

North Dakota Physician

FALL 2023

NDMA 2023 ANNUAL MEETING --- AND LEADERSHIP AWARDS

OCTOBER 5-6, 2023

ALERUS CENTER | GRAND FORKS, 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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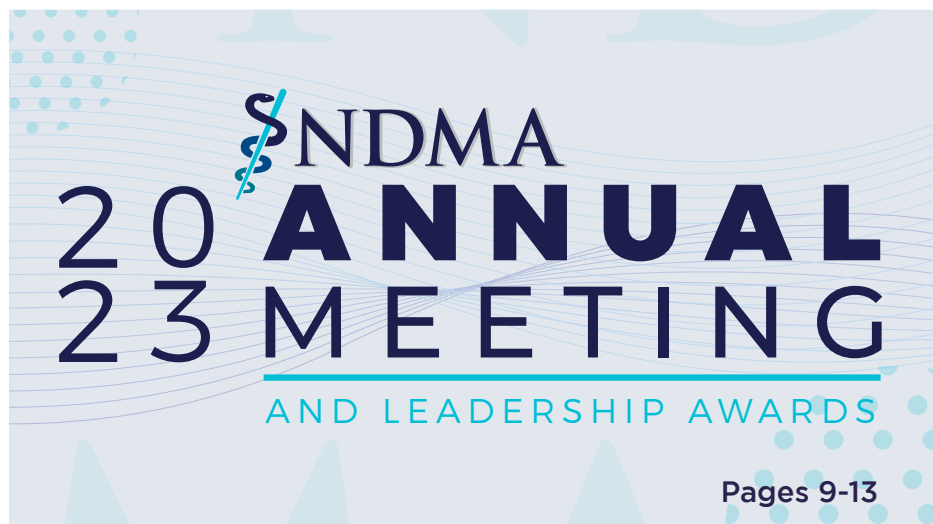
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Joshua Ranum, MD
NDMA President

Passing the Torch and Building Strong Physician Voices

It is with gratitude (and, admittedly, a bit of relief) that I write my last column as president of the NDMA. It's been an eventful tenure these last two years and quite a learning process during the preceding six years on the council.

Many thanks to my predecessors Dr. Misty Anderson and Dr. Fadel Nammour for their example and guidance, current officers for their support and assistance, the staff at the NDMA without whom things would grind to a halt, and my family for their patience and support. I've made many professional connections and personal friendships during my time as an NDMA officer and look forward to continuing those. Who among us hasn't been envious of the "emeritus club" at medical meetings – I'm excited to join their ranks.

Pending the election outcome, the NDMA will be in excellent hands after my departure with Dr. Stephanie Dahl as president. Stephanie's knowledge, diplomacy, and willingness to advocate for the profession will serve the state's physicians well. I am excited to see the organization grow and thrive now that we've moved on from pandemic survival mode.

The NDMA is now more relevant than ever. There has been a significant shift in how our profession is viewed over the 8 years I've been in leadership. The COVID pandemic, legislative sessions, Supreme Court decisions, and the regulatory landscape all point to the need for a strong physician voice.

Continue your membership and invite your colleagues to join. Get involved. The NDMA is a very nimble organization and there are several examples of issues that started as a single physician's idea and are now policy. Make plans to attend the annual meeting in Grand Forks to find out for yourselves.

Finally, we at the NDMA can't do what we do without our members. Membership dues, member advocacy, and member participation run our organization. Thank you for all that you do and all of your support.

POLICY FORUM

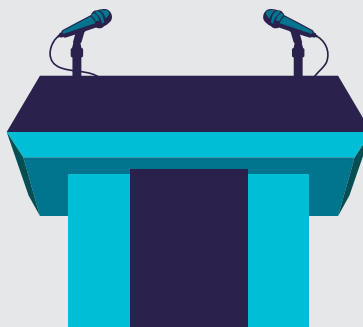
LET YOUR VOICE BE HEARD

Submit a policy issue now to be shared at the 2023 NDMA Annual Meeting

How to Submit a Policy Issue

NDMA members are invited to submit policy issues by completing a policy submittal form.

The form can be downloaded at ndmed.org or contact the NDMA office at 701-223-9475 and a form can be emailed to you.



The deadline to submit a policy issue is **Friday, September 15th by 5:00 pm (CT)**. If you need assistance contact NDMA at **701-223-9475**.

If you would like to vet a policy concept, or just need feedback prior to submitting, contact NDMA at **701-223-9475**.



Courtney M. Koebele, JD
NDMA Executive Director

2023-24 Interim Session Begins

NDMA advocacy is back at it for the 2023-2024 interim session. Legislative Interim committees hold hearings, take testimony, and review information provided by the Legislative Council, state agencies, and interested parties as they consider issues raised by studies adopted during the previous legislative session. Committees meet every few months, and many times a bill will come out as approved by the committee to be filed during the next legislative session.

The interim committee meetings offer the opportunity for policy makers to more fully vet issues that perhaps need more testimony or more deliberation in an in-depth manner.

During the regular legislative session, legislators operate at a break-neck pace. Every bill filed receives a committee hearing and is heard on the floor. In interim session, based on testimony given at one meeting, the committee can ask for more information and testimony at the next meeting without the session looming over it. It is also an excellent time to visit with state lawmakers without the pressure of the regular legislative session.

This year, NDMA has three committees it is watching during the interim session. All three committees have new leadership.

The **Human Services Committee** is chaired by Minot Representative Matt Ruby (R-40). Representative Ruby was vice chair of House Human Services during the legislative session. Bismarck Senator Sean Cleary (R-35) is the vice chair. Senator Cleary served as vice-chair of Senate Human Services and is in his first term of office. The NDMA priority issues in this committee are the implementation of the recommendations of the 2018 North Dakota behavioral health system study and the 2022 acute psychiatric and residential care needs study conducted by Renee Schulte Consulting, LLC. The Schulte Study suggested telehealth parity as one way the state can increase access to behavioral health services. This has been a major priority for NDMA for several years, and an in-depth review of this recommendation could lead to legislation in 2025.

The primary committee NDMA will be participating in is the **Health Care Committee**. This has two appropriations members at its head, Fargo Senator Kyle Davison (R-41), chair, and vice chair Fargo Representative Greg Stemen (R-27). The prior authorization study, strongly supported by NDMA, passed during the regular legislative session is in this committee. NDMA and its partners, including the ND Hospital Association, look forward to presenting information about prior authorization and its effect on the physicians and hospitals in the state. Other studies in this committee include the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider's performance under established and accepted value-based care metrics and the impact of entities that receive Medicaid and Medicaid Expansion funding utilizing contract nursing agencies.

The third healthcare related committee is the **Health Services Committee**, chaired by Fargo Senator Kristin Roers (R-27), current majority caucus leader in the Senate, and Wahpeton Representative Alisa Mitskog (D-25) serves as vice-chair. NDMA will be monitoring this committee. The Health Services committee will study steps necessary for the dissolution of the Comprehensive Health Association of North Dakota, study the state's delivery of emergency medical services, and study the state's adequacy of care and treatment of brain injury services.

One last extension from the legislative session is the administrative rule process. With all the new legislation, state agencies, including the boards and commissions, make updates to their administrative rules. For example, the ND Board of Medicine is revising its administrative rules regarding the naturopaths' licensure and prescribing formulary, in response to the law changes during the 2023 legislative session.

NDMA is following all legislative and regulatory proceedings closely to determine how it impacts North Dakota patients, and physicians.

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.



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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



A Different Sort of Supply Chain

As the fall semester gets into full swing, there are a number of exciting developments at your UND School of Medicine & Health Sciences (SMHS). First up is an update on faculty and staff recruiting at the School. As I've mentioned before, the supply chain problems we've all encountered in the grocery store and elsewhere are even more challenging for human capital – that is, people. As with virtually all academic healthcare institutions, we typically compete for people not only on a regional level, but indeed on a national and even international level. The UND SMHS has several searches underway for new faculty and staff members to fill positions that are open due to retirements, relocations, and programmatic growth. Here is an update on where we stand. First, the good news regarding recently completed – and very successful – searches:

- Dr. Sarah Nielsen is the new chair of the Department of Occupational Therapy following the retirement in June of long-time chair Dr. Janet Jedlicka.
- Dr. Andrew McLean is the inaugural Associate Dean for Wellness for the School.

Here is a status report on the other administrative searches underway:

- Chair of the Department of Indigenous Health – A candidate visited the campus last month for a tour and interviews. Discussions are ongoing.
- Director, Center for Rural Health – Various candidates are being vetted, but the position remains open.
- Deputy Director, Institutional Development Award (IDeA) Networks of Biomedical Research Excellence (INBRE) – One candidate has been fully vetted and we are in the final stages of contract negotiation.
- Wadhvani Family Endowed Chair of Translational Research – Several candidates are being vetted, but the position remains open.
- Director, Master of Public Health program – Several candidates are being vetted.
- Associate Dean of Diversity, Equity, and Inclusion – Several candidates are being vetted.

Thus, overall, the search teams have made good progress. We hoped to have all of the positions filled by now, so we won't make that deadline; however, Jan. 1, 2024, still seems achievable for most or all of the searches.

The other exciting development relates to strategic planning. Effective organizations and institutions periodically evaluate what they've accomplished in the past, how they are positioned at present, and what they foresee as their possible role and impact in the future. UND recently completed its visioning effort with the release of UND LEADS. By focusing on five strategic pillars – learning, equity, affinity, discovery, and service – UND has looked into the future and formulated a path forward. The UND SMHS now is internalizing the UND LEADS structure into our operational plans, and we are establishing quantitative metrics wherever possible to assess how well we will be accomplishing the goals associated with the UND SMHS version of UND LEADS. We plan to have our internal strategic planning process completed by the end of this calendar year.

North Dakota's higher education system engages in an analogous strategic planning process. Called Envision, the current look forward is through 2030. Recently the State Board of Higher Education (SBHE) and the North Dakota University System (NDUS) decided to carry the process forward through 2035 with their Envision 2035 initiative that is starting now and will be completed by the spring. The effort "aims to anticipate the programmatic needs that will challenge future students as they ready themselves to enter the workforce. Nine priorities have been identified for study. Four pertain directly to Programs of the Future: Agriculture, Energy, Digital Sciences, and Healthcare. The remaining five groups pertain to the Student of the Future, Teacher of the Future, Infrastructure of the Future, Human Capital of the Future, and Values of the Future."

I have been asked to help lead the Healthcare study along with SBHE Chair Dr. Casey Ryan and North Dakota State University Department of Public Health Chair Dr. Pamela Jo Johnson. We are being assisted by study group members that reflect the educational perspectives from across the NDUS, along with experts from North Dakota's healthcare delivery industry, the legislature, private industry, and – imagine! – a student to highlight the student perspective. As we solicit perspectives and information, the study group plans to meet four times before our preliminary report is due to the SBHE and the NDUS for

a Nov. 1, 2023, conference in Bismarck when we and the other eight study groups will come together with the SBHE and NDUS leadership to further develop Envision 2035

It will be a challenge to try to imagine what the future of healthcare education will look like in 2035, but I anticipate that some topics the group will consider and discuss for inclusion in the report will be: 1) the role of artificial intelligence and machine learning in healthcare and healthcare education; 2) the role of telehealth and virtual care in all of their manifestations, including the use of wearable devices by patients; 3) healthcare workforce needs; 4) retention strategies for retaining NDUS healthcare graduates for practice in-state; 5) the role and importance of expanded public and population health programming in education; 6) how to prepare healthcare providers better for the growing challenge of elderly care; and others. It will be a challenge to keep the list of priorities succinct and the evaluation metrics as precise as possible.

I am very confident, however, that our healthcare study group is up to the task!

NDMA Partners with the Clinical Education Alliance to Provide DEA-Compliant MATE Act Course



Courses are available online and can be taken at your convenience.

Exclusive Pricing for NDMA Members

Standard Rate: \$299

Member Discount Rate - \$100: \$199

APPLY CODE NDMA100

TRAINING OUR OWN HEALTHCARE PROVIDERS ACROSS NORTH DAKOTA

Our medical simulation program touches all corners of the state, honing skills for providers of all backgrounds and improving patient care.



med.UND.edu

UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

Are You Ready?

The Medication Access and Training Expansion (MATE) Act requires new or renewing Drug Enforcement Administration (DEA) licensees to complete a one-time total of at least eight (8) hours of training on opioid or other substance use disorders.

The purpose of this training is to provide concentrated education and resources to promote the safe and effective prescribing of controlled substances when clinically appropriate for a legitimate medical purpose.

In partnership with the Clinical Education Alliance, NDMA is offering discounted courses that fulfill the MATE Act requirement.

Register to complete your DEA Course.

<https://www.ndmed.org/physician-resources/cme/mate-act-training-course/>

Dakota Geriatric Workforce Enhancement Program

Are you looking for more resources and education to help your geriatric population? We can help.



The Dakota Geriatric Workforce Enhancement Program offers evidence-based strategies to strengthen geriatric knowledge among health professionals to integrate and improve geriatric care, including improved dementia care, into primary health care settings.

Learn Geriatrics through Telementoring

ECHO Geriatrics

Meet monthly with Geriatric content experts via Zoom meetings to review case reports and up-to-date best practices in older adult healthcare. Free registration and CEUs.



Interprofessional Geriatric Webinars

Monthly webinars on chronic disease management in older adults geared towards an interprofessional healthcare audience. Free registration and CEUs.



On-Demand Geriatrics Curriculum

Gerochampion

Become a Gerochampion by learning evidence-based Geriatric principles of health care through self-paced micro-lectures.



Age-Friendly Healthcare Microlearning

Transform your clinical practice into Age Friendly Healthcare and learn how to apply the Geriatric 4Ms to achieve higher quality health care for older adults.



These educational resources are supported by a HRSA grant to UND Geriatrics, a Geriatric Workforce Enhancement program. Dakota Geriatrics is supported by funding from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling 3.75M with 15% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government.

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Learn more about integrating improved geriatric care into your primary care program at www.dakotageriatrics.org

\$NDMA 2023 ANNUAL MEETING AND LEADERSHIP AWARDS

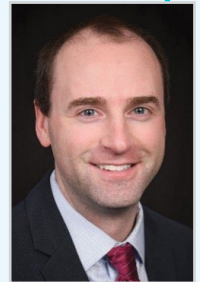
OCTOBER 5 - 6 | Alerus Center | 1200 S 42nd St | Grand Forks, ND

It is my pleasure to invite you to the NDMA 2023 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 Dr. Joshua Ranum



PROGRAM AT A GLANCE

THURSDAY, OCTOBER 5

2:30-5:30 pm | **Council Meeting** (Council Members Only)

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

FRIDAY, OCTOBER 6

7:30-8:15 am | **Breakfast with Dr. Joshua Wynne**

8:15-9:45 am | **Policy Forum**

9:45-10:30 am | **On the Horizon: Healthcare
Policy Trends**

10:30-11:00 am | **Break/Vendor Show**

11:00-11:45 am | **Transgender Medicine**

11:45 am-12:30 pm | **Future of Medicine Panel**

12:30-2:00 pm | **Leadership Awards Luncheon**

2:00-2:45 pm | **Artificial Intelligence in Healthcare**

2:45-3:30 pm | **An Overview of Weight Management**

3:30-3:45 pm | **Break**

3:45-4:30 pm | **Thieves Market - Interactive with
Internal Medicine Residents**

THURSDAY, OCTOBER 5

2:30 pm | **NDMA Council Meeting**

Alerus Center, Room 3 (council members only)

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

Hosted by Third District Medical Society

Playmaker's All American Lounge

Canad Inn, connected to the Alerus Center

FRIDAY, OCTOBER 6

Event Locations

Policy Forum and Educational Sessions: Ballroom 1

Breakfast, Breaks and Leadership Awards Luncheon: Ballroom 2 & 3

7:30-8:15 am | **Breakfast with the Dean**

Serving North Dakota Today and Tomorrow

Ballroom 2 & 3

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

Special guest of Dr. Wynne is North Dakota State Health Officer Dr. Nizar Wehbi, who will share how federal and state-funded health services are impacted by today's ever-changing environment.

JOIN US FOR A

SOCIAL

Hosted by
Third District Medical Society

Thursday, October 5
5:30 – 8:00 pm

Playmaker's All American Lounge

Located in the Canad Inn,
connected to the Alerus Center.



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

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 15th by completing a policy issue form located online at www.ndmed.org.

FRIDAY, OCTOBER 6, CONTINUED

8:15-9:45 am | **Policy Forum** - Ballroom 1

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.

9:45-10:30 am | **On the Horizon: Healthcare Policy Trends** - Ballroom 1

This session will help participants to identify various healthcare policy trends and recognize how the issues impact the practice of medicine.



Ms. Razon will provide in-depth coverage of trending healthcare policy issues surrounding the practice of medicine. Learn what issues are coming forward from other states and how policy is making a difference in how physicians practice medicine.

Beverly Razon
COPIC Senior Vice President | Public Affairs

10:30-11:00 am | **Break – Vendor Show** - Ballroom 2 & 3

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.

11:00-11:45 pm | **Transgender Medicine** - Ballroom 1

This session will define the terms related to gender dysphoria, help to identify which patients are suitable for hormonal transition to the opposite gender, describe the typical changes associated with hormonal therapy, and identify complication of hormonal therapy.



Dr. Newman is a diabetes and metabolism specialist and provides care using the latest technology.

David Newman, MD
Department of Endocrinology Chair | Sanford Health, Fargo

11:45 am-12:30 pm | **Future of Medicine Panel** - Ballroom 1

Panel members will discuss the short and longer-term healthcare development trends impacting the practice of medicine. The panel is tasked with sharing how North Dakota's healthcare industry is poised to respond to the ever-changing dynamics to care for patients in a time when reducing costs, creating efficiencies, and utilizing the latest technology continue to be driving factors to advancing care.

PANELIST



Founded by Dr. Nammour, Dakota Gastroenterology Clinic is an independently owned clinic made up of medical professionals who value helping patients find answers and relief. Dr. Nammour is board certified in gastroenterology & internal medicine.

Fadel Nammour, MD
Founder and President
Dakota Gastroenterology Clinic

PANELIST



Prior to his current role as VP and Chief of Health Services Operations, Dr. LeBeau served on the Sanford Health Board of Trustees, as vice president of clinics, and as president and CEO of the Bismarck region.

Michael LeBeau, MD
VP and Chief of Health Services Operations
Sanford Health

PANELIST



Todd Forkel's strong background in healthcare leadership is testament to why he serves as CEO of Altru Health System, a position he's held since 2022. Other leadership roles held by Forkel include Regional President and CEO of Avera St. Luke's and CEO of Avera St. Mary's Region.

Todd Forkel
Chief Executive Officer
Altru Health System

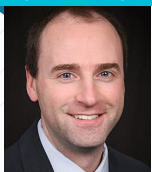
PANELIST



Dr. Bande oversees undergraduate medical education, graduate medical education, clinical care, research, and other administrative functions of the Department of Internal Medicine in collaboration with multiple teaching hospitals. He also serves as a hospitalist and physician advisor in Utilization Management at Sanford Health.

Dinesh Bande, MD
Clinical Associate Professor of Internal Medicine
and Chair of Internal Medicine
UND School of Medicine & Health Sciences

MODERATOR



As president, Dr. Ranum provides strategic vision and leadership for NDMA and its Council. As a physician, Dr. Ranum provides health care to the West River Health Services coverage area.

Joshua Ranum, MD
NDMA President

12:30–2:00 pm | Leadership Awards Ceremony & Luncheon

Ballroom 2 & 3

2:00–2:45 pm | Artificial Intelligence in Healthcare - Ballroom 1

This session will provide an understanding of the basic concepts of Artificial Intelligence (AI), machine learning, and deep learning. It includes an overview of the history of AI in health care, various applications of AI in health care, ethical challenges and biases involving AI, and the future of AI and application in medicine.



Gopikrishna Paladugu, MD
Hospitalist, Sanford Health Fargo
ND Chapter of the Society of Hospital
Medicine President

As a hospitalist and internal medicine specialist, Dr. Paladugu has over 8 years of experience providing exceptional patient care. As an advocate for technological advancements, Dr. Paladugu closely monitors developments such as artificial intelligence.



Yuri Nakasato, MD
Rheumatology and Endocrine Department Chair
Essentia Health West

Dr. Nakasato leads a team of medical professionals and plays a pivotal role in advancing patient care and fostering collaborations. He is a recipient of the Bush Fellow award for his project on Efficient Medicine. This accolade reflects his innovative approach to improving healthcare systems for the benefit of patients and providers alike.

2:45–3:30 pm | An Overview of Weight Management - Ballroom 1

This session will help to determine opportunities for obesity by sharing how to guide patients through lifestyle changes and the use of weight loss medications, if necessary.



Dr. Henderson specializes in family medicine and weight loss management. She provides primary care and weight loss management services by working with patients to help them reach their long-term weight management goals.

Lindsey Henderson, MD
Family Medicine Service Line Medical Director
Sanford Health, Bismarck West Region

3:30–3:45 pm | Break - Ballroom 2 & 3

3:45–4:30 pm | North Dakota ACP Thieves' Market - Ballroom 1

Interactive with Internal Medicine Residents

This session will help to understand how individual clinical reasoning skills compare to other internists. The exercise challenges the participants' clinical reason ability by solving two challenging clinical cases. The exercise allows everyone to have fun and laugh out loud.



Laura Nichols, MD
Internal Medicine
Sanford Health

The exercise is moderated by Dr. Nichols, an internist, practicing with Sanford Health, and a Core Faculty member for the UND School of Medicine & Health Sciences Internal Medicine Residency Program. She has a passion for improving her own clinical reasoning and shares that passion by teaching clinical reasoning to residents and medical students. The Thieves' Market concept is a fun way to engage and learn. She herself has blurted out many wrong answers during these interactive challenges and hopes attendees will do the same as more participation equals more fun!

4:30 pm | Adjourn

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 posted in the weekly e-Physician News. Members will be asked to choose from the following slate of officers:



President
Stephanie K. Dahl, MD
Horace, ND



Vice President
Parag Kumar, MD
Bismarck, ND



Policy Forum Chair
Erica C. Hofland, MD
Dickinson, ND



Secretary-Treasurer
Joan M. Connell, MD
Bismarck, ND



AMA Delegate
Fadel E. Nammour, MD
Fargo, ND



AMA Alternate Delegate
David F. Schmitz, MD
Grand Forks, ND



Ceremony & Luncheon

Friday, October 6
12:30 pm – 2:00 pm

The historic Leadership Awards Ceremony and Luncheon will present awards for outstanding achievement.

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-six 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 fifth 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 at the Canad Inn.

Reservations must be booked by September 4. If the block fills up, no additional rooms can be added. Book early.

The Canad Inn is connected to the Alerus Center.

Room rates: \$109, plus tax.

Must reference **Group ID 1751** to receive the block rate.



To reserve, call 701-772-8404 or simply scan the code above.

Canad Inn
1000 S. 42nd Street
Grand Forks, ND 58201

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 3.75 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 3.75 medical knowledge MOC points 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.

NDMA 2023 ANNUAL MEETING

AND LEADERSHIP AWARDS



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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 5, evening NDMA social
_____ Number attending Friday, October 6, breakfast
_____ Number attending Friday, October 6, educational program
_____ Number attending Friday, October 6, awards ceremony luncheon
(contact NDMA for special dietary needs: 701-223-9475)
_____ 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 \$ _____
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CONFERENCE CANCELLATION POLICY: No refunds after September 21, 2023.

Please mail this form along with payment no later than September 22, 2023 to NDMA: 1622 E. Interstate Ave., Bismarck, ND 58503-0512

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NDMA 2023 ANNUAL MEETING AND LEADERSHIP AWARDS

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To See Life As An
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AHA Seeks Participation from Healthcare Facilities and Physicians



Submitted by American Heart Association

Participating facilities can receive up to a \$20,000 stipend.

The American Heart Association (AHA) has launched a two-year initiative to expand and enhance post-acute stroke care across Montana, Nebraska and North Dakota, giving all patients the best chance at independent life after stroke.

Across the U.S., more than 90% of stroke patients experience some form of disability as a result and more than 11% suffer a second stroke within a year.

Made possible with support from The Helmsley Charitable Trust, this \$1.5 million initiative will implement newly developed American Heart Association Post-Acute Stroke Care Quality Standards in post-acute facilities across the three states.

The new initiative seeks to establish post-acute care as a core component in the system of stroke care.

Participating facilities will beta-test the new standards to create benchmarks of success against which facilities nationwide will be able to assess their care.

If you are part of a post-acute facility or know of a post-acute facility that may benefit from this program, take a moment to share this information with those colleagues.



Post-Acute Stroke Program Standards

The American Heart Association would like to assist North Dakota facilities to implement the newly developed Post-Acute Stroke Program Standards, extending high-quality, guideline-directed care for patients across their full stroke journey.

Participating facilities would experience a number of benefits, including a participation stipend, site-specific quality improvement support, the opportunity to learn from similar facilities applying best practices, and collaboration between your facility and local system of care facilities, e.g., referring hospitals, local outpatient providers, etc.

Congratulations to the following ND sites already participating:

Good Samaritan Society: St. Vincent's, Bismarck, ND
Sanford Medical Center Hillsboro, Hillsboro, ND
PAM Rehabilitation Hospital of Fargo, Fargo, ND

For more information:

www.Heart.org/PostAcuteStroke

Janna Pietrzak

Program Consultant

American Heart Association

701.730.3305 | Janna.Pietrzak@Heart.org

For more information on the project or to get your facility involved, visit www.Heart.org/PostAcuteStroke or email Janna Pietrzak at Janna.Pietrzak@Heart.org.

Trinity Health's New Healthcare Campus and Medical District Poised to Serve Northern Regions Across North Dakota and Montana

Submitted by Trinity Health

A premiere healthcare campus of North Dakota, Trinity Health's new Healthcare Campus and Medical District (HCMD) opened recently and is now serving the northern regions across North Dakota and Montana. The HCMD features two facilities: the Trinity Health Hospital and the Medical Office Building (MOB). It occupies 32 acres of land in southwest Minot and boasts 800,000 combined square feet of state-of-the-art facilities focused on patient care. The Hospital and MOB feature an abundance of natural light and design elements with both the staff and patients in mind.

The HCMD is located in a fast-developing commercial and retail area near a robust shopping district and easy access to major highways. In addition to the occupied 32 acres, Trinity obtained 47 more acres in the surrounding area for future expansion. For example, the sixth floors of both the Hospital and MOB remain undeveloped and are available for immediate expansion.

The surgical department includes 12 operating rooms with additional capacity to add two more. Projects in the works are an outdoor seating area for the cafeteria, a meditation patio area outside of the chapel, a walking park on the north end of campus and a new guest house to lodge patients and families traveling to Trinity Health for care.

One integral design element is the front-of-house and back-of-house concept. This concept grants more patient privacy and increased workflow efficiency for staff. Patients are seen in exam rooms and areas in the back-of-house that are restricted via key cards to maximize privacy and efficiency. Increasing patient privacy and facilitating improved care is paramount to Trinity Health's vision and mission; built with this in mind are the 147 all-private patient rooms as well.

Over 100,000 architectural design hours went into conceptualizing the campus and with that came input from staff and patients. As such there are many facets of the design built with the staff and patients in mind. The MOB, for example, is connected and adjacent to the hospital and houses hospital specialties under one roof with corresponding specialty floors in the hospital for maximized efficiency and decreased travel times. The multi-specialty clinic houses more than 60 providers and 18 specialties; such as Ear, Nose and Throat, Nephrology and Cardiology. Audiologists now enjoy in-suite facilities to conduct hearing exams and new outpatient kidney dialysis units were installed on the first floor in addition to a new durable medical equipment outlet and outpatient pharmacy.



Trinity Health is proud to offer collegial medical staff and teaching opportunities in addition to more autonomy than that of a hospital-employed practice. Practitioners can enjoy new clinic workspaces, equipment, offices and amenities such as an employee wellness center, coffee shop and underground parking. Trinity Health is also a proud member of the Mayo Clinic Care Network, for over 10 years, so you can benefit from leading medical expertise and physician collaboration while staying near your family, friends, and home.

While the HCMD touts a great place to work, Minot is also a great place to live. Minot is home to a vibrant economic downtown area, Minot State University and Minot Air Force Base. Minot is located mere hours from beautiful lakes for summer fun and a winter park for those that enjoy winter sports.

Trinity Health has been a staple for care in the North Dakota region for over 100 years and continues to invest in innovative state-of-the-art care and equipment; as well as investing in the local community of over 50,000 and growing.



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A comprehensive healthcare system based in Minot, ND, Trinity Health has proudly served Northwest/Central North Dakota and Eastern Montana since 1922. With a tertiary care hospital, more than 40 specialties, several rural health clinics, and a long-term care facility, Trinity Health provides a full complement of healthcare services to the region.

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Enhancing the Tools Available to our Health Care Providers in North Dakota



John Hoeven
North Dakota Senator

The widespread availability of synthetic opioids, the most common being fentanyl, continues to pose a growing public health risk, particularly for law enforcement and first responders.

Access to health care is fundamental to our quality of life in North Dakota. Whether in rural or urban areas, our health care providers deliver the services we rely on to maintain the well-being of our communities. However, we know that providers and patients face a range of challenges, including workforce shortages, limited resources, long distances between providers and the burden of chronic disease. Through my role on the Senate Appropriations Committee, I'm working to enhance the tools available to help overcome these obstacles. Earlier this year, I helped move through committee annual funding legislation, which includes priorities I worked on to ensure our state can continue meeting the health care needs of our growing population.

Importantly, we advanced provisions that will enhance support for rural health initiatives. Among other priorities, we maintained support for the State Offices of Rural Health Program, which includes the Center for Rural Health at the University of North Dakota, an important partner in supporting the work of our rural health care providers. This center provides technical assistance and distributes information on the latest developments in the medical field and best practices to improve standards of care, supporting the good work of health care professionals throughout North Dakota.

We also worked to ensure the bill maintains funding for community health centers (CHCs) and provides a \$3 million increase for the National Health Service Corps. CHCs help ensure families and individuals across North Dakota can access needed health care, particularly preventative care, regardless of their income level. At the same time, the National Health Service Corps incentivizes physicians and other providers to work in health professional shortage areas, including rural communities, through a loan repayment program. We also continue to support the advancement of telehealth, which has become an increasingly important tool that helps providers reach more patients with greater convenience and at a lower cost.

In addition, we provided support for biomedical research at the National Institutes of Health (NIH), building upon our work in recent years to empower greater research into cancer and chronic diseases, such as Alzheimer's disease, which take such a great toll

on our health care system and patients in North Dakota. By advancing new treatments, we can better combat these costly diseases, benefiting patients while freeing up resources to address other health care challenges.

While we work to support these important priorities, it is essential that we remain good stewards of taxpayer dollars. Accordingly, this legislation rescinds \$850 million in American Rescue Plan Act (ARPA) funding and reduces spending by more than \$1.2 billion compared to fiscal year (FY) 2023 while still funding our priorities. We can meet the needs of our nation while getting federal spending under control and addressing our debt and deficit. In these ways, we are working to enhance our health care system, empower our medical professionals and secure a brighter future for our country.



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Alzheimer's: It's Personal to Me.

Kevin Cramer
North Dakota Senator

Across North Dakota, more than 15,000 seniors live with Alzheimer's. Every day, they experience the gradual and painful loss of one more cherished memory, losing another face, name, and eventually themselves. Alzheimer's is equally destructive to the families and caregivers of patients, something my family remembers all too well. Just a little over two years ago, my mother passed away with Alzheimer's. Like many from North Dakota, I personally know the impact of this disease, and addressing it is one of my top priorities in Congress.

Since the beginning of this year, I've cosponsored several bills aimed at improving research and care coordination for patients battling Alzheimer's and dementia-related illnesses. In May, I joined Senator Susan Collins (R-ME) in cosponsoring the Alzheimer's Accountability and Investment Act, and the reauthorization of the National Alzheimer's Project Act (NAPA). Individually, both of these bills provide several much-needed modernizations to Alzheimer's related research, health agency coordination, and fiscal priorities. However, when enacted alongside other existing initiatives, they support a much larger effort to reduce cognitive decline through the prioritization of healthy aging practices and preemptive treatment.

Last year was the 10th anniversary of the National Alzheimer's Project. The bills I introduced with Senator Collins will reauthorize the initiative through 2035 and modernize provisions requiring an annual National Institutes of Health (NIH) budget estimate for all Alzheimer's related research programs to be submitted directly to Congress. Recently, I led the Fiscal Year 2024 appropriations request letter for Alzheimer's research and public health initiatives, which I have supported every year in the Senate. If we are going to combat Alzheimer's, we need sustained and responsible federal investment into research, development, and thoughtful long-term care management programs.

As we learn more about the progression and treatment of Alzheimer's, we must prioritize delivering care to patients and their families. This is all the more important as our population ages, and we see more North Dakotans and Americans diagnosed with Alzheimer's each year. Providing treatments and enhancing research are critical to addressing the unique needs of Alzheimer's patients, which is why I cosponsored Senator Debbie Stabenow's (D-MI) bipartisan Comprehensive Care for Alzheimer's Act. This bill allows the Center for Medicare and Medicaid Innovation (CMMI) to develop and test dementia care program models to support inclusive, patient-centered care for Medicare beneficiaries who suffer from Alzheimer's disease or related dementia.

I am grateful for the progress we make every day as we strive to find better ways to care for patients and their families. The sheer amount of research on the disease itself is a testament to the determination of the medical professionals who are working hard to improve care and health outcomes for Alzheimer's patients. Federal investment and prioritization matter, but so does fiscal responsibility. Our sustained focus on supporting advanced research with appropriate oversight will propel us on the path towards delivering more efficient, cost-effective, and compassionate care for patients and their families. By ensuring we remain fiscally responsible, we can protect our long-term solvency and alleviate partisan divides, freeing up more precious time to help those slowly losing theirs.

As always, my door is always open to you, and I welcome hearing from you about issues affecting health care in North Dakota.

Expanding Access to Opioid Reversal Agents



Kelly Armstrong
North Dakota Congressman

The widespread availability of synthetic opioids, the most common being fentanyl, continues to pose a growing public health risk, particularly for law enforcement and first responders.

To help combat this problem, Congressman Paul Tonko from New York and I introduced bipartisan legislation to save lives by expanding access to overdose reversal agents. The Halting the Epidemic of Addiction and Loss (HEAL) Act of 2023 is much needed legislation that, if enacted, would broaden the scope of federal grants for purchasing overdose reversal agents.

According to the National Center for Health Statistics at the Centers for Disease Control, there were more than 90,000 American opioid overdose deaths in 2020 and more than 105,000 in 2021. As the United States grapples with the opioid crisis, access to overdose reversal agents has become essential in reversing opioid overdoses and preventing death.

Naloxone, currently the only opioid antagonist that is commercially available to reverse an opioid overdose, was approved by the US Food and Drug Administration (FDA) more than fifty years ago. Naloxone was designed to reverse the effects of heroin-induced overdoses, leading some to believe that its pharmacokinetic and pharmacodynamic properties aren't the most effective way to combat modern synthetic opioids, which are thousands of times more potent than traditional heroin.

The HEAL Act would ensure that the Department of Health and Human Services (HHS) includes any opioid overdose reversal agent that has been approved or otherwise authorized for use by the FDA when issuing a regulation, guidance, or information governing a grant program addressing opioid use disorder. This change would not require the use of a specific product. It would instead provide states, local governments, tribes, and non-profits that receive HHS and Substance Abuse and Mental Health Services Administration grant

funding or utilize its guidance with increased flexibility to employ whatever product is best able to meet the needs of their community.

We must use every tool at our disposal to fight the devastating disease of opioid use disorder. Recently, the HEAL Act was included as part of the SUPPORT Act, which includes broader substance use disorder reforms and was advanced unanimously out of the House Energy and Commerce committee. We must also ensure that first responders, law enforcement, and at-risk individuals can access all approved overdose reversal agents. This bill goes a long way to make our communities safer and provide those on the front lines of the opioid crisis with the best tools available.



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Thank You for Entrusting Us for 15 Years!

Submitted by Dr. Rachel Ness, founder of Fargo Center for Dermatology

My dream started 15 years ago with a vision, desire, and support from many.

I couldn't be prouder of what we have accomplished. Thank you to the best patients, staff, colleagues, friends, and family of Fargo/Moorhead and surrounding communities for supporting Fargo Center for Dermatology and making my dreams come true.

We have worked 15 years to make Fargo Center for Dermatology the most comprehensive dermatology clinic in the state of North Dakota offering everything from aesthetic services to the newest technology of non-surgical cancer treatment, IG-SRT (image-guided superficial radiotherapy).

I encourage everyone to dream big, have a passion, work hard, and find something that fills your heart and soul and allows you to give back to others. I get to help people, practice dermatology, and be surrounded by inspiring individuals everyday – I am truly blessed.

**THANK YOU TO ALL THAT HAVE BEEN INVOLVED
IN THIS 15-YEAR DREAM COME TRUE.**

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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.

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Q&A: Physician Immigration as a Recruitment Tool

KrisAnn Norby-Jahner
Attorney for Vogel Law Firm



Michelle Scimecca
Attorney for Vogel Law Firm

Physician recruitment throughout North Dakota can be a major challenge. International Medical Graduates (IMGs) play an important role in addressing this challenge. Immigration programs like the Conrad State 30 J-1 waiver program offer support to employers seeking to recruit an IMG physician.

Employment lawyer KrisAnn Norby-Jahner asks her law partner and immigration lawyer, Michelle Scimecca, top questions a healthcare employer may have when considering immigration sponsorship and recruitment opportunities.

Q1 – KrisAnn: What challenges do employers face when they decide to provide physician immigration sponsorship for the first time?

A1 – Michelle: Several federal agencies are involved. Each federal agency plays a specific role. For example, the U.S. Department of Labor confirms fair wages/working conditions. The U.S. Citizenship and Immigration Services processes immigration benefits, such as ultimately approving a J-1 waiver, granting H-1B nonimmigrant status, and processing requests for U.S. Permanent Residence based on an immigrant visa petition. The U.S. Department of State serves as the official sponsor for a J-1 waiver and oversees all U.S. Embassies abroad, where visa stamps are issued, granting admission to the U.S. At the state-level, the North Dakota Department of Health's Primary Care Office, in partnership with the Center for Rural Health in North Dakota, administers the Conrad State 30 J-1 waiver program for the state.

Physician immigration matters require coordination between several programs. Employers generally invest in legal assistance from an immigration attorney for this process.

Q2 – KrisAnn: What does a J-1 / J-1 waiver really mean?

A2 – Michelle: J-1 is a nonimmigrant visa category. Depending on the J-1 program, a foreign national coming to the U.S. can incur a 2-year requirement to return to the country of residence. A waiver of the requirement provides an exception to the 2-year requirement, allowing a foreign national to pursue additional U.S. immigration benefits without the immigration impediments connected to the 2-year requirement.

Next year (2024) will be the 30th anniversary of the Conrad State 30 J-1 waiver program. This program allows each state department of health to support an employer's request for IMG placement with the minimum of a 3-year, full-time employment commitment. Many IMGs who come to the U.S. for post-graduate medical training programs enter in J-1 nonimmigrant status, incurring the 2-year requirement. The Conrad State 30 J-1 waiver program grants a waiver of the 2-year requirement in exchange for the physician's commitment to provide patient care deemed to be in the public interest.

For many employers and IMGs, the Conrad State 30 J-1 waiver program provides a win for both parties.

Q3 – KrisAnn: What does H-1B really mean?

A3 – Michelle: H-1B is another nonimmigrant visa category. H-1B sponsorship is a visa petition by an employer for a professional to work exclusively for the petitioning employer, in the occupation and location(s) designated by the employer's petition.

IMGs who receive a Conrad State 30 J-1 waiver promise to work in H-1B nonimmigrant status for a minimum of 3 years to receive the J-1 waiver. Completion of the 3 years clears the way for the physician to go through the process to become a U.S. Permanent Resident.

Q4 – KrisAnn: What is visa retrogression and why does it matter?

A4 – Michelle: To become a U.S. Permanent Resident, an immigrant visa is needed. Immigrant visas are numerically limited based on the category the petition falls under and the IMGs country of birth.

There is a substantial wait for an available immigrant visa for IMGs in certain countries with a higher influx (present and historical) of applicants. This wait time is referred to as visa retrogression.

For example, the result of visa retrogression is a decade+ wait for IMGs from India to receive an immigrant visa to complete the process to become a U.S. Permanent Resident.

In light of visa retrogression, (note: all employment-sponsored immigrant visa categories, regardless of country of birth, have visa retrogression in August 2023), it is important for health care employers to be aware of this wait and to strategize to secure U.S. immigration benefits that support the IMG, as well as family members, due to the extended waiting period.

**We are here to help. Contact Vogel Law at
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UND SMHS Recognizes Faculty for Outstanding Teaching Efforts

The University of North Dakota School of Medicine & Health Sciences (SMHS) presented awards to the School's faculty for outstanding teaching efforts for 2023.

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.

UND's medical school – the only M.D.-granting school between Minneapolis and Washington state – leads all North American medical schools in such community appointments.

“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.”

NDMA members receiving Outstanding Teaching Awards include:



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Tana Setness-Hoefs, M.D.
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Dawn Mattern, M.D.
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Professionalism: What it Means to the Physician

Submitted by the North Dakota Professional Health Program (NDPHP)

The expectation for all medical professionals is that each and every one will treat all people with respect, compassion, and dignity. Patient needs will supersede a medical professional's self-interest. Medical professionals accept and understand that they are accountable to not only the patient but also to their colleagues and society as a whole.

Medical professionals are to conduct themselves in a professional manner in all instances. This includes presenting themselves in a manner befitting the role of a societal caregiver, placing the needs of others above their own, striving for continual improvement in their knowledge and skills, accepting responsibility, and treating all people with respect and dignity.

How physicians present themselves to peers, patients, and families can have a direct impact on the

responsiveness received in return. Medical professionals recognize that they are treating humans, not subjects. Honoring the humanity of the patient means constantly regarding each individual's worth and dignity.

A medical professional can also demonstrate professionalism by exhibiting an attitude of altruism and advocacy, displaying an unselfish regard for and devotion to the welfare of patients and their families. The physician should act as an advocate for the patient's welfare as it relates to health care. Lastly, medical professionals display empathy for his or her patients and an awareness of the unique qualities of each individual patient, including attributes like gender, age, ethnicity, emotional state, disability, and sexual orientation.

Medical professionals must set an example for their patients.

Maintaining their own healthy lifestyle is paramount to obtaining acceptance and agreement from patients in establishing health management plans to better improve their quality of life. Professionalism also means professional growth and demands that all medical professionals hold fast to the desire for a lifelong-learning approach to the practice of medicine – long after their initial medical training has concluded.

The ND Professional Health Program, Inc. (NDPHP) 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.

RENEW YOUR MEMBERSHIP TODAY!



Joshua Ranum, MD,
President, NDMA

It's that time of year again, when the North Dakota Medical Association (NDMA) asks for your continued support by renewing your membership with us to keep your profession strong.

NDMA provides excellent value for North Dakota physicians by efficiently leveraging resources to provide benefits and services that make a real difference in the physician practice environment.

NDMA serves as the backbone for many physicians' specialty societies, by providing administrative services and membership management support. Without NDMA services, many specialty societies could not properly function.

- NDMA is the only organization that represents ALL North Dakota Physicians.
- NDMA is always on the frontlines to address issues that impact YOU AS A PHYSICIAN and the CARE OF YOUR PATIENTS.
- NDMA is active in advocacy in the private sector such as unfair commercial insurance company practices, employment practices and staff issues.
- NDMA provides physicians with opportunities for personal and professional development, including NDMA council leadership positions.

"As a physician and president of NDMA, I highly encourage you to participate as a member. If you have questions about NDMA or membership, contact 701-223-9475."

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Submitted by Make-A-Wish North Dakota

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

A wish is more than a nice-to-have. It can help improve a child's mental and physical well-being. In fact, in 2022, Make-A-Wish® surveyed medical professionals nationwide and learned that 98% said the wish experience has a positive impact on a child's physical well-being; and 90% said they have observed children increasing their compliance with treatment after learning they would receive a wish. This is wonderful news!

By referring a child with a critical illness to Make-A-Wish, you can connect them with this additional support they need at an important time in their medical journey.

Eligibility Criteria:

- Children must be ages 2 ½ to 18 years old at the time of referral.
- Children must be diagnosed with a critical illness that puts their life in jeopardy. For a full list of auto-qualifying illnesses, please visit md.wish.org.
- Children may not have already received a wish from Make-A-Wish or any other wish granting organization.

How to Refer:

- Referrals can be made by any member of the child's medical care team, family, close friends, or the child themselves.
- Medical providers should visit md.wish.org and click "refer a child".
- You will be directed to an online form where you can enter the child's contact information, provider information, and diagnosis.
- From there, the form is sent directly to our North Dakota chapter for follow-up.
- You may also call us at 701.280.9474 to ask questions or refer by phone.

Make-A-Wish®
NORTH DAKOTA

Thank you to the many local physicians who have already referred patients for a wish, we could not grant them without you.

★ REFERRALS START WITH YOU ★

I wish to go to Sesame Place!
Keegan, 3, with Dr. DeCock
Mandan
nervous system disorder

DON'T WAIT FOR HOPE.
Create it.

Make-A-Wish®
NORTH DAKOTA

REFER A CHILD AT
MD.WISH.ORG



5 Practices to Avoid: Understanding the CURES Act Information Blocking Rule

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As of April 5, 2021, all health care providers are required to comply with the 21st Century Cures Act. Information Blocking Rule. This Rule is intended to enhance patients' rights to access, to promote. Communication and sharing of information between medical providers and with health information. Technology companies, and to debunk myths and practices that had arisen under the HIPAA privacy. Regulations that were causing roadblocks in the efficient communication of medical information.

To assist in your compliance with this complex regulation, here are five practices to avoid. These examples are taken from U.S. Department of Health and Human Services (HHS) commentary and guidance as potential information blocking related to Electronic Health Information (EHI).

Routinely delaying the posting of lab or test results until after speaking with the patient. HHS guidance repeatedly emphasizes that this practice is prohibited and that the Preventing Harm Exception will not justify a policy of withholding or delaying access to lab or test results until after the provider has had a chance to review the results and speak with the patient, except in rare and special circumstances pertaining to a particularly susceptible, individual patient.

Failing to provide same-day access to available EHI in a form and format requested by a patient or by a provider, and takes several days to respond. The records do not have to be provided unless requested. But once requested, the records are to be provided "immediately." Immediately is not defined, however HHS commentary suggests that the provider should respond to an information request usually within a day or two—more quickly if the situation is more urgent. The HIPAA 30-day response time does not apply to the Information Blocking Rule.

Not enabling patient portal features that allow patients to directly transmit or request direct transmission of their EHI to a third party. The Information Blocking Rule involves more than just promptly posting a patient's medical records to the patient portal or timely responding to a patient's request for access, exchange, or use of EHI. Any policy, practice, or contract provision that interferes with a patient's access may constitute information blocking.

Requiring an individual's written consent or authorization before sharing EHI with unaffiliated providers for treatment purposes when not required by state or federal law, or incorrectly claiming that the HIPAA Rules or other laws preclude a provider from exchanging EHI with unaffiliated providers. HIPAA is not as restrictive as most health care providers may think. Under HIPAA, it is permissible, but not required, to share medical records without

an authorization or release of records form signed by the patient with another health care provider for treatment purposes. Requiring a patient to sign a consent or authorization when not required, or claiming it does require an authorization, is information blocking. HIPAA sets forth many other circumstances where providers are permitted, but not required, to disclose medical information without an authorization from the patient.

Failing to report required conditions, illnesses, or injuries as required by state law or failing to respond to public health or health oversight requests. As noted in guidance, if a health care provider is permitted to provide access under HIPAA, then the Information Blocking Rule would require that access so long as the provider is not otherwise prohibited by law from doing so. HIPAA sets forth many circumstances where providers are permitted, but not required, to disclose medical information without an authorization from the patient. The Information Blocking Rule would apply to requests for access from patients or their personal representatives, other health care providers (HIPAA Treatment Exception), health oversight entities such as medical boards or Medicare (HIPAA Health Oversight Exception), public health authorities (HIPAA Public Health Activities Exception), and others who may properly obtain access under HIPAA (See HIPAA Law Enforcement Exception, Judicial and Administrative Proceedings Exception, etc.).

This article is for informational purposes only. It is not intended as legal advice, or as a substitute for the advice of an attorney or other professional. It does not address all possible legal and other issues that may arise regarding information blocking and interoperability. Each health care provider should consult legal counsel for specific legal advice if an issue arises.

More information may be obtained on the Office of the National Coordinator's website at

www.healthit.gov/topic/information-blocking



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