine & Health Sciences.

Dr. Wynne shares insights on the latest developments for the UND School of Medicine & Health Sciences and how it may impact the future of health care for the medical profession and patient care.



Joshua Wynne, MD, MBA, MPH

UND School of Medicine & Health Sciences

Dean & Vice President for Health Affairs



JOIN US FOR A *Social*

**Hosted by
First District Medical Society**

**Thursday, October 6
5:30 - 8:00 p.m.**

**Tati's Mediterranean Saver
Restaurant**

**3150 Sheyenne Street, Suite 170
West Fargo**

*This is a new venue located in the
Lights complex.*



**We encourage all First District
members and NDMA Annual
Meeting participants and their
guests to attend an evening of
networking and fun!**



The venue lends itself to a great networking experience while you feast on a variety of authentic Lebanese cuisine. While there are many elements that make up these Mediterranean dishes, the use of fresh and unique ingredients is one of the main factors that makes it so popular.

**Don't miss this opportunity to
unwind, mingle and share
a laugh or two.**

Friday, October 7, continued

8:45-10:00 am | Policy Forum

NDMA leadership encourages all NDMA members to participate in the Policy Forum. The Policy Forum platform allows participants to discuss and consider policy relevant to your physician practice and care of patients.

10:00-10:30 am | Break - Vendor Show

Show your support! Take this opportunity to grab a refreshment and visit the booths. See what's new and be sure to express your thanks for their support to make this event happen.

10:30-11:15 am | Policy Forum, continued

11:15 am-12:00 pm | Psychological Safety—A Systems Approach to Recognizing, Preventing & Responding to Emotional Harm Events

Understanding the incidence, prevalence, and outcomes of emotional harm in healthcare.



Hsieng Su, MD, MPH, MBA
Allina Health Senior Vice President
and Chief Medical Executive



Mallory Koshiol, MPH, CPH
Director of Safety and Quality at Allina Health

Dr. Hsieng Su is Chief Medical Executive at Allina Health in Minneapolis and is the senior executive responsible for clinical performance and advancing the system's safety, quality and population health journey. Dr. Su holds an MBA from the University of California, Irvine, and a Doctor of Medicine from Georgetown University School of Medicine. She completed an Internal Medicine Residency Program at Mayo Clinic, and completed an MPH degree from Johns Hopkins School of Public Health.

Ms. Koshiol is Director of Safety and Quality at Allina Health in Minneapolis. Prior to Allina Health, Mallory was the Director of Quality and Patient Safety at Sanford Health in Fargo. Mallory holds an undergraduate degree in Biomedical Science with a minor in chemistry from St. Cloud State University and completed the MPH program at NDSU.

12:00-2:00 pm | Leadership Awards Ceremony & Luncheon

2:00-2:15 pm | Welcome—ND Chapter of the American College of Physicians, and the ND Chapter of the Society of Hospital Medicine

2:15-3:00 pm | High Reliability Organizations

Understanding the concepts of high reliability organizations (HRO) as they relate to quality and patient safety in healthcare organizations.



Laura L. Goldhahn, FACHE
President and CEO of L2G Inc.

Laura Goldhahn, President/CEO of L2G, Inc., a national consulting company she founded to focus exclusively on application of HRO principles and daily operation practices in healthcare. L2G is contracted with Sanford Health where Ms. Goldhahn guided Sanford's HRO journey as an internal consultant and now works in each of Sanford's markets to mature their embedding of high reliability into daily practice. Her extensive experience brings a focus on how to apply principles and practices of high reliability into hospital and healthcare operations.

3:00-3:15 pm | BREAK - Vendor Show

3:15–4:00 pm | **Post Pandemic Virtual Care**

Understanding basic terminology and drivers for virtual care delivery.



Susan Berry, MBA

Vice President, Operations, Virtual Care at
Sanford Health in Sioux Falls

Ms. Berry is Vice President, Operations, Virtual Care at Sanford Health in Sioux Falls and has 25 years of experience in various roles in the healthcare IT field. She holds an undergraduate degree from the University of Sioux Falls and is a registered Cardiovascular Invasive Specialist. She completed an MBA at Colorado Technical University.

4:00–4:45 pm | **Compassion—A Powerful Tool for Improving Patient Outcomes**

Understanding how compassion can make a difference for you, your patients, and its impact on public health outcomes.



Melissa Henke, MD

Medical Director for the ND Professional Health Program
and Director of the Heartview Foundation

Dr. Melissa Henke serves as Medical Director for the North Dakota Professional Health Program, along with serving as Medical Director for the Heartview Foundation, and as a Psychiatric Consultant for Henke Psychiatric Services. In 2021, Dr. Henke received the Zezula Award for her outstanding work in expanding access to Medication Assisted Treatment (MAT) and using evidence-based practices to eliminate the stigma of addiction. She received her Doctor of Medicine from the University of North Dakota School of Medicine and Health Sciences and completed her residency in Internal Medicine and Psychiatry from the University of Kansas Medical Center.

NDMA Slate of Officers

Each year, NDMA officer positions are chosen based on a vote of NDMA membership. Members vote through an online ballot. Links to the ballot are sent to each member's email and also posted in the weekly e-Physician News. Members will be asked to choose from the following slate of officers:



**President
Joshua C.
Ranum, MD**
Hettinger, ND



**Vice President
Stephanie K.
Dahl, MD**
Horace, ND



**Policy Forum Chair
Parag Kumar, MD**
Bismarck, ND



**Secretary-Treasurer
Erica C. Hofland, MD**
Dickinson, ND

NDMA Policy Forum

Let Your Voice Be Heard!

The Policy Forum platform allows physicians to discuss and consider policy relevant to your practice and care of patients.

NDMA leadership encourages all NDMA members to participate.

Submit your policy issues by September 16th by completing a policy issue form located online at www.ndmed.org.

Leadership Awards

CEREMONY & LUNCHEON

FRIDAY, OCTOBER 7

12:00 PM – 2:00 PM

The historic Leadership Awards Ceremony and Luncheon will present awards for outstanding achievement to commemorate the years 2021 and 2022.

Physician Community and Professional Services

This award is recognized as North Dakota's most prestigious physician award and since inception in 1977, has been awarded to forty-five distinguished physicians across the state. The award honors a NDMA physician member recognized for outstanding leadership and service to the profession of medicine.

40 Year Medical School Graduates

We continue to honor our tradition of recognizing physicians who have achieved at least 40 years of service to the medical community upon graduation from medical school.

Friend of Medicine Award

This award is dedicated to a non-physician individual dedicated to making a difference by serving as an effective advocate for health care, patient services, or the profession of medicine.

COPIC Humanitarian Award

Now for the fourth year, this award is presented to honor a physician for volunteer medical services and contributions to the community. The award seeks to recognize a physician who volunteers outside the spectrum of their day-to-day lives.

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

LODGING

A block of rooms has been reserved for Thursday, October 6, at the Delta by Marriott located at 1635 42nd Street SW, Fargo, ND.

Room rates are \$119, plus tax, for a two-room king suite

To make a reservation, call 701-277-9000, and select option 4

CONTINUING MEDICAL EDUCATION

The American College of Physicians (ACP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ACP designates this other activity (live component and enduring component) for a maximum 2.25 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.25 medical knowledge MOC point in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Learning Objectives:

At the conclusion of this activity, the participant will be able to:

- Understand the incidence, prevalence, and outcomes of emotional harm in healthcare.
- Understand the concepts of high reliability as it relates to quality and patient safety in healthcare organizations.
- Understand basic terminology and drivers for virtual care delivery.

NDMA 2022 ANNUAL MEETING

AND LEADERSHIP AWARDS

October 6 | 7
Delta by Marriott, Fargo, ND



REGISTER TODAY!

Complete the form or register online at ndmed.org

First Name _____ MI _____ Last Name _____
Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ E-mail _____
Guest(s) First/Last Name _____

Registration Fee: \$50—includes the Friday conference day breakfast, lunch and educational credit costs. Please indicate below which events you will be attending. ***If you choose to participate in only the Policy Forum session, there is no registration fee.***

_____ Number attending Thursday, October 6, evening NDMA social
_____ Number attending Friday, October 7, breakfast
_____ Number attending Friday, October 7, educational program
_____ Number attending Friday, October 7, awards ceremony luncheon
_____ I will ONLY attend the Policy Forum

I wish to contribute to the NDMA PAC (Suggested donation \$200) \$ _____
_____ Number attending annual meeting @ \$50 per person \$ _____
Total Amount Enclosed \$ _____

CONFERENCE CANCELLATION POLICY: No refunds after September 28, 2022.

Please mail this form along with payment no later than September 30, 2022 to
NDMA; 1622 E. Interstate Ave., Bismarck, ND 58503-0512

Name on credit card (please print) _____
Card Number _____
CSC _____ (3 digit code /Am. Express 4 digits on front of card)
Expiration Date ____ / ____ Telephone _____
Signature _____
Zip Code _____

NDMA 2022 ANNUAL MEETING

On behalf of NDMA and its leadership, we express our sincere gratitude for the following generous sponsors to our 2022 Annual Meeting. Please take the time to visit the booths, learn what's new and thank them for their support.

AND LEADERSHIP AWARDS



ND

Thank you!

In Search of Relief: *Caring for People with Post-acute COVID-19 Syndrome*

Submitted by CHI St. Alexis Health

We've all heard the catchphrase, "identify a need and fill it." That is exactly what NDMA's Physician Advisory Group (PAG) set out to tackle when patients started showing up with long COVID – or post-acute COVID-19 syndrome.

The PAG, a physician-led advisory group organized during the pandemic to assist the non-physician state health officer, was instrumental in advising the state on health strategy to navigate the pandemic. Through this network, physicians found a sense of unity as participants shared statistics, treatment options and medical supply inventories.

In the months that followed, the governor appointed a physician as health officer and the state disbanded the network. Members of the PAG recognized the value of the network and knew that keeping the group together was important. That is when the group chose to continue meeting as part of NDMA.

The PAG continues to cover many issues related to the pandemic, and one looming issue that rose to the surface was patients suffering from post-COVID-19 syndrome. At the time, it was discovered that North Dakota was one of two states in the U.S. without a treatment center.

Recognizing the need, Dr. J'Patrick Fahn, CHI St. Alexis Bismarck Chief Medical Officer and Family Medicine Department Chair, took it one step further by initiating the development of a post-COVID care clinic.

“ Post-acute COVID syndrome is a very real and pervasive issue that will be with us for a very long time. ”

CHI St. Alexis Post-COVID Clinic

CHI St. Alexis Health Bismarck developed a multidisciplinary clinic to support people suffering from post-acute COVID syndrome. CHI St. Alexis Health provides services to cater to the wide variety of needs that post-acute COVID syndrome sufferers may require. Specific treatment plans for long-COVID patients include physical therapy, cognitive/speech therapy, pulmonary rehabilitation, nutrition/dietary, and behavioral services. Below is a breakdown of those services and their role in long COVID:

- **Physical Therapy** – Fatigue is one of the most commonly experienced symptoms of post-COVID syndrome. An expertly advised physical activity plan can help build exercise tolerance and teach energy saving techniques which can alleviate symptoms of fatigue.
- **Speech/Cognitive Therapy** – “Brain fog” and other thought process problems are commonly experienced by post-COVID syndrome sufferers, whether they realize it or not. An initial assessment by our speech and cognitive therapy team comes strongly recommended.
- **Monthly Support Group** – It is estimated that up to 23 million people suffer from post-acute COVID syndrome. Getting to know others with similar experiences can be strengthening and uplifting.
- **Occupational Therapy** – To assist in improvement of fine motor skills, daily living activities, and lifestyle modification.
- **Pulmonary Rehabilitation** – Some people still have significant shortness of breath or require oxygen post-COVID. In these instances, pulmonary rehabilitation can be a useful therapy to improve lung functioning.
- **Nutrition Services/Dietician** – Poor nutrition can add to feeling poorly while recovering from COVID. A referral to our nutritional services can help guide proper nutritional choices.
- **Counseling Services** – Post-COVID depression is a real thing. In addition to the support group, counseling services are available through Archway Mental Health Services for those in need of additional counseling or psychiatric services.
- **Other Specialty Referrals** – If appropriate, the care clinic provider may refer the patient to a primary care provider, cardiologist (heart specialist), pulmonologist (lung specialist), or other clinic specialty based on symptoms or other findings.

Patient Care

The Post-COVID Care Clinic is open to any person with a positive or presumptive COVID diagnosis whose onset of symptoms or positive test was at least 2 months prior to seeking assistance from the Post-COVID Care Clinic. The person should have persistent symptoms not attributable to any other disease process or medication (i.e., cancer, chemotherapy, untreated thyroid disease, anemia, heart failure, etc.).

The CHI St. Alexius Health Post-COVID Care Clinic is staffed by Jessica Ahmann, DNP, and is located on the third floor of the St. Alexius Health Medical Arts Building. Medical provider and self-referrals are welcome. Walk-ins are welcome on Thursdays from 1-2 p.m.

Dr. J'Patrick Fahn said that post-acute COVID syndrome is a very real and pervasive issue that will be with us for a very long time. "It is our privilege to be able to provide this service to those suffering from long-COVID in our community," said Dr. Fahn.

The program is available at CHI St. Alexius, located at 810 East Rosser Ave, Suite 310, Bismarck, ND.

For more information, call 701-530-3065.

Symptoms of Post-acute COVID-19 Syndrome

Post-acute COVID-19 is a syndrome characterized by persistent symptoms with delayed or long-term complications beyond four weeks from the onset of initial symptoms caused by the SARS-CoV-2 virus. The constellation of symptoms include, but are not limited to, fatigue, headache, difficulty concentrating and memory problems ("brain fog"), and shortness of breath. In addition, some may be suffering from pulmonary fibrosis or develop postural orthostatic tachycardia syndrome (POTS) and increased cardiovascular disease risk.



Post-COVID Clinic

New clinic treats post-COVID symptoms.

Fatigue, shortness of breath, brain fog, depression and other symptoms can persist in people with post-acute COVID syndrome. Our new Post-COVID Care Clinic offers therapies and support, including:

- Physical Therapy
- Speech/Cognitive Therapy
- Occupational Therapy
- Pulmonary Rehabilitation
- Nutrition Services/Dietitian
- Counseling Services
- Support Groups

Call 701.530.3065 to refer patients to the Post-COVID Care Clinic.

Walk-ins welcome on Thursdays from 1-2 p.m.

Medical Arts Pavilion
810 East Rosser Ave, Suite 310
Bismarck, ND

CHIStAlexiusHealth.org/PostCovidClinic

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The Benefits of Private Banking with First International Bank & Trust

Submitted by Renee Daffinrud

Regional Private Banking Manager

Whether it's a routine medical checkup, dinner at your favorite restaurant, or a visit to your financial institution, we all want to work with someone we know and trust as well as someone who understands our specific needs. However, the unfortunate truth is that oftentimes the people we rely on for this top-notch service have other commitments and aren't always there to take care of us. But, when it comes to banking, there's another option. Rather than being at the mercy of other people's schedules and working with someone you don't know, you can choose to work with a designated Private Banker who will come to know you and your finances inside and out.

First International Bank & Trust (FIBT) offers Private Banking as a way for us to serve you in a highly personalized way, allowing you to realize your specific goals. But it's more than that.

Our clients enjoy exclusive customized benefits, attentive service, and a more artful approach to banking. Think normal banking services but heightened. We start with a Relationship Review where we spend time getting to know each other, talking about your goals, family, and passions. This discussion allows us to gather data to present customized solutions, because to us, it's a respected relationship and not merely a transaction. Once our strategy is determined, we efficiently implement it, monitor it, and update it as life changes directions.

Our Private Bankers develop a strong relationship with our clients through trusted, honest advice and by demonstrating the highest level of service possible. As a Private Banking client, you'll speak with the same trusted person each time you need a service. No more waiting on hold.

Your Private Banker will quickly become knowledgeable about your specific financial situation and will leave you amazed not just served.

Private Banking clients at FIBT have an entire team of specialists helping them execute their plans and stay on track to their goals. Your day-to-day needs are handled with expert guidance and a personal touch. Other benefits include exclusive products, access to senior leadership, and invites to special events.

Driven by our entrepreneurial family-owned spirit, FIBT uses collaborative thinking to find creative solutions to suit your needs. World-class service is the foundation of our relationships. We put your goals first and work from there to create a plan that helps you stay on track for success. Looking holistically at your entire balance sheet allows FIBT Private Banking to help you, live first.



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- 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.



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/>.

Physician Recognition

Awards



Center for Rural Health

University of North Dakota
School of Medicine & Health Sciences

Dr. Anderson Appointed to BOM

NDMA past president Dr. Misty Anderson was recently appointed by Governor Burgum to serve a four-year term on the North Dakota Board of Medicine.



The board consists of 13 members and are charged with licensing and disciplining physicians, physician assistants and genetic counselors.

*Congratulations
to all three physicians!*

Rural Health Awards

The Center for Rural Health presented awards to two outstanding NDMA physician members during the 2022 Dakota Conference on Rural and Public Health.



Dr. Wayne Anderson, Chief Medical Officer and general surgeon of CHI St. Alexius Health Williston, received the Outstanding Rural Health Provider award. The award recognizes outstanding North Dakota rural health and public health advocates for their accomplishments.



Dr. Brad Aafedt, a retired interventional radiologist received the Outstanding Rural Health Volunteer award. His wife Gayle was also recognized. The duo was honored for their work as volunteers assisting at the Grand Forks COVID vaccination clinics.



NDC3 Improves Health And Wellness In Communities Across North Dakota

Eric L. Johnson, MD

Professor, Dept. of Family and Community Medicine
University of North Dakota School of Medicine and Health Sciences
Assistant Medical Director, Altru Diabetes Center

Through a network of local leaders, community organizations and health systems, NDC3 delivers programs to help individuals manage chronic health conditions, prevent falls, and foster well-being. If your patients are coping with high blood pressure, heart disease, COPD, arthritis, diabetes, or other chronic conditions, NDC3 can support your efforts to have patients live life as fully and independently as possible.

NDC3's programs are evidence-based and proven to make a positive difference in quality-of-life measures such as feeling more in control, less stressed, and able to do more of what makes people feel well.

Classes include: Falls Prevention, Diabetes Prevention & Self-Management, Chronic Pain & Disease Management, and Powerful Tools for Caregivers.



NDC3
NORTH DAKOTA
Community Clinical Collaborative

A message from Dr. Eric L. Johnson

Right now, 88 million people have prediabetes in the U.S. – that is 27% of our population.

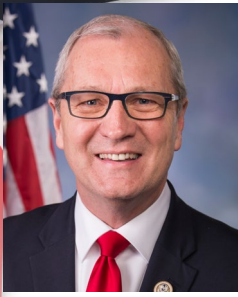
Without preventive action, a lot of them will convert to type 2 diabetes within five years and the potential for the complications that go with it.

About 75% of persons with prediabetes don't know they have it, which reduces the chance of delaying or preventing type 2 diabetes completely.

(Sources: American Diabetes Association Center for Disease Control U.S. Preventive Services Task Force)

NDC3 can help.

If your patients can benefit from a diabetes prevention program or learn how to better manage their health, refer a patient today at www.ndc3.org



Kevin Cramer
North Dakota Senator

988 Line a Welcome Resource for the Nation's Mental Health Crisis

There's a very real mental health crisis in our country today. The COVID-19 pandemic had major impacts on the mental and emotional health of our country, especially for adolescents and young adults. Not only did the shutdowns and isolation exacerbate pre-existing issues, but recent studies and data also show higher reported feelings of despair and loneliness.

Medical professionals understand the importance of readily available resources for patients in need of life-saving care, especially those struggling with mental illness. On July 16, a new, shorter dialing code resource was launched nationwide – the 988 Suicide and Crisis Lifeline network.

This new three-digit number is now the go-to contact for mental health, substance use, and suicide crises. Connected to more than 200 local crisis call centers, it is an easy-to-remember way for people to receive immediate help and support 24 hours a day, seven days a week.

North Dakotans and all Americans can call or text to be connected with qualified crisis counselors. They are trained to help anyone experiencing a mental health crisis or in emotional distress and can help resolve more than 80 to 90 percent of callers' immediate issues over the phone.

I've been an advocate of community-based mental health solutions for many years. The availability of 988 is a valuable tool in giving people in crisis and their families expanded access to mental health assistance. While this is a resource for individuals, it is also an additional tool for the medical community. It's as easy to use and remember as 911, but a call to 988 provides those experiencing a specific mental health crisis an immediate connection to trained mental health professionals instead of law enforcement.

More than anyone else, medical professionals have seen the toll mental health issues take on their patients in their offices and emergency rooms across the country. You have felt the strain on the system firsthand and know more appropriate frontline resources are vital for better mental health care services. As we aim to address this crisis across the country, the 988 network offers a useful resource to those in the medical community as they continue to provide care to their patients in need.

The new hotline was created through bipartisan legislation signed by President Trump in 2020. In this session of Congress, I have introduced bills to expand tele-mental health services in rural America, address the shortage of mental health providers in schools, and provide vital mental health care services to military families and veterans.

The Mental Health Excellence in Schools Act would boost the pipeline of graduate students training in school-specific degrees to become school psychologists, counselors, social workers, and mental health professionals responding to the ongoing crisis in our schools. The Military Families Mental Health Services Act empowers military families and veterans to receive the mental health treatment they need.

It's critical we attack this issue from all angles to ensure North Dakotans and all Americans get the care they need. The 988 Suicide and Crisis Lifeline is a significant step in the right direction, by providing additional resources and adding to local capacity.

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.

Make-A-Wish® Transitions Away from Vaccine Requirement

As of June 27, 2022, Make-A-Wish® began its next phase of response to granting wishes since the onset of the COVID-19 pandemic. We are transitioning away from a vaccine requirement for travel wishes and large gatherings to enhanced safety precautions.

We rely on the expertise of the pediatricians and pediatric specialists who are part of our National Medical Advisory Council, guided by the recommendations from the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). After much consideration, we are beginning the next phase of our re-emergence by transitioning away from a COVID-19 vaccine requirement for travel wishes and large gatherings to enhanced safety precautions. These safety precautions include:

- Recommending and providing masks for Wish children and families prior to the wish
- Recommending COVID-19 testing prior to the wish
- Guidance and support to referring providers on the medical appropriateness of a travel wish
- Development of a tracking and reporting system for wishes affected by COVID-19
- Development of isolation and health protocols should a family be exposed to or contract COVID-19 on a wish

We strongly advise all Wish participants to be up-to-date on their COVID-19 vaccinations before travel and/or large gatherings.



John Hoeven
North Dakota Senator

Fulfilling Our Promise to Take Care of Those Who Serve

Throughout generations, our veterans and their families have courageously defended our nation, often at great personal cost to themselves. The liberty and prosperity that we enjoy every day are bought and paid for through the sacrifices of those who serve in the Armed Forces. We must uphold our promise to take care of our veterans, and that's why I continue working to provide the recognition, health care and benefits they have earned.

To this end, I recently helped pass legislation to provide health care benefits to more than 3.5 million veterans from all eras who are suffering from conditions related to toxic exposure. The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, which has now been signed into law, is an important investment in the health and well-being of our veterans, and helps fulfill one of the most important promises we make to them. Among other priorities, this law adds 23 burn pit and toxic exposure-related conditions to the Department of Veterans Affairs' (VA) list of service presumptions,

lessening the burden for Vietnam, Gulf War, and Post-9/11 veterans and their survivors. Additionally, the bill provides important resources for the VA by investing in its health care facilities, improving claims processing, and strengthening toxic exposure-related training for the VA's workforce and its community care partners.

Passing the PACT Act comes as part of my long-term efforts to ensure veterans can access higher-quality and more convenient health care, whether the services are delivered through the VA or providers in veterans' home communities. Accordingly, we continue working to strengthen the VA's community care program. This includes coordinating efforts with the Fargo VA to ensure both that community care appointments are promptly scheduled and that health care providers partnering with the VA receive accurate and timely payments

for the important care they give to our nation's heroes.

I am also cosponsoring legislation to address gaps in the VA community care program, especially for veterans in hard-to-serve areas. The bill would codify community care access standards to protect veterans' eligibility for receiving health care in their home communities. Moreover, the legislation would remove bureaucratic barriers to care, better allowing veterans to receive care when and where they need it.

In these and other ways, we are working to fulfill our nation's promise to take care of our veterans. We deeply appreciate the hard work of the Fargo VA and its health care partners throughout our state for helping to realize this important goal. Our veterans have earned these benefits and deserve no less.

It is important to highlight that there are many other types of wishes we are currently granting, including road trips, virtual celebrity meetings, outdoor playhouses, shopping sprees, staycations, room redecorations and many more. Since the beginning of the pandemic, Make-A-Wish has safely granted more than 22,000 wishes and we couldn't do this without you. We ask for your support in encouraging your patients to choose their own special wish from their heart to maximize the life-changing impact of a wish.

Thank you for all you do as healthcare professionals and for being part of a Wish child's health journey.

■ REFERRALS START WITH YOU ■

DON'T WAIT FOR HOPE. Create it.

"I wish to swim with dolphins at Discovery Cove!"
Janice, 11
Bismarck
congenital heart disease

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

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Make-A-Wish
NORTH DAKOTA



Kelly Armstrong
North Dakota Congressman

Addressing the mental health and substance use disorder crises affecting our nation has long enjoyed bipartisan support. Still, gathering votes for legislation in the U.S. House of Representatives is often easier said than done. That is why the House passage of the Restoring Hope for Mental Health and Well-Being Act in June of this year is so exciting, and a critical step in our goal to strengthen behavioral health care for patients in need.

The bill passed with overwhelming bipartisan support, 402-20. It bolsters critical prevention, care, treatment, and support options for Americans of all ages and backgrounds. It strengthens mental health parity laws so that more Americans have coverage for these services. It also expands access to lifesaving medication-assisted treatment and provider training to help Americans recover from substance use disorder.

I have been a strong advocate for giving states, tribes, and providers the flexibility, certainty, and stability they need to implement prevention, treatment, and recovery plans. That is why I was glad to see three of my bipartisan priorities incorporated into the package.

The first is the Summer Barrow Prevention, Treatment, and Recovery Act. This policy reauthorizes more than \$900 million for several substance use disorder programs administered by the Substance Abuse and Mental Health Services Administration that help local communities provide substance use disorder and mental health services to those most in need. These programs include the Programs of Regional and National Significance for both treatment and prevention and state administered programs.

Bipartisan Mental Health Legislation Passes the House

The second is the Mainstreaming Addiction Treatment Act. This commonsense proposal removes the burdensome requirement that a health care practitioner apply for a separate waiver, known as the X-Waiver, through the Drug Enforcement Agency to prescribe certain drugs such as buprenorphine for substance use disorder treatment.

The X-Waiver requirement limits access to life-saving treatment, which is particularly painful considering the recent news that drug overdose deaths hit a record of more than 107,000 in 2021.

Lastly, the State Opioid Response Grant Authorization Act of 2021 will authorize state opioid response grants to state, local, and tribal governments.

The \$8.75 billion over five years in flexible funding for State Opioid Response Grants and Tribal Opioid Response Grants will be instrumental in addressing these twin epidemics and will ensure localities and providers have stable and consistent resources.

While passage of this legislation is positive, we recognize that there will be even more work to do. I remain committed to working in a bipartisan fashion to build on this momentum for stronger families, stronger communities, and a brighter future for all.



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Bone Marrow Transplants Available in Fargo

Submitted by Sanford Roger Maris Cancer Center



The Sanford Roger Maris Cancer Center in Fargo now offers a bone marrow transplant program to patients across the Upper Midwest. This program is the first of its kind in the state of North Dakota.

Bone marrow transplants, also known as stem cell transplants, are an important treatment option for patients with blood cancers such as leukemia, lymphoma, myeloma and other immune and blood conditions affecting bone marrow.

These transplants help patients whose stem cells have been damaged by disease or high doses of chemotherapy. The treatment replaces damaged or unhealthy cells with healthy ones.

Sanford Health currently offers autologous transplants. For an autologous transplant, a patient's healthy stem cells are harvested to be transplanted back after chemotherapy.

Allogenic transplants will be available late this year. CAR-T cell therapy will be available in 2023. Allogenic transplants use healthy stem cells from a donor, and CAR-T-cell therapy uses genetically modified T-cells to target cancer cells.

Seth Maliske, MD, is a hematologist and bone marrow transplant physician at the Sanford Roger Maris Cancer Center. He witnessed the start of the new transplant program and has seen its effects firsthand.

"Having a stem cell transplant program here in Fargo brings a lot of joy, energy and motivation to keep excelling, doing better and bringing more technology to Fargo," he said.

These programs make a difference for patients like Kathy Score, who was first diagnosed with cancer in 2018.

"When I was trying to decide where I should have my stem cell transplant, Dr. Maliske visited me in the hospital and explained everything. I felt very confident in him," Score said.

She chose Sanford Health for her transplant. By receiving care in Fargo, Score was able to stay close to her family and didn't have to travel far for her treatments.

She also benefited from integrated team care. Throughout her cancer journey, she worked with a variety of providers dedicated to keeping her comfortable, including a nutritionist, physical therapist and staff members providing massages and leading meditation.

"Those extra services make it not just a medical thing," she said. "They add all these services that people need to feel more human, more comfortable and more like they matter."

Patients experience the difference in care at the Sanford Roger Maris Cancer Center, and so do the providers.

"Being able to work in the cancer center and watching people become so overjoyed at what we're able to do for patients – it's a fun thing to be a part of," said Dr. Maliske.

Visit sanfordhealth.org to refer a patient to Sanford Health's bone marrow transplant program. Call (701) 234-6161 to learn more.





Your patients won't face cancer alone.

When you send your patient to us for cancer care, our specialists become a part of your team. We partner with you – using our combined experience and the most advanced treatment options to personalize care for your patient's specific needs and cancer type.

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sanfordhealth.org/referral-center.**

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Top Healthcare Workforce Employment Issues of 2022

KrisAnn Norby-Jahner
Attorney for Vogel Law Firm

Just when healthcare employers thought 2020 was unprecedented, new workplace challenges arrived in 2021 and continued throughout 2022 as the world has adapted to COVID-19 and what a post- (or ongoing) pandemic workforce looks like. Throughout 2022, these have been some of the top workforce employment issues with which healthcare employers have grappled:

1. COVID-19 Vaccination & the CMS Rule

The introduction of COVID-19 vaccinations in 2021 presented a variety of new workplace standards and questions regarding what the “new normal” would be in healthcare industries responsible for the safety and welfare of patients and healthcare employees. The CMS Interim Final Rule (“CMS Rule”), issued on November 5, 2021, required workers at Medicare- and Medicaid-certified facilities to be vaccinated against COVID-19 within 60 days of its issuance. Unlike other federal mandates issued at the time, there was no testing alternative, and exemptions could only be granted in compliance with federal law. Following a flurry of litigation in lower courts, on January 13, 2022, the U.S. Supreme Court upheld the CMS Rule in a 5-4 decision, determining that the mandate fell within Health and Human Services’ conditional spending authority. This decision allowed the CMS Rule’s vaccination mandate to take effect in healthcare facilities nationwide.

Although additional litigation ensued, the U.S. Supreme Court’s position remains unchanged. At this time, there has been widespread adoption (and compliance with) the CMS Rule and a consensus regarding its constitutionality. Leading into the end of 2022, conversations have likely turned away from initial COVID-19 vaccinations and more toward second and third-round boosters.

2. Healthcare Staffing Shortages

Like many industries across the nation, a workforce shortage has been a significant reality in health care. Experts estimate that by 2030, there will be a global shortfall of more than 10 million nurses. Between employee shortage, increased hours, and working in an industry with susceptibility to COVID-19-contraction, the health care workforce experienced both physical and mental impacts.

Listening to both applicant and employee needs in 2022 has been key. According to analytical data from Perceptyx, when a traumatic event with a negative impact occurs, employees may rebound into a resilience phase, which may be followed by a “burnout and disillusionment” phase. Feeling burned out and disillusioned can drive employees to a low emotional response before a “return to normalcy.” Employees wading through these phases present a high risk of departure or career change, and health care employers have been faced with the loss of talent in 2022. Experts project that the downward trends in the trauma curve will hold strong until the end of 2022, before “normalcy” returns to workplaces.

3. Telehealth and Remote Work

Downward trends and shortages forced health care facilities to focus on recruitment and retention in an extremely competitive market, including telehealth services. The pandemic brought a wide sweep of regulations that provided temporary waivers and executive orders that expanded access to telehealth services. While some telehealth flexibility has expired, a new world of telehealth and remote work opportunities expanded. Health care facilities are no longer competing against same-industry, same-state employers, but also against out-of-state employers across a wide range of industries that offer remote work. In workforces with a high rate of “burnout” after a pandemic, the more flexible at-home pace has become an attractive option for ND employees.

4. Listening to Employee Needs

Listening to workforce needs and trends is now more important than ever. Job candidates express frustration if a hiring process takes too long. Employers need to engage in an efficient process to secure quality employees. It is, without a doubt, a “candidate’s market,” and hiring managers and recruiters need to be quick to respond, communicate, and close the loop on the next steps in any hiring process. Because candidates expect engagement from the very beginning, one recruitment trend has included the use of “chatbots,” which provide the opportunity to have common questions answered up front, redirection to other opportunities that might be a better fit, and auto-scheduling for further screening or interviewing.

Once a quality employee is retained, there are two common themes of importance in the current workforce: (1) compensation; and (2) flexibility. Numerous workforce reports in 2022 note the importance of salary negotiation, which is at an all-time high. Many employers have started publishing compensation ranges directly in job advertisements and making the necessary internal adjustments to retain current employees. Compensation is often the top reason an employee leaves a job or switches industries and is a top factor in an applicant accepting or declining an offer.

Another factor is flexibility. The request for flexibility in scheduling and workspace is a fast-moving trend that continues to present challenges. However, in order for any flexible model to work, employers and employees must both be reasonable in their expectations and understand one another’s perspective.

As workplaces move toward the end of 2022, employers are encouraged to work with professionals, including employment lawyers, when navigating compliance with the ever-changing laws, regulations, and trends.



Lisa Edison-Smith

KrisAnn Norby-Jahner

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Benefits of Physical Activity

Submitted by the North Dakota Professional Health Program (NDPHP)

When faced with mental or emotional challenges in life, exercise can help you build resilience and cope in a healthy way.

Outdoor activities like hiking, sailing, mountain biking, rock climbing, whitewater rafting, and skiing (downhill and cross-country) have also been shown to reduce the symptoms of posttraumatic stress disorder (PTSD).

Regular physical activity is an important part of a healthy lifestyle. Not only is it good for your muscles and bones, but it can also keep your brain healthy.

Physical activity can improve your cognitive health—helping you think, learn, problem-solve, and enjoy an emotional balance. It can improve memory and reduce anxiety or depression. Just 30-minutes of moderate exercise five times a week is enough. And even that can be broken down into two 15-minute or even three 10-minute exercise sessions if that's easier.

Immediate Benefits

A single bout of moderate-to vigorous physical activity provides immediate benefits for your health.

- Sleep: Improves sleep quality
- Less Anxiety: Reduces feelings of anxiety
- Blood Pressure: Reduces blood pressure

Long-term Benefits

Regular physical activity provides important health benefits for chronic disease prevention.

- Brain Health: Reduces risks of developing dementia (including Alzheimer's disease) and reduces risk of depression
- Heart Health: Lowers risk of heart disease, stroke, and type 2 diabetes

- Cancer Prevention: Lowers risk of eight cancers: bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach
- Healthy Weight: Reduces risk of weight gain
- Bone Strength: Improves bone health
- Balance and Coordination: Reduces risks of falls

The Bottom Line

Exercise offers incredible benefits that can improve nearly every aspect of your health.

The ND Professional Health Program, Inc. (NDPH) is a voluntary, confidential, non-disciplinary monitoring program to support licensees of the ND Board of Medicine experiencing substance use or mental health problems. The program is designed to encourage health professionals to seek a recovery program before their condition harms a patient or damages their careers.

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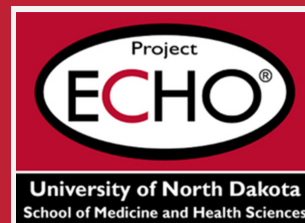
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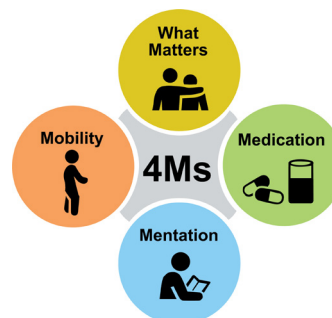


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Date	Topic	Presenter
September 13, 2022	Medication Reconciliation	NDSU Pharmacy Faculty
October 11, 2022	Psychosocial and Spiritual Needs of Older Adults	Yi-Ping Hsieh, Ph.D., L.B.S.W., University of North Dakota
November 8, 2022	Decisional Making Capacity	Kim Belzberg, M.D., Sanford Health
December 13, 2022	Fall Risk Assessment and Management	Meridee Danks, DPT, University of North Dakota
January 10, 2023	Sensory Impairment	Kristen Carr, MPAS, PA-C, University of North Dakota
February 14, 2023	Communication in Older Adults	Jessica Foley, Comm Sciences & Disorders, University of North Dakota
March 14, 2023	Interprofessional Collaboration with Fall Risk Home Evaluation and Intervention	Scinda Janssen, Ph.D., O.T.R./L., University of North Dakota

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Managing Difficult Interactions With Patients

Dennis Boyle, M.D.

COPIC Department of Patient Safety and Risk Management

Past studies suggest that between 10–20% of patient visits are described as “difficult” by physicians, and with the pandemic, the incidence seems to have increased. Examining how to navigate these types of situations is important for a variety of reasons:

- Patient satisfaction is now a frequently measured parameter and poor interactions may lead to negative feedback that does not accurately reflect the medical care provided.
- Personal satisfaction on the part of the provider is also an issue, and difficult situations can leave a provider confused, angry, and frustrated, and contribute to burnout.
- If the patient interaction is sidetracked into a contentious discussion, important parts of the clinical history might be missed.
- Increased legal issues are seen in physicians who have frequent difficult interactions as medical board complaints or threats of lawsuits may result.

Focus on Determining the Cause of Conflict

Clear communication is essential when there is conflict or misunderstanding. It can be useful to differentiate between complaints (e.g., difficult breathing) and concerns (e.g., wanting a certain medication) and then explore the patient’s understanding of the issue. If the interview becomes argumentative, one needs to have a clear understanding of why the patient is angry, upset, or concerned.

Although a difficult interaction may be inevitable, deescalating it early is vital. Often the patient starts a difficult encounter with a high emotion, such as anger or sadness. Physicians need to recognize this and not let their own emotional response escalate the situation. Care should be taken to not take conflict as personal. The challenge is to remain calm, objective, and focused on how best to respond to these situations.

Identifying and acknowledging a patient’s concerns and letting them discuss what their beliefs are may help calm him or her down. We need to understand the behavior of the patient in the context of their conditions. If one can understand where the anger is coming from (e.g., fears, past experiences, misinformation), one may find the path to deescalating the situation.

Useful Techniques and Considerations

ACTIVE LISTENING

Physicians should listen in an open and attentive manner. Be careful of your own body language when tensions are high. Any probing should be done in a mild or respectful way. Patients should be able to express themselves and the physician should listen and seek to understand their perspective.

REFLECTIVE LISTENING

Repeating statements back to the patient in a summarizing fashion is a wonderful way of really hearing what the patient has said. This also builds empathy as the patient realizes you have heard him or her with phrases such as “I hear that you believe strongly that this medicine will help you...”

ACKNOWLEDGE THE EMOTIONS

Using succinct statements like “I can see you’re upset” helps reflect the emotion you are seeing to the patient. This builds empathy and rapport even in a difficult situation. The patient can tell you are listening and may realize how their own emotions are impacting the interaction.

BUILD A WIN-WIN PARTNERSHIP

Let the patient know that you want to work with them with a focus on a treatment plan that is appropriate with statements such as, “Let’s act as a team and monitor your symptoms closely,” or, “I will help you through this situation and we will work through this together.”

RECOGNIZE THAT IT MAY TAKE TIME

Behavior modification is not instant, and it may take time to convince patients to change their behavior or follow your advice. Understand that in these situations you may never convince the patient to do the right thing. And change is internal in the psyche of the patient.



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