

# North Dakota Physician

SUMMER 2023



**Physicians Advocating  
for Healthcare**

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 **NDMA**

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

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**Joshua Ranum, MD**  
NDMA PRESIDENT

## Advocating for Patients

**S**ummer greetings to everyone. We have just completed the state's 2023 legislative session and I extend a sincere thanks to all of you for your advocacy efforts before and during the session.

I especially want to thank our outstanding staff – Courtney Koebele, Leann Benson, and Donna Thronson for their work. Having a biennial session where every bill gets a floor vote means a lot of work for the staff and those three consistently go above and beyond to advocate for North Dakota's physicians.

The session played out differently than we expected. NDMA's Commission on Legislation anticipated a number of abortion and vaccine bills, but instead there ended up being more bills related to transgender issues. The (anticipated) 20 plus abortion bills were consolidated before the session which made tracking it easier but higher pressure since there was one chance to make changes.

Thanks to members who stood up to provide testimony, notably Dr. Ana Tobiasz, and many others such as Collette Lessard, MD, Erica Hofland, MD, Heather Sandness Nelson, MD and Brendan Boe, MD. Others worked behind the scenes to ensure patient care and physician practices would not compromise needed health care.

The collaborative effort resulted in successfully removing the affirmative defense provision and including medical emergency exemptions, which will help protect those providing obstetric and emergency care in the state. There were other conditions we would have liked to change but overall, the most problematic concerns were addressed.

Other NDMA advocacy highlights included passing of truth in advertising (Dr. Joan Connell), corporate practice of medicine (Dr. William Noyes and Dr. Myra Quanrud), and patient choice (Dr. Duncan Ackerman) bills.

We saw some momentum on prior authorization this session, as the bill passed as a study. This issue is a high priority for the American Medical Association, and we will continue to work toward right sizing. One factor cited in testimony was a lack of complaints to the state insurance commissioner about the delays or harm caused by prior authorization.

In the interim, NDMA will partner with stakeholders to collectively gather information that shows how changes to the prior authorization process could improve patient care. Stay tuned for more information on that. Although we can all relax a bit after the session, issues like prior authorization highlight the need for continued engagement with your legislators.

When formulating our advocacy stance and priorities, NDMA's consistent theme has been keeping the government out of the exam room.

Our issues with government interference in the counseling and treatment of patients were the main reasons for our stance on the abortion, vaccine, and transgender bills this session. NDMA will continue to work to keep the doctor-patient relationship free from outside influence.

Please make plans to attend NDMA's annual meeting in Grand Forks on October 6. Take the opportunity to engage with colleagues and "fill your wellbeing cup." Participate in the policy forum – it produces successful results. For example, Dr. Noyes' corporate practice of medicine policy initiative, which was vetted at the 2022 policy forum, was passed, and signed into law this session.

Again, thanks to all our members. Please continue your membership support and reach out to your colleagues to join.



*Pictured from Left to right:  
Dr. Cheryl Huber,  
Dr. J'Patrick Fahn,  
Dr. Faisal Siddiqui,  
Dr. Gabriela Balf,  
Dr. Joan Connell,  
Dr. David Field,  
Dr. Parag Kumar,  
and Dr. Ana Tobiasz.*

## Physicians Advocating for Healthcare

**Submitted by: Donna Thronson**  
NDMA Communications Director

**A**dvocating for physicians and patient care is at the heartbeat of NDMA. It can be challenging and rewarding, all within the same breath. The 68th Legislative Assembly did not disappoint and proved to present many challenges, particularly when it comes to criminalizing physician practices. In addition, hard battles were fought for provider reimbursement, prior authorization, and immunizations to name a few.

Physicians' obligations to advocacy are grounded in their duty to their patients. It's what physicians do to care for patients. This comes in many forms such as overcoming prior authorization hurdles, or perhaps advocating for patients to stick to the prescribed treatment plans. Advocacy may also come in the form of teaching the patient how to be their own advocate by notifying a physician if the current plan is not working.

Since advocacy is already engrained as part of the profession, physicians make great messengers when it comes to advocating for health care.

The featured members on the cover and above photograph are a small sampling of NDMA members who made a difference during the 68th Legislative Assembly. Here is a summary, as presented in the photo, from left to right, respectively.

**Cheryl Huber, MD**, a psychiatrist and patient advocate, took the opportunity to participate in Physician Day at the Capitol and helped educate legislators and guests on how policy can impact medicine.

When it comes to vaccines, family medicine specialist **J'Patrick Fahn, DO**, took to the podium to educate law makers on the importance of a healthcare facility being able to maintain effective policy to safe-guard healthcare workers and patients against highly transmissible viruses such as influenza.

In similar form, pediatrician **Faisal Siddiqui, MD**, educated on the importance of vaccination, especially in healthcare settings and schools and shared his firsthand knowledge of how immunizations can protect our children.

It was a record year for transgender issues. More than 20 bills impacting the transgender population, in one form or another, were on deck to be heard. NDMA paid close attention to the bills that impacted patient care. **Gabriela Balf, MD**, a psychiatrist and patient advocate took the lead to organize educational efforts on how brain imaging studies support gender incongruence. Props, such as the brain model, can be effective educational tools.



**Joan Connell, MD**, a dedicated pediatrician and patient advocate who also leads NDMA's Physician Advisory Group (PAG), carried the torch on several NDMA sponsored initiatives such as the truth in advertising bill and a bill that attempted to ease prior authorization hurdles.

When it comes to building lobbying support family medicine specialist **David Field, MD**, a strong advocate for policy and a dedicated PAG member, provides a keen sense of doing the right thing to protect patients, healthcare workers and physician practices. His long-standing support throughout the pandemic placed him in situations when doing the right thing wasn't popular. For this, Dr. Field must be applauded. He stood for health.

A pediatrician, dedicated advocate, and NDMA policy supporter, **Parag Kumar, MD**, has taken the responsibility to moderate NDMA's policy discussions. As policy forum chair, Dr. Kumar led NDMA's annual meeting policy forum. In addition to providing advocacy during hearings, he assures NDMA's member voices are heard.

When the United States Supreme Court overturned a near half-century of legal precedent on women's reproductive health, it unleashed a Pandora's box of epic proportion for women's health. The safeguard for treating women with pregnancy problems requiring medical intervention suddenly became a criminal act. Recognizing that treatment would be compromised, **Ana Tobiasz, MD**, a specialist in maternal fetal medicine, reached out to policy makers to educate on the inequities of North Dakota's trigger law.

Women could die or be harmed, and physicians would face criminal penalties. For the record, fixing North Dakota's abortion trigger law was a herculean effort and took an army of NDMA member advocates and partner organizations to make it happen.

### **It takes an army, and NDMA is made of warriors.**

To do justice to everyone's advocacy support, there just simply is not enough paper to tell the story. Many member advocates came from all corners of the state and showed up at the Capitol to share compelling stories. Some of you submitted written testimony. Others provided virtual testimony. Perhaps you were the person that took action by reaching out to your legislator, either in person, phone or email, to educate on a specific topic. These are all very important ways to advocate and very much appreciated. Every effort can make a difference.

**Never underestimate the  
difference you can make.  
You are appreciated.**



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# 68TH LEGISLATIVE ASSEMBLY UPDATE

## Advocacy in Medicine

**T**he 68th Legislative Assembly gavelled in on its final day Saturday, April 29 and officially ended on Sunday morning with a few minutes to spare before the 3:00 a.m. hour. Legislators ended the session five days shy of the 80-day maximum allowed by law. Typically, legislators reserve a few days each session to allow flexibility to address other issues that may arise between the biennia.

Legislators approved a record \$19.6 billion two-year budget and managed to vet 990 bills. From this total, NDMA tracked 182 bills and resolutions. From this list, 125 passed and 57 failed. It's important to know that there are times when a failed bill is a success, as this session produced a stream of aggressive bills that were not health care friendly.

The session resulted in some outstanding successes as well as some unwanted losses. Through no fault of our own, some losses were inevitable. Minds were made up and science-based evidence became secondary. When it comes to advocacy, failure serves as an opportunity to continue moving forward in pursuit of the goal. The time to begin planning for the next session is now. But first, let's take a look at the outcomes.

### A Focus On Priorities

#### Medicaid and Medicaid Expansion: HB 2012

North Dakota's Medicaid and Medicaid Expansion program, which is part of the North Dakota Department of Health and Human Services budget, impacts health care in a big way because it determines payment rates for physicians and healthcare facilities. Payment rates play an integral role in keeping healthcare providers and facilities operating.

The legislature settled on the following:

- Medicaid Expansion reimbursement will be reduced from 150% of Medicare rates to 145%. This will take effect beginning January 2025. The overall loss to providers is \$29 million.

Another factor besides the reimbursement percentage for Medicaid Expansion is the inflation adjustment rate for Medicaid. Inflators adjust fee schedules each year to compensate for the effects of inflation, which is adjusted July 1 of each year. Inflators will be adjusted as follows:

- Physicians and other medical providers: PASSED with a 3% inflator increase for each year.
- Hospitals (Prospective Payment Systems): PASSED with no increase for the first year; and 2% for the second year.

Overall, this compromise is considered a success, considering the initial proposal was to reduce Medicaid Expansion rates to 125%, and would have eliminated any inflation-based PPS rate increases.

#### Medicaid for Pregnant Women: SB 2181

- Another win includes expanding Medicaid coverage for pregnant women to 175% of poverty for 12 months post-partum.

#### UND School of Medicine and Health Sciences: HB 1003

- Needs based budget was approved and passed.
- UND School of Medicine & Health Sciences 2-1 matching Challenge Grant program increased from \$1.5 million to \$2.2 million.



Legislators approved a record **\$19.6 billion two-year budget** and managed to **vet 990 bills**.

From this total, **NDMA tracked 182 bills**.

## Truth in Advertising: HB 1221

Otherwise known as the Health Care Transparency Act, this bill is an important issue to NDMA members to ensure patients are aware of what kind of healthcare professional is providing their care. The policy requires clear statements on healthcare providers' educational background, training, and licensing credentials through communication mediums such as advertising and name badges. This bill, submitted by NDMA, handily passed both chambers.



Governor Burgum invited NDMA and HB 1221 bill sponsors to share in a Kodak moment for the official signing of the bill. Pictured from left to right, front row: Dr. Joan Connell, Governor Doug Burgum and Senator Michelle Axtman. Back row: Donna Thronson (NDMA), Senator David Clemens, Courtney Koebele (NDMA), Dr. Parag Kumar, Senator Mike Wobbema, and Dr. J'Patrick Fahn.

Senators Axtman and Clemens were bill sponsors; and Senator Wobbema proved to be a champion by supporting and carrying the bill to the Senate floor. The bill passed the Senate 32-15 and the House 68-21.

## Freedom of Choice for Health Care: HB 1416

This bill, also referred to as “any willing provider” or “patient choice” is about having the freedom of choice for healthcare services. It provides for patients to choose a healthcare provider, pending the provider is willing and fully qualified to meet the terms and conditions of participation, as established by the health insurer.

An amendment made by the House limits the option to an integrated delivery network, which means it applies only to a system of healthcare providers and facilities that offer both healthcare services and health benefit plans.

The bill successfully passed both the Senate and House, then was vetoed by the governor. Both the House and Senate chose to pass over the veto, meaning the bill remains in effect and is considered passed.



Dr. Duncan Ackerman, an orthopaedic surgeon with The Bone and Joint Center, provided testimony during the Senate Human Services hearing. Dr. Ackerman spearheaded the Freedom of Choice advocacy efforts.

During the 67th Legislative Assembly, this initiative passed as a study. With due diligence through the 68th session, it will now become law. The caveat is that it will only impact plans beginning December 31, 2024.

## Non-Profit Employment of Physicians: SB 2148

North Dakota's corporate practice of medicine law limits non-profit employment of physicians to hospitals, and non-profit hyperbaric clinics. NDMA took the initiative to spearhead expanding non-profit employment of physicians to include all non-profits, allowing more flexibility for physician employment opportunities. The bill was well supported and passed.



Dr. Myra Quanrud (left), a pediatric specialist who contracts with the Ann Carlsen Center, and Dr. William Noyes (right), a physician with the Cancer Center of North Dakota, testified in support of the non-profit employment of physicians.

## Abortion Law Fix: SB 2150

Many advocates and partners worked tirelessly to fix North Dakota's abortion law that did not allow for adequate exemptions to protect the health and life of the pregnant woman. Although not optimal, the negotiated conditions make it palatable to provide health care for serious pregnancy conditions. Another win is that the affirmative defense stipulations on physicians are removed. NDMA considers these gains a big win for health care and supports the bill's passage. NDMA will be closely monitoring how SB 2150 is impacted by the State Supreme Court ruling *Wrigley v. Romanick et al.*

## White Bagging: SB 2378

White bagging is a practice that requires medications administered in a clinic to be purchased through an insurer's exclusive pharmacy of choice. Medications are sent to a physician's office or a hospital where they are administered to patients. The practice adds unnecessary complexity to the physician/patient relationship, raises patient safety issues, and may cause delays in patient care. SB 2378 prohibits pharmacy benefit managers from interfering with a patient's right to obtain clinician administered drugs from the patient's provider of choice. Passing this bill is a win for patients.

## Vaccine Summary

Vaccines continued to be a hot topic and not a week went by without having to address the issue. Here is a summary of how it looked on the front line for health care.



### Medical Certification Requirements: HB 1502

This bill initially targeted death certificates in the way of requiring medical certifications stating whether a death was due to COVID-19 vaccines. In addition, it targeted healthcare facilities by prohibiting facilities from being able to require certain vaccinations for employment and included language that prohibited a hospital from denying care based on vaccination status.

The bill was amended to exclude the certificate and vaccine prohibitions on healthcare facility employment, but kept the patient discrimination requirement intact. Since hospitals have never operated on principles that deny patient care based on vaccine status, the discrimination clause was not opposed. The bill successfully passed with amendments.

### Prohibition on Requiring Vaccination: HB 1505

This bill prohibited placing requirements on all vaccines and would have applied a penalty to those entities requiring vaccines by making it a class C felony. The bill was successfully defeated.

### School Vaccines: HB 1200

This bill placed restrictions on COVID-19 vaccinations and experimental vaccines for students at higher education institutions and modified immunization law requirements for schools and day-cares. The bill was successfully defeated.

### mRNA Vaccines: SB 2384

This bill would have prohibited the use of vaccines developed using messenger ribonucleic acid technology and would have applied a Class A misdemeanor penalty. This bill was successfully defeated.

### Discrimination and Possession of Immunity Passport: SB 2274

Prohibiting businesses, government institutions and healthcare facilities from requiring vaccines and showing proof of vaccine status was the focus of this bill. Fortunately, the bill was amended to exempt healthcare facilities. Other amendments limited the bill to apply only to private business and public institutions for COVID-19 vaccines and Emergency Use Authorized drugs. This bill is the exact language that passed in the 2021 special session with the sunset clause removed.



*Dr. J'Patrick Fahn provided testimony to educate legislators on how patient safety would be compromised if state policy would be allowed to override healthcare facility safeguards. It's about protecting patients from infections.*

### Telehealth Payment Parity: SB 2160

North Dakota does have telehealth coverage parity but falls short in payment parity. In North Dakota, telehealth services are typically reimbursed less than in person rates, sometimes as high as 40% less.

This bill attempted to implement a telehealth payment parity policy for behavioral health services to close coverage gaps, particularly in rural areas. Unfortunately, the bill was defeated.



*Dr. Gabriela Balf provided testimony on the importance of telehealth when it comes to providing behavioral health services.*

### Assault Against a Healthcare Provider: HB 1121

This is an issue that continues from past sessions. The bill proposed to extend the penalty from a simple assault to a Class C felony for all healthcare workers, not just emergency room workers. This NDMA supported bill comes at a time when healthcare worker assaults continue to increase at alarming rates. The bill easily passed the House but failed in the Senate.

### Prior Authorization: SB 2389

When it comes to prior authorization practices, North Dakota does not have parameters in place like many other states do. NDMA supports reducing prior authorization hurdles that can lead to excessive wait times and denied necessary care for patients. NDMA worked with partners to develop parameters, including time limits for responding to prior authorization requests. This was vigorously opposed by the payors. Legislators settled on amending this bill to a study for further evaluation.

### Criminalization of Transgender Care

The session was riddled with transgender bills, which consumed a great deal of time. NDMA's focus was on bills that criminalized care. In 2022, NDMA adopted a policy position that takes a stance against criminalizing physician practices for applying proven standards of care.

### Penalties for Providing Care: HB 1301

This bill granted a private right of action for medical gender transitioning procedures on a minor and a public right of action for a civil penalty. In addition, it provided for licensing sanctions. The bill would have implemented a 30-year statute of limitations in a civil action suit. It also encroached on parental fundamental rights. This bill was defeated.

### Prohibited Practices: HB 1254

This bill criminalizes treating a minor for receiving transgender care: for surgery, it is a Class B felony and a Class A misdemeanor for prescribing hormone treatment and puberty blocker medications.

An amendment was proposed to allow prescribing of puberty blockers and hormone treatment after the onset of puberty; however, the amendments did not pass.

A great deal of work was done by many caring physicians who testified against the bill and the criminalization of care. This bill passed and was also signed by the governor.



The dynamic team that stepped forward to make the case for the non-criminalizing of care is pictured from left to right: Psychologist Daniel Sturgill, Dr. Amanda Dahl, Dr. Luis Casas and Dr. Gabriela Balf.

Online testimony and not pictured, included Dr. Rachel Peterson Nelson and Dr. Mayson Bedient.

### Parental Rights for Health Care

When it comes to providing medical care for minors, numerous sections of the North Dakota Century Code already are in place to provide oversight for care. In addition, unreasonable penalties for physicians were at stake. These bills were seen as an overreach. The bills were defeated.

### Parental Consent: SB 2188

This bill required parental consent for a minor's health care, fundamental parental rights, a school district's obligation to notify parents of their rights related to education, and data collection; a physician in violation of this act would face a Class B misdemeanor.

### Parental Rights: SB 2260

This bill related to fundamental parental rights, parental involvement in education, and parental right to consent to medical treatment of the parent's child. In the process of negotiating the bill, NDMA took a proactive approach by working with the bill sponsors and successfully removed the medical treatment restrictions.

 **NDMA**  
Visit [ndmed.org](http://ndmed.org) for info

## **NDMA** | CALL FOR NOMINATIONS

### Nominations for awards are being sought from NDMA's membership.

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

Nominations must be submitted by August 31, 2023.

For questions contact NDMA at 701-223-9475.

### NDMA 2023 Award Nominations

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

- 1) **The Physician Community Award** (physician award)
- 2) **Friend of Medicine Award** (non-physician award)

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

### COPIC Humanitarian Award

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

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

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

**DOWNLOAD A NOMINATION FORM AT [NDMED.ORG](http://NDMED.ORG)**



# The Wave by EPIC Water Park Resort: A One-of-a-Kind Marvel Set to Make Waves in North Dakota

Submitted by EPIC Companies

**F**argo, ND, is about to witness the grandest aquatic spectacle it has ever seen! The Wave Water Park Resort is coming to town, and it's poised to become the state's largest indoor water park, providing thrills, relaxation, and endless entertainment for all. Scheduled to open its doors in early 2025, this one-of-a-kind attraction is already generating a wave of excitement.

Not your average water park, The Wave Water Park Resort is a visionary project that aims to create an unforgettable experience for visitors of all ages. With a massive indoor facility spanning 50,000+ square feet, it promises to be a community amenity like no other.

To bring this aquatic dream to life, EPIC Companies is actively seeking accredited investors who share a passion for creating exceptional experiences. By joining forces with these investors, EPIC Companies aims to establish this facility as a must-visit destination and a catalyst for economic growth in the region.

From heart-pounding water slides to relaxing poolside cabanas, The Wave Water Park Resort will have something for everyone.

Get ready to ride the tide of excitement at The Wave Water Park Resort – the ultimate destination for aquatic adventure and unforgettable experiences. Together, we can create a legacy of enjoyment, laughter, and togetherness that will last for generations to come.

To learn more about The Wave Water Park Resort and how you can get involved, contact Bill Leier at 218-791-2148 or [Bill.Leier@EPICCompaniesND.com](mailto:Bill.Leier@EPICCompaniesND.com). Investing is limited to accredited investors only.



# UND School of Medicine & Health Sciences

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



**W**e recently celebrated two important events for the UND School of Medicine and Health Sciences (SMHS). Most importantly, we graduated 75 outstanding new doctors who soon will be starting their residencies here in North Dakota and beyond. The students matched in terrific programs, and they go into those programs well-prepared, with the requisite competencies – whether knowledge, skills, or attitudes – to succeed and excel. On the morning prior to commencement this past May 6, 2023, we held our annual Awards Banquet, where students (and selected faculty) were recognized for their contributions to medical education. Commencement (held later that afternoon) always is a special event, and this year was no different. Former Department of Pathology faculty member Dr. Walter “Willie” Kemp was invited by the students to give the Commencement Address. Although Willie left us a few years ago to assume the duties of Chief Medical Examiner for his home state of Montana, he continued to teach and mentor our medical students remotely after he left. So, it’s no wonder that the students invited him back – and no wonder that he agreed and made the time and effort sacrifice to return. Dr. Kemp gave a wonderful address, and everyone had a terrific time. Thanks much, Dr. Kemp, and best wishes to the graduating seniors in the medical student Class of 2023.

The other big event was the conclusion of the 68th Legislative Assembly – the biennial gathering in Bismarck of our state’s senators and representatives for the once-every-two-years legislative session. As you may know, the SMHS derives about a third of our revenue from state appropriations, so we always hold our breath until the session is over and the governor signs the funding bill into law. The very good news is that the SMHS did very well from a funding standpoint, with almost a 19% increase in funding from around \$68.12 to \$80.86 million for the coming biennium, a \$12.74 million increase!

The largest component of the increase went to funding a salary merit increase pool for faculty and staff averaging 6% in the first year of the biennium and 4% in the second. This certainly is an important recognition by the legislature of the impact of inflation on our team members’ salaries and the excellence with which they perform their duties. The legislature also provided additional funding for anticipated increases in health insurance premiums, as well as funding targeted at addressing some salary inequities we see when our salaries are compared with market values. And because the School has enjoyed an increase in student credit hour production in the recent past, we garnered about \$1.9 million through the student credit hour formula that helps determine the level of appropriated funding for higher education.

This generous level of funding helps ensure that we can not only maintain but grow our educational, research, and service functions. To highlight the interrelationship of secure baseline funding for the School and its subsequent productivity, our research enterprise has grown dramatically over the past few years as measured by any parameter. Perhaps the most easily quantifiable metric is the amount of external sponsored funding received by our faculty and staff. Most of this funding comes from federal agencies, most commonly the National Institutes of Health. Overall sponsored funding has increased (using a three-year rolling average) from \$22.2 million several years ago to \$39.3 million in fiscal year 2022. Helping boost that average is the fact that in 2022 we saw a one-year record of about \$48 million in external funding! Truly amazing!

As we look forward, I think that there are many more great things to come – starting with our incoming medical student Class of 2027 that starts on July 3, 2023, and is followed not long after by new and returning students from our wide spectrum of health-related fields. We also

*Best wishes to the graduating seniors in the medical student Class of 2023.*

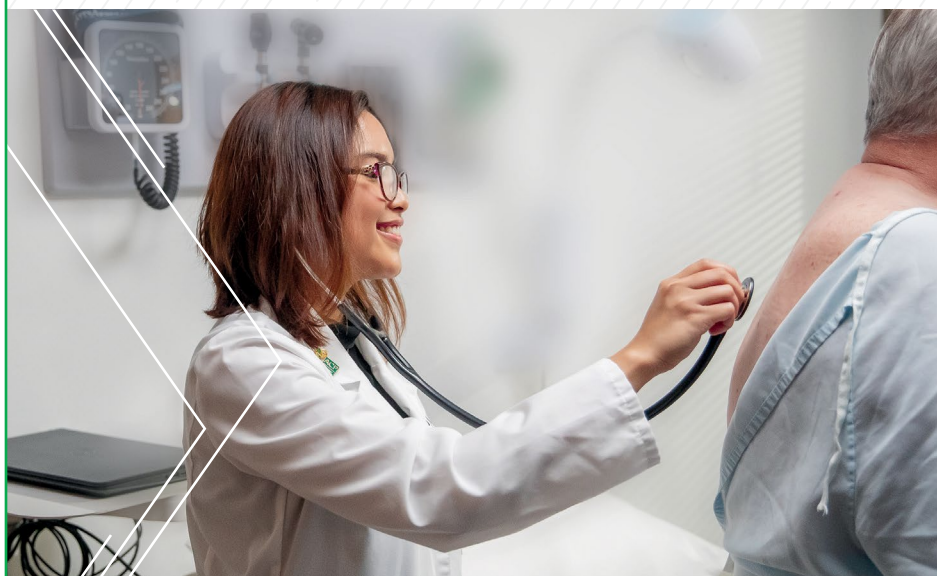


will be welcoming some new senior leadership to the School as we adjust to the departure of several individuals and the need for new positions occasioned by the growth of our programs. Notable individuals who have (or will be leaving) include Dr. Don Warne, Associate Dean for Diversity, Equity, and Inclusion and multiple other roles (who left for a senior position at Johns Hopkins University), our Senior Associate Dean for Medicine and Research, Dr. Marc Basson (who is the new dean at the Northeast Ohio College of Medicine), Dr. Janet Jedlicka, chair of the Department of Occupational Therapy (retiring), and Brad Gibbens, Acting Director of the Center for Rural Health (also retiring). The searches for these and the other positions are progressing nicely, and I'm looking forward to welcoming new team members to our family.

Susan and I wish you a pleasant, relaxing, and safe summer, and thank you for your interest in – and support of – the UND SMHS and our students, faculty, and staff.

# 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.



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

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# Revisions to North Dakota's Board of Medicine Reporting Requirements

**Briana L. Rummel**  
Attorney for Vogel Law Firm

All but four states include a self-report requirement in their respective medical practices act and implementing regulations. North Dakota is not unique in that regard. Indeed, the Medical Practices Act in North Dakota has included a mandatory self-reporting provision since at least 1993. At its core, the mandatory reporting provision under North Dakota law requires licensees, healthcare institutions, and state agencies to report to the investigative panel of the North Dakota Board of Medicine if they have actual knowledge that a licensee may have committed any of the grounds for disciplinary action: N.D. CENT. CODE § 43-17.1-05.1. In turn, the grounds for discipline are enumerated in Section 43-17-31 of the North Dakota Century Code. Actual knowledge is defined to include personal observations or circumstances that cause a person to believe there exists a substantial likelihood that a violation occurred: N.D. CENT. CODE § 43-17.1-05.1(3).

Adherence to the mandatory reporting provision is significant in that failure to comply with the reporting requirements is itself a basis for potential discipline: N.D. CENT. CODE § 43-17-31(1)(s). In addition, a healthcare institution that fails to make a mandatory report when required is guilty of a class B misdemeanor: N.D. CENT. CODE § 43-17.1-05.1(4).

The mandatory reporting provision, although subject to a few amendments, has remained largely unchanged for the last thirty years, that is until the most recent legislative session. S.B. 2115, signed by the Governor on March 29, 2023, with an effective date of August 1, 2023, includes several modifications to the mandatory reporting provision, both in timing and substance, of which practitioners and healthcare entities should be aware.

Following August 1, 2023, any time a mandatory report is required to be made under North Dakota law, *it must be done within thirty days from the date of the occurrence or act. This is a shift from existing law which requires only that a report be made "promptly."* In addition, Section 43-17.1-05.1 will now include specifically enumerated reportable events that may not otherwise themselves be grounds for discipline, including a citation, charge, arrest, or conviction of any violation of law, other than minor traffic citations.

Licensees will also be required to report the following:

- A malpractice judgment or settlement made on behalf of an individual licensee;
- An action affecting or limiting privileges or credentials;
- Relinquishment or nonrenewal of privileges to avoid investigation or disciplinary action; and
- A condition that impairs the licensee's ability to practice in a competent, ethical or professional manner, unless the licensee is in compliance with an existing contract with the North Dakota Professional Health Program or currently under treatment and able to practice without impairment as a result of said condition.

What remains unchanged is the protection from criminal and civil liability afforded to those individuals and institutions required to make a mandatory report if done in good faith: N.D. CENT. CODE § 43-17.1-05.1(3). In addition, and importantly, information obtained as a result of participation in the peer review/quality assurance process need not be reported. Moreover, information obtained during treatment of another physician does not need to be reported if the patient-physician limits or withdraws from practice as may be appropriate under the circumstances.

Prior to August 1, 2023, providers should familiarize themselves with the amendments and new reporting requirements. The enrolled version of S.B. 2115, reflective of the changes made to existing law, is available at the following link: [https://ndlegis.gov/assembly/68-2023/regular/bill-index/bi2115.html?bill\\_year=2023&bill\\_number=2115](https://ndlegis.gov/assembly/68-2023/regular/bill-index/bi2115.html?bill_year=2023&bill_number=2115).

Providers should also refresh their memory and understanding of the grounds for discipline under North Dakota law. In the face of a possible reportable event, providers should give careful consideration to the reporting requirements and seek timely guidance from professionals, including healthcare lawyers, when necessary to assist in compliance.

**VOGEL**  
Law Firm





Briana Rummel

Angie Lord

Brenda Blazer

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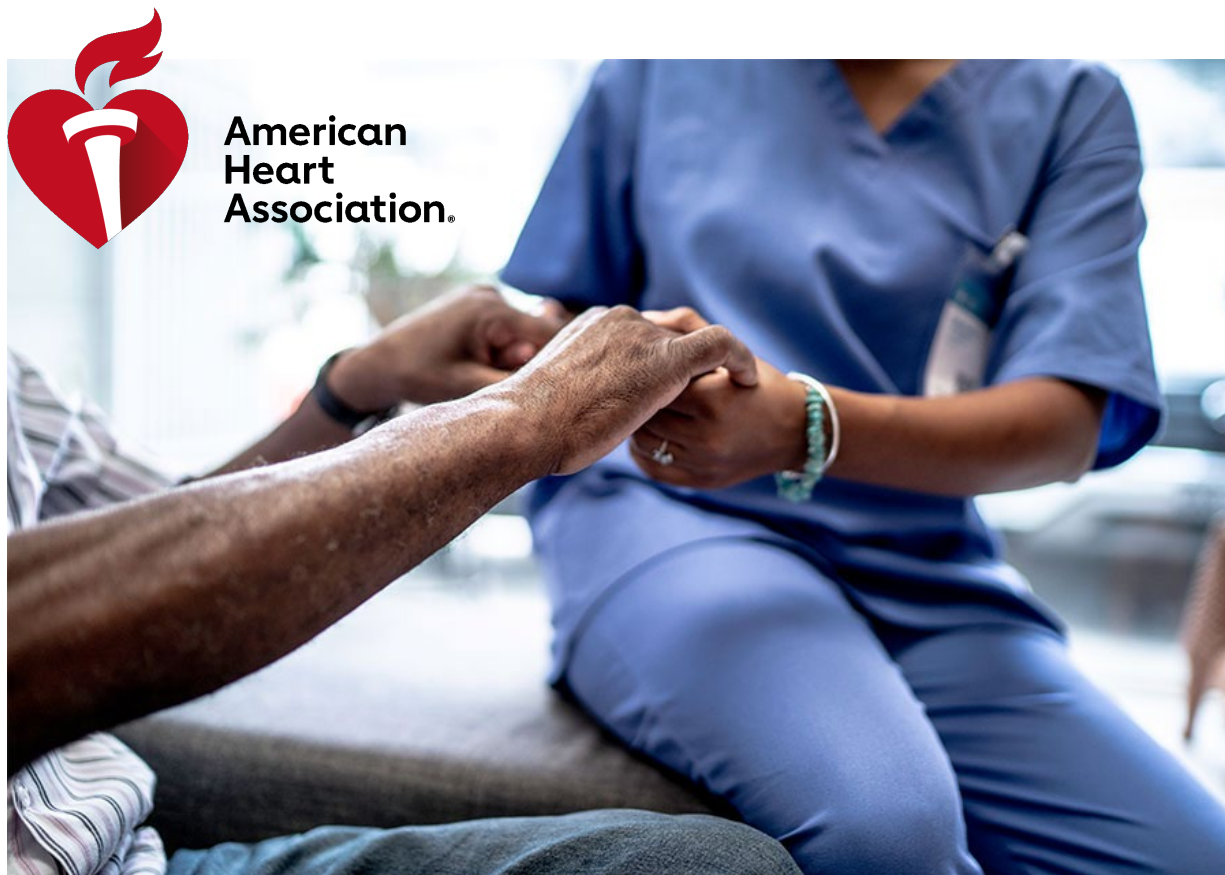
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# AHA Seeks Facilities to Help Benchmark Stroke Program Standards in Post-acute Facilities: Can You Help?

Submitted by American Heart Association



**A**cross the U.S., approximately half of all stroke patients are discharged home or to hospice at home, with the remainder going to in-patient rehabilitation, skilled nursing facilities, and long-term care facilities. 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. Yet, post-acute care is often siloed from the rest of the health care system and inconsistent across care delivery settings.

To help overcome gaps in stroke recovery, the American Heart Association (AHA), the world's leading voluntary organization focused on heart and brain health, 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. A similar initiative was recently announced in Iowa, as well, as part of a larger project focused on improving the entire system of stroke care across that state.

Made possible with support from The Helmsley Charitable Trust, this \$1.5 million initiative will implement newly developed American Heart Association Post-Acute Stroke Program Standards in post-acute facilities across Montana, Nebraska and North Dakota.

Adoption of the standards will maximize recovery of function lost during a stroke, reduce risk of secondary effects, and extend high quality guideline-directed care for all patients across their full stroke journey.

“Targeted, high-quality post-stroke rehabilitation interventions, customized to patient needs, can dramatically improve recovery of function lost during a stroke, but current gaps in the

system of care can lead to high rates of hospital readmissions, variability in care coordination and sub-optimal outcomes for patients,” said Janna Pietrzak, Program Consultant, Health Care Quality for the American Heart Association. “This new initiative will help to ensure patients receive the most up-to-date science-informed care to improve recovery and reduce disability after experiencing a stroke.”

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.

In addition, participating facilities would also experience a number of benefits:

- Up to a \$20,000 participation stipend
- Site-specific quality improvement support and processes improvement ideas surrounding quality standards for stroke recovery, rehabilitation, and secondary prevention.
- Opportunity to be part of a learning collaborative, working with experts in stroke rehabilitation to build tools and share/create best practices to be disseminated nationally.
- Opportunity to learn from similar facilities applying best practice.
- Collaboration between your facility and local system of care facilities, e.g., Referring hospitals, local outpatient providers, etc.



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:

- Up to \$20,000 participation stipend
- Site-specific quality improvement support and process improvement ideas surrounding quality standards for stroke recovery, rehabilitation and secondary prevention
- Opportunity to be part of a learning collaborative, working with experts in stroke rehabilitation to build tools and share/create best practices to be disseminated nationally
- Opportunity to learn from similar facilities applying best practice
- Collaboration between your facility and local system of care facilities, e.g., referring hospitals, local outpatient providers, etc.

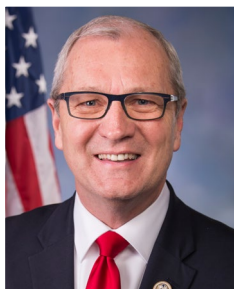
**For more information:**  
**[www.Heart.org/PostAcuteStroke](http://www.Heart.org/PostAcuteStroke)**

Janna Pietrzak  
Program Consultant  
**American Heart Association**  
701.730.3305 | [Janna.Pietrzak@Heart.org](mailto:Janna.Pietrzak@Heart.org)

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.

**For more information on the project or to get your facility involved, visit [www.Heart.org/PostAcuteStroke](http://www.Heart.org/PostAcuteStroke) or email [Pietrzak at Janna.Pietrzak@Heart.org](mailto:Pietrzak@Heart.org).**





**Kevin Cramer**  
Senator for North Dakota

## Prior Authorization Is Restricting Patients' Access to Treatment

**N**orth Dakota medical professionals provide critical service to patients throughout the state. From emergency room visits to preventative care, every physician, clinician, and health care provider's work matters. However, no system is perfect. During my time in both the House and Senate, I have met with many health care professionals who have voiced their concerns over loopholes and red tape preventing them from successfully delivering quality health care.

Prior authorization is an especially significant hurdle. This manual, time consuming, and costly approval process flies in the face of efficiency and delays critical care for patients. Physicians are so burdened by the system many have hired practice staff to fill out their paperwork, which only increases administrative costs. As a result, patients are left waiting days or weeks for approval to receive treatment, despite doctors' best efforts. Years of education, training, and experience should be justification enough, yet our health care providers must spend their time navigating the opaque, cumbersome insurance system instead of doing the job they signed up for: caring for patients.

While the federal government certainly does not have all the solutions, it can help alleviate some of these burdens. Congress can work to make prior authorization more transparent and less of a headache for both physicians and patients. Legislative solutions can ensure prior authorization no longer blocks effective treatment and instead encourages the most medically appropriate course of treatment for the patient, as determined by their physician.

Last Congress, I joined my Senate colleagues in cosponsoring the Improving Seniors Timely Access to Care Act, which would make the delivery of health care more patient- and doctor- centric by modernizing the way Medicare Advantage plans authorize medical services, creating a framework offering real-time approval decisions.

Earlier this year, I introduced the Safe Step Act to reform the step therapy process and ensure patients can safely and efficiently access the best treatment for them. Breaking down these bureaucratic strongholds will prevent patients from taking ineffective or potentially dangerous medications, which creates a frustrating "trial and error" process until they eventually find the right treatment for them.

These two pieces of legislation are only the first steps in assisting our health care professionals and relieving the pains of the authorization process. I look forward to advancing these bills and other commonsense policy solutions to mitigate the challenges many medical professionals and patients face. Our medical system should empower providers instead of work against them, and there is no better solution than reducing bureaucratic red tape.

As always, I welcome the opportunity to hear from you about prior authorization and other related issues affecting health care in North Dakota and across the country.



*As part of NDMA's advocacy efforts, keeping a connection with North Dakota's congressional delegation helps to educate the delegation on how federal policy impacts patient care. Pictured with Senator Cramer is NDMA President Joshua Ranum, MD; and Executive Director Courtney Koebele.*

# Prioritizing Rural Health Care



**Kelly Armstrong**  
Congressman for North Dakota

In a rural state like North Dakota, expanding access to health care is an essential priority for our medical workforce. This is especially important given the large impact access to care has on senior populations, who often have higher rates of chronic conditions and need for care.

Lack of care often results in people being unable to see their doctor until an emergency arises, putting their lives in danger and increasing costs. Premiums, for example, more than doubled between 2013 and 2017, according to a study of health care markets. And nearly 140 rural hospitals across the United States have closed since 2010, with 20 closures in 2020 alone.

One positive advancement made during the pandemic is the increased access to telehealth. In rural states, patients often struggle to get the care they need due to various factors, including the distance to the nearest provider. I was proud to support legislation that prevents unnecessary regulatory barriers from hampering the advancement and implementation of telehealth services.

Another promising health care development in our state is the IDEa Networks of Biomedical Research Excellence (INBRE) at the University of North Dakota. This program allows UND to enhance statewide medical networks, helping build the medical workforce pipeline by supporting research development grants within North Dakota.

This program is designed to strengthen our research capabilities by providing support for faculty and student research through increased funding opportunities and enhanced research infrastructure. In addition, the grants are intended to enhance the caliber of scientific faculty at research institutions and undergraduate schools, attracting more promising students to these organizations.

I am encouraged by the success of this program and the dedication of the professionals at UND who are working hard to expand access to care in rural communities. North Dakota is a unique state with our own challenges. It is fitting that North Dakotans are the ones who are standing up to find solutions to meet our needs.

By coming together, we can ensure our residents get the care they need no matter the size of the community they call home. Attracting and retaining talent in North Dakota is imperative to ensuring a robust medical workforce in our state. Our citizens deserve no less.



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## 2023 Alliance Awards

The NDMA Alliance recognizes two outstanding class of 2023 UND senior medical students. Congratulations to the following graduates:



**Peter Bueide, MD**  
Fargo, ND  
Orthopedic Surgery



**Anja Selland, MD**  
Rugby, ND  
Internal Medicine

## NDMA 2023 Graduating Medical Student Outstanding Award Winners

Each year, NDMA recognizes three outstanding UND senior medical students. Congratulations to the following 2023 graduates:



**Mikaela Herberg, MD**  
Mandan, ND  
Obstetrics and Gynecology



**Sarah Lesmeister, MD**  
Bismarck, ND  
Family Medicine



**Nadia Toumeh, MD**  
Fargo, ND  
Internal Medicine

## UND School of Medicine & Health Sciences Sophomore Awards

Each year, the North Dakota Medical Association honors three UND sophomore medical students nominated by their peers for outstanding performance. Outstanding performance was recognized in three curricular areas. Congratulations to the following award recipients:



**Steffan Stroh**  
Underwood, MN

### Group Leadership and Professionalism

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



**Regan Washist**  
Bismarck, ND

### Peer Teaching

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



**Sean Keup**  
Plymouth, MN

### Integration of Basic Science and Clinical Application

Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply the knowledge to patient cases.

## NDMA District Medical Societies Senior Awards

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

1st District  
SE Campus, Fargo



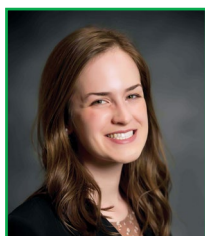
**Sarah Prochniak, MD**  
Mapleton, ND

1st District  
SE Campus, Fargo



**Nadia Toumeh, MD**  
Rochester, MN

3rd District  
NE Campus, Grand Forks



**Kayla Fussy, MD**  
Grand Forks, ND

4th District  
NW Campus, Minot



**Anja Selland, MD**  
Minneapolis, MN

6th District  
SW Campus, Bismarck



**Peter Bueide, MD**  
Fargo ND

*Congratulations!*



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(701) 751-8511 | rdaffinrud@FIBT.com  
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**Lindsey Rath-Wald**  
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# BCBSND Provider Relations Team, Here for You

Submitted by Blue Cross Blue Shield North Dakota

**W**hat are the operational challenges in your practice? How can we make it easier for you to provide quality care? How can we help your organization be successful?

Understanding and addressing the challenges you face is the focus of the provider relations team at Blue Cross Blue Shield of North Dakota (BCBSND).

“As always, we’re available to answer questions about claims and benefits, but there’s much more we do for our provider organizations,” says the team’s leader Tracy Farahmand, director of network management.

The provider relations team is part of the organization’s investment in long-term collaborative provider relationships. They focus on advancing high-quality care and joint opportunities like operational efficiencies and improving the health of our members.

The team regularly seeks provider input in various ways.

You may have encountered them at a regional provider forum or during a visit to your facility. You may have also participated in one of their surveys or read weekly HealthCare News emails.

The connections often spark ideas that result in operational changes, provider website improvements, communication enhancements or new collaboration resources.

“The ultimate goal of every contact,” Farahmand says, “is to improve our provider partnerships in order to collectively elevate the health of North Dakotans.”

## Popular Provider Resources

Provider services representatives: 800-368-2512

- Self-serve provider website
- BCBSND medical policy quick search
- Provider fee schedule
- Availity login
- HealthCare News weekly & quarterly updates
- Provider forums (virtual, beginning fall 2023)
- Provider site visits, quarterly

**[bcbnsd.com](https://www.bcbnsd.com)**



**ND**

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*BCBSND provider services team*



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**ND**

**CARRY BLUE. CARRY ON.**

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# NDMA Physician Day at the Capitol

On Tuesday, January 31, NDMA once again sponsored Physician Day at Capitol.

The event was co-sponsored by several other health care groups, which added to the day's excitement: North Dakota Hospital Association, North Dakota Emergency Medical Services Association, North Dakota Academy of Family Physicians, North Dakota Academy of Physician Assistants, and the North Dakota Academy of Pediatrics.

The event is designed as an educational opportunity to update legislators on important health care issues that can impact physician and patient care.



Dr. Joan Connell visits with Representative Jason Dockter.



Dr. Joshua Ranum and Dr. Joan Connell networking with legislators.



Booths lined the Legislative Hall, giving healthcare professionals and hospitals an opportunity to network.

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Dr. J'Patrick Fahn, CHI St. Alexius Bismarck Chief Medical Officer, takes the opportunity to network.



Dr. Cheryl Huber visits with Senator Dick Dever.



# Health Screening Event Provides Valuable Services During Legislative Session



**D**uring the 68th Legislative Assembly, a much sought-after program was brought back to the Capitol to provide health screenings at a time when it is needed most.

The event gave participants a chance to address health issues during a time when many do not allocate time for preventive care. Workloads during the session can take a tremendous toll on health, both mentally and physically.

The event, courtesy of McKenzie Health of Watford City and the North Dakota Medical Association's Doctor of the Day program, provided diagnostic screenings to 100 participants.

The three-person team consisted of Dr. Gary Ramage and nurses Lisa Iverson and Emily Sexton. The team not only did a quick diagnostic health overview for participants, but also took the time to answer any concerning health-related questions.

**Thank you to McKenzie Health  
for your support.**



Senator Randy Burkhard (left) participated in the health screening event and kicked it up a notch by sporting a pair of sunglasses. "When the future is bright, you gotta wear shades," said Burkhard.



McKenzie Health System team pictured from left to right: Dr. Gary Ramage, Lisa Iverson and Emily Sexton.

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995-237-997 03/23



# First Step Recovery: Guiding Individuals Towards a Life of Sobriety and Hope in Fargo

Submitted by The Village Family Service Center



**A**ddiction is a complex and challenging journey, one that does not have to define a person's life. For those grappling with substance abuse, there is hope. The Village Family Service Center's First Step Recovery program in Fargo is dedicated to providing comprehensive support and guidance on the path to recovery. This transformative program aims to help individuals break free from the chains of addiction and embrace a brighter future.



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## Understanding Addiction

Addiction is a disease that affects individuals physically, mentally, and emotionally. First Step Recovery adopts a holistic approach, recognizing the uniqueness of each person's journey. The program's compassionate professionals understand the complexities of addiction and address its underlying causes through evidence-based practices. Combining individual counseling, group therapy, and family education creates a supportive environment that promotes healing, growth, and lasting recovery.

## Comprehensive Treatment

First Step Recovery offers a wide range of services tailored to each individual's specific needs. The program develops customized treatment plans through personalized assessments that address the physical, psychological, and social aspects of addiction. Services include outpatient programs, relapse prevention strategies, and family education and support. By incorporating various therapeutic techniques, participants are equipped with the tools necessary for sustained recovery and a fulfilling life free from substances.

## Supportive Community

The power of community is paramount in the recovery process. First Step Recovery fosters a nurturing and supportive environment, emphasizing peer connections and accountability. Group therapy sessions provide opportunities to share experiences, gain insights, and learn from others who have overcome similar challenges. The program encourages participants to rebuild their lives, cultivate healthy relationships, and develop a strong support system, laying the foundation for long-term sobriety.

**First Step Recovery offers  
a lifeline to individuals  
battling addiction, guiding  
them toward healing,  
recovery, and a future  
filled with hope and  
possibility.**



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# Physicians Volunteer to Serve

**N**DMA extends a sincere thank you to the volunteers who dedicated time serving as Doctor of the Day through the 68th Legislative Assembly. The healthcare services offered by physicians are appreciated by legislators and provide physicians with significant visibility.

Bismarck UND Center for Family  
Medicine physicians:


- Swami Gade, MD
- Sabina Hyder, MD
- Sanskruti Kulkarni, MD
- Monika Pothamsetti, MD
- Shannon Sauter, MD
- Shaheer Zahid, MD

Other NDMA physicians from  
across the state:

- Duncan Ackerman, MD; Bismarck
- Misty Anderson, DO; Valley City
- Gabriela Balf, MD; Bismarck
- Chad Carlson, MD; Bismarck
- Kurt Datz, DO; Bismarck
- Chris Meeker, MD; Bismarck
- Gary Ramage, MD; Watford City
- Joshua Ranum, MD; Hettinger
- Stacy Roers Irmen, MD; Jamestown
- Todd Schaffer, MD; Bismarck
- Thomas Strinden, MD; Fargo



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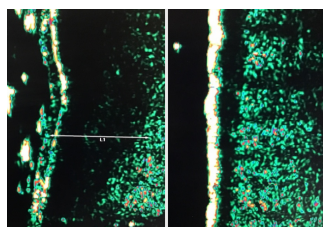

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- Advanced age
- Anticoagulated patients
- Large tumor size and/or difficult surgical location
- Patient is a poor surgical candidate



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# Dakota Geriatric Workforce Enhancement Program

**Are you looking for more resources  
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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 healthcare settings.

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### 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](http://www.dakotageriatrics.org)  
or contact us at 701-777-6936



# Informed Refusal: An Underutilized Patient Safety & Risk Management Tool

**Eric Zacharias, M.D.**

COPIC Department of Patient Safety and Risk Management

## CASE STUDY:

A 58-year-old woman saw her physician on a Friday morning with complaints of worsening, intermittent heartburn occurring over several months. The patient explained the symptoms felt like reflux and were occasionally improved using over-the-counter antacid tablets. She also stated the symptoms worsened whenever she walked up the stairs in her home.

The physician was concerned that the patient might be experiencing unstable angina mimicking gastroesophageal reflux disease and advised her to go to the emergency department immediately for close monitoring and a cardiac workup.

The patient declined this plan, stating she had several items to do over the weekend, but that she would go to the emergency department on Monday if the symptoms failed to resolve with prescription medications for gastroesophageal reflux. While the physician documented this and his concerns, there was no documentation of his recommendation of seeking an immediate emergency department evaluation or the discussion regarding the risks of delay in evaluation.

The patient experienced a cardiac arrest at home over the weekend. She was resuscitated by EMS and transported to the nearest hospital in critical condition, but died two days after admission. The patient's family sued the physician, alleging the risks of waiting until Monday were not clearly communicated to the patient, and that the patient would have undergone immediate evaluation had the physician made these risks more clear.

### How an "Informed Refusal" Form Helps

This case illustrates a situation where the use of an informed refusal form might have protected the physician from allegations of negligent care and prevented a lawsuit. Though the physician was sure he had the conversation regarding risks around a delay in evaluation, including death, the lack of documentation of this discussion in the chart made the care very difficult to defend in front of a jury.

Using an informed refusal form offers the provider an efficient way to document real-time conversations and recommendations. It is particularly important to use when patients decline provider advice which might result in avoidable, severe outcomes.

Using a physical informed refusal form simplifies the process and demonstrates that the patient was aware of the gravity of the provider's recommendations. While it's possible to document the refusal in the medical record as "free text" in the assessment or plan area, a form underscores the provider's concerns of not following the advised course of action. When a provider requests a patient to sign an informed refusal form, the request and the form may combine as a persuasive "nudge device," and the patient may reconsider the recommended course of action and change their mind. Anecdotally, patients have stated that they changed their minds based on the physician's high level of concern over their treatment refusal.

Having a patient complete an informed refusal form is not a guarantee that a patient or their family won't sue after an unexpected outcome resulting from failing to follow a provider's advice. However, informed refusal forms are a strong way to refute arguments that the patient wasn't informed of the serious, adverse outcomes that could occur if advice wasn't followed.

Using an informed refusal form offers the provider an efficient way to document real-time conversations and recommendations.

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