

# North Dakota Physician

WINTER 2023

## Ana Tobiasz, MD

Women's Reproductive Health  
*Challenges for North Dakota Physicians*



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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NDMA PRESIDENT

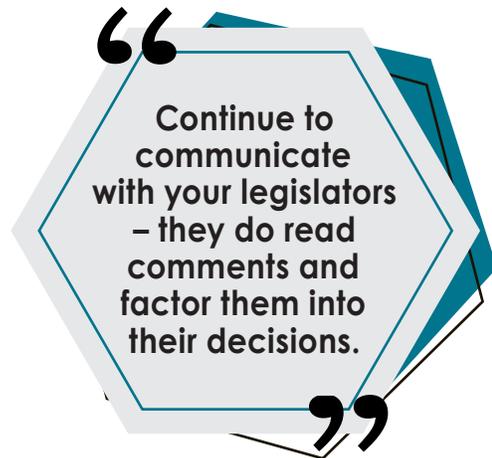
# Healthcare Policy Driven by Passion

Welcome to the Winter 2023 edition of ND Physician. It's been quite a start to winter thus far with more extended storm-related closures than I can recall. The youthful joy of snow days past are now replaced with the hassle of catch-up work and reshuffling of schedules. At least the days are starting to get longer.

By the time you read this, we'll be several weeks into the 2023 legislative session. Our excellent staff – Courtney, Leann, and Donna – will be working diligently to represent medicine during the session. Healthcare issues will constitute a sizable chunk of the legislative calendar including several returning issues from the 2021 session. We'll be spending a lot of time on issues at the intersection of medicine, politics, and culture such as abortion language related to the state's trigger law and vaccinations.

The legislative session is when the relationships you've cultivated with your representatives pay off. They may very well seek you out for advice on health policy issues. Or, communication from you will be noticed more if there is already a relationship in place. Continue to communicate with your legislators – they do read comments and factor them into their decisions.

We can't be as active as we are in the legislature without our members. I thank those NDMA members that provide testimony and other direct advocacy efforts. These hearings are often on short notice during work hours. We welcome those willing to aid in our legislative efforts – if you want to help, reach out to the NDMA office. If you have an area of interest or particular concern, please let us know. The best advocacy comes from those most passionate about the issue.





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**Courtney M. Koebele, JD**  
NDMA Executive Director

## 2023 Legislative Session Preview

It's hard to believe that it is time for another legislative session, but we are ready! Last month during the legislature's organizational session, committees were assigned, and leaders chosen. Here is what you should know:

### Senate Leadership

- Senator David Hogue, Dist. 38 of Minot, is the new majority leader and Senator Kathy Hogan, Dist. 21 of Fargo, is the new minority leader.
- Senator Brad Bekkedahl, Dist. 1 of Williston, is the new chair of Appropriations.
- Most healthcare related appropriations will be in the newly created Human Resources Division, chaired by Senator Dick Dever, Dist. 32 of Bismarck.
- Senator Judy Lee, Dist. 13, West Fargo, is returning as the Human Service Committee chair.
- The Senate created a new policy committee entitled the Workforce Development Committee.

### House Leadership

- Representative Robin Weisz, Dist. 14 of Hurdsfield, is returning as the House Human Services Committee chair.
- Representative Mike Lefor, Dist. 37 of Dickinson, is the new majority leader, and Representative Joshua Boschee, Dist. 44 of Fargo, continues as the minority leader.
- Representative Don Vigessaa, Dist. 29 of Cooperstown, serves as Appropriations chair.
- Representative Jon Nelson, Dist. 40 of Rugby, is Human Resources Division chair.

After redistricting and contentious primaries, the 2022 election resulted in unprecedented turnover. With so many new members to the legislature, NDMA has greater opportunities to educate legislators and create new champions for medicine.

In the fall ND Physician magazine, I previewed many of the issues we are expecting. As can be expected with every legislative session, new issues continue to develop. Here is a summary of the new issues:

### Truth in Advertising – it's Back!

In 2011, the NDMA House of Delegates adopted a resolution finding that all health care professionals, physicians, and non-physicians, should be required to accurately and clearly disclose their training and qualifications to patients.

In 2013, NDMA introduced a bill that did not find the support necessary to pass. But it started an important conversation that has grown in significance over the past 10 years.

To help provide clarity and transparency, NDMA is introducing legislation in the 2023 session that helps ensure patients know the education, training, and licensure of their health care provider. This legislation, known as the Health Care Professional Transparency Act, requires health care professionals wear a name tag that clearly identifies the professional license type during patient encounters.

The legislation also states that health care professionals will display their education, training and licensure in their office. Violations of this act may result in professional discipline.

The American Medical Association has studied this issue and released a survey finding that 88 percent of patients believe that health care professionals should be required to display their level of training and legal licensure. The survey further found that 9 out of 10 patients believed only medical doctors should be able to use the title physician.

Truth in advertising legislation can help provide clarity and transparency necessary for patients to have the information they need to make informed decisions about their health care.

For NDMA, this is a patient safety issue. It is important for patients receiving care to know who is providing care and the recommended treatment plan.

### Insurance Issues

It looks like there will be several insurance related bills filed this session including insurance mandates requiring Public Employees insurance coverage for fertilization treatments and prosthetic devices, prior authorization reform, telehealth payment parity for behavior health, and patient choice legislation.

### Assault Against Health Care Professionals

Right now, North Dakota law provides an elevated penalty for assaults against a peace officer, correctional institution employee, or an employee of the state hospital; a person engaged in a judicial proceeding; or a member of a municipal or volunteer fire department or emergency medical services personnel unit or emergency department worker. NDMA is working with partners to include all health care workers in this protected category.

### Criminalization of Medical Practice

The 2022 NDMA Policy Forum adopted official NDMA policy to take all reasonable and necessary steps to ensure that evidence-based medical decision-making and treatment, exercised in accordance with evidence-based standards of care, does not become a violation of criminal law. With vaccines, trans-gender treatment, and women's reproductive health on the docket for this upcoming session, NDMA will need to be a zealous advocate for physicians and their patients.

### What can you do to become involved during the 2023 Legislative session?

Now is the time to contact your legislators:

- Offer to be a resource to them on health care policy and communicate any concerns back to NDMA.
- Participate in the Doctor of the Day program.
- Give to NDMA PAC or PAC of your choice!

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

If there is a bill or an issue you would like to learn more about, please do not hesitate to contact Courtney at [ckoebele@ndmed.com](mailto:ckoebele@ndmed.com)



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## UND School of Medicine & Health Sciences



### Joshua Wynne, MD, MBA, MPH

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

Recently we received the final report regarding the re-accreditation of the medical student program at the UND School of Medicine and Health Sciences. Accreditation of medical schools is carried out by the Liaison Committee on Medical Education (LCME), and the excellent news is that we have been accredited in full for the maximum eight-year period allowed. There are a number of areas where the LCME wants a follow-up status report. This report is due in about two years, so it is clear the LCME isn't overly concerned about any specific finding, or it would have asked for an earlier follow-up. None of the areas for improvement came as a surprise to us, such as the need to expand the opportunity for students to experience a more diverse patient population than is often seen in North Dakota clinics, and we have been working on all the improvement areas for some time.

Since the prior accreditation visit eight years ago, we've been engaged in a process of continuous quality assurance and improvement (CQI), so preparation for the most recent accreditation visit wasn't quite as stressful as it has been in years past. This effort has been led masterfully by Dr. Steve Tinguely, our chief medical accreditation officer, and I'm extremely grateful for the leadership of Steve and the wonderful efforts of his team. Now that the visit is done and the internalization of the CQI process is complete, Steve has decided to retire from his Office of Medical Accreditation appointment. He will continue to be involved as a clinical faculty member and continue to see pediatric patients. All of us greatly appreciate his efforts on behalf of the SMHS and wish him all the best in the next phase of his life.

The North Dakota Legislature has begun its 68th legislative session and I will be testifying first before the House and then the Senate Appropriations Committees. State appropriations are an important component of the SMHS's financial underpinning, constituting about a third of our revenues each year. Accordingly, we give special attention to the upcoming meetings with legislators.

Fortunately, our budget requests for this session are pretty straight-forward. We, like the rest of UND and the North Dakota University System (NDUS), are requesting what is called a needs-based budget, which is one that ensures the continuation of all of our current and planned programs and activities. The SMHS is in good standing with the legislature, I think, because unlike some of the other institutions in the NDUS, we have increased the number of student credit hours recorded for the SMHS. At many of the other state campuses, student headcounts and credit hours generated have decreased, resulting in reduced state funding through the student credit hour formula.

We have only one capital request, and that is for \$9 million for planning and initial construction of a proposed allied health building that would be adjacent to our current building on the Grand Forks UND campus. This facility would provide needed space to accommodate the research laboratories that we still have in what is now called Columbia Hall (our old building), which is slated for eventual demolition, as well as provide additional growth space needed as our programs mature. The other very important reason for considering a new building is that UND could move its College of Nursing and Professional Disciplines into the new space, which would enable the College to expand its programs, as there is a serious shortage of nurses in the state.

Thank you again for all that you do for the citizens of North Dakota and the region, and for your support of the UND SMHS through your teaching contributions. We truly couldn't do it without you. On behalf of my wife, Dr. Susan Farkas, we would like to wish you and yours a healthy, happy, safe, and productive new year.

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# ANNUAL MEETING

AND LEADERSHIP AWARDS

## 2022 ANNUAL MEETING & LEADERSHIP AWARDS CEREMONY WRAP UP

The 2022 NDMA Annual Meeting was met with great success and participants were pleased to meet in person after a two-year hiatus.

This year's event brought together an elite group of distinguished and very deserving award recipients. The program included honoring award recipients for the past two years, 2021 and 2022.

### *2022 Leadership Awards*

#### PHYSICIAN COMMUNITY & PROFESSIONAL SERVICES

Since 1977, NDMA has been honoring physicians with the Physician Community and Professional Services Award. The award recognizes physicians for outstanding leadership and service to the people of North Dakota and who serve as role models and are active in both their profession and in their community.

The 2022 recipient of the NDMA Physician Community and Professional Services Award was presented to Dr. Paul Carson.



**Dr. Paul Carson**  
Medical Director, NDSU  
Center for Immunization  
Research and Education (CIRE)

During the pandemic, Dr. Paul Carson became known to many as the scientific expert and the voice of reason. He became a regular consultant to the North Dakota Department of Health and served on Governor Burgum's task force to address the pandemic response. Into all hours of the nights and early mornings, he took the necessary time to respond to texts, emails and phone calls and worked relentlessly to assure the public was getting the most accurate up-to-date information possible. He delivered seminars and information updates too numerous to count and addressed national requests for information and interviews. In addition to state duties, he took his community and colleagues to heart by serving in a volunteer capacity to many community groups, church groups, hospital systems, and physician groups.

His dedication to helping physicians learn first-hand about the pandemic by attending the Physicians Advisory Group was recognized by Dr. David Field, who nominated Carson for the award. In 2015, he founded the NDSU Center for Immunization Research and Education. In 2020, Dr. Carson received the NDSU College of Health Professions Mary J. Berg Award for Excellence in Teaching. His most recent accomplishment was being awarded the 2022 NDSU Faculty Lectureship Award.

## FRIEND OF MEDICINE

For 2022, NDMA selected two deserving recipients.

The North Dakota Medical Association created the “Friend of Medicine” Award in 1999 to formally acknowledge non-physician citizens of our state who have distinguished themselves by serving as effective advocates for health care, patient services, or the profession of medicine in the state of North Dakota.



**Renae Moch**  
Bismarck Burleigh Public Health Director

Nominated by Dr. Joan Connell, Renae has dedicated nearly 20 years to healthcare. Since taking on the position as director in 2013, she helped locate funding sources to provide assistance for those who don't have direct access to everyday healthcare. She has taken on many leadership roles to address community health issues such as opioid and substance abuse, behavioral health, and most recently, the COVID-19 pandemic.

She has gone the extra mile to attend and contribute to NDMA's Physician Advisory

Group (PAG) and strives to make a difference by representing health no matter the repercussions. She serves as a role model for others to stay strong during the storms.



**Desi Fleming**  
Fargo Cass Public Health Director

Nominated by Dr. Richard Vetter, Desi works relentlessly to positively impact those around her. For the past thirty years, she has dedicated her efforts to Fargo Cass Public Health by serving as a maternal child nurse, nursing supervisor, director of nursing and, most current, the position of Director.

During several flood events she served in the Emergency Operations Center, and during the pandemic, served as incident commander and co-chair of the Red River Valley Covid-19 Task Force. She is also

an active participant of NDMA's Physicians Advisory Group. Her strong characteristics are instrumental in guiding a community and state through any crisis.

## COPIC HUMANITARIAN

The COPIC Humanitarian Award is presented annually to honor a physician for volunteer medical services and contributions to their community. COPIC 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 North Dakota. The 2022 award recipient is Dr. James Buhr.



**Dr. James Buhr**  
Valley City

Dr. Buhr had practiced in rural medicine for nearly 40 years prior to his retirement from clinical practice in May of 2020. During those years, he demonstrated commitment to his patients, family, and colleagues which made a significant impact on his community. He was instrumental in bringing Hospice to the Valley City community in the 1980s and served as their local medical director. He continued to serve as the county health officer helping with the COVID-19 response until August of 2021.

He has a special interest in humanitarian efforts for the underserved and dedicated a great deal of time on mission trips to Africa to assist with health care and hospital infrastructure. He continues to be active with the Global Health Ministries and was also the primary physician for many years for the Open Door Center which serves adults and children with developmental and intellectual disabilities in the Valley City community. Dr Buhr's contributions to his profession and his community display a commitment to the health and well-being of others.



## 40 Years of Service

NDMA continued the tradition of recognizing physician members who achieved at least 40 years of service to the medical community upon graduation from medical school (1982). At this year's meeting, NDMA recognized 23 physicians.

In addition, the 2021 40 Year Service recipients attending this year's event were also honored. Physicians honored include:

Mary Aaland, MD - Fargo  
Bilal Ahmed, MD - Bismarck  
Michael Brown, MD - Grand Forks  
Charles Crago, MD - Fargo  
J Mark Ebertz, MD - Bismarck  
Russell Emery, MD - Bismarck

Susan Farkas, MD - Fargo  
James Fasbender, MD - Grand Forks  
Max Johnson, MD - Fargo  
Donald Jurivich, DO - Grand Forks  
Dale Klein, MD - Mandan  
Steven Mattson, MD - Minot

Margaret Nordell, MD - Minot  
Jeffrey Orchard, MD - Bismarck  
Dawn Pankow, MD - Wahpeton  
Stephen Pickard, MD - Bismarck  
Douglas Roise, MD - Moorhead  
Scott Rowe, MD - Fargo

Barbara Sheets Olson, MD - Lisbon  
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John Witt, MD - Bismarck  
Glen Yoshida, MD - Grand Forks



The mission of NDMA is to advocate for physicians and to advance the health and promote the well-being of the people of North Dakota.

To make this happen, each year NDMA conducts a policy forum during the annual meeting to ensure members' voices are heard on critical policy issues that impact physicians and the care of patients.

During the annual meeting, issues were presented and discussed, then brought forward to the NDMA Council for further action. At this point, topics can be either adopted, amended and adopted, rejected, or referred for study.

During the November council meeting, the following outcomes were approved:

**Prior Authorization Reform**

Health insurers and benefit managers are increasingly requiring health care professionals to obtain prior authorization before providing pharmaceuticals and medical services. These requirements can interrupt care, divert resources from patients and complicate medical decision-making.

Proposed Action: Keeping the principles in mind, NDMA should work with stakeholders, including the insurance industry, to develop a prior authorization policy to be adopted at the 2023 legislative session.

*Adopted, November 22, 2022*

**Non-Criminalization of Medical Practice**

Numerous attempts are made by policy makers to control physicians' practice of medicine at local, regional, and national levels. It is likely that bills attempting to criminalize physicians' medical decision-making will be filed in the 2023 session.

Physicians throughout the country have seen attempts to:

- Prevent medically indicated procedures;
- Mandate medical procedures that are not indicated; and
- Mandate certain drug prescribing practices.

Criminal penalties have been imposed on physicians for various aspects of medical practice, despite the availability of adequate non-criminal redress. Criminalizing medical decision-making is a disservice to patients.

Proposed Action: NDMA should take all reasonable and necessary steps to ensure that evidence-based medical decision-making and treatment, exercised in accordance with evidence-based standards of care, does not become a violation of criminal law.

*Adopted, November 22, 2022*

**Non-profit Employment of Physicians**

North Dakota has an exception to the employment of physicians for hospitals. During the 2021 legislative session, the law was enlarged slightly to allow for non-profits to employ physicians for hyperbaric oxygen therapy. Because the practice of medicine and form of employment of physicians is changing rapidly in this current healthcare environment, it would be helpful to our members to have more options with all non-profits being allowed to employ physicians.

Proposed Action: NDMA should work with legislators to file a bill in the 2023 session to expand the exception to the practice of physicians to include all non-profit entities.

*Adopted, November 22, 2022*

*Social*

Historically, NDMA features a social prior to its Annual Meeting. For this year's meeting, the social was hosted by NDMA First District Medical Society.



The event was held at Tati's Mediterranean Saveur Restaurant, located in The Lights complex in West Fargo.



*40 Years of Service Awards Presented by*  
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Barbara Sheets Olson, MD, Lisbon



Jane Winston, MD, Fargo



Kent Hoerauf, MD, Hettinger

*Annual Meeting Social*  
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# Congratulations

to the 2022-2023 newly elected officers and delegates.



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# Mental Health Help from The Village Helps Client with Post-Partum Anxiety

## Submitted by The Village

With an induction, long labor, and post-delivery complications, the birth of Jessica's first baby was nothing like she imagined. "It was honestly a traumatic experience for me," Jessica\* says.

To make matters worse, Jessica developed postpartum anxiety, which made it difficult for her to enjoy life with her new baby. "I was convinced I was not cut out to be a mom and (my baby) would be better off if adopted," she says. "I thought if I didn't have a baby anymore my life would be back to what it was before giving birth and my anxiety would magically be gone and life would be good again."

A nurse practitioner recognized that Jessica needed additional support and researched programs in the community that could help.

One of the options she found was the Intensive Outpatient Program for mental health at The Village Family Service Center in Fargo. Jessica spoke to IOP Supervisor JoDee Knipfer and enrolled in the program.

At first, Jessica didn't think the program was right for her. She spoke privately with JoDee, looking for permission to quit. "I was being close-minded," Jessica says. "JoDee never told me that I had to stay, it was always my choice. She gently encouraged me to finish out the week and we could see how I felt then. I listened to her advice and kept coming. Eventually, I started to enjoy the program and realized it was where I needed to be. Today I'm happy and proud to say that I have graduated from the program!"

Through IOP, Jessica received support, understanding, and insights from an entire group of people that were going through similar mental health challenges. "I knew I was not alone in how I was feeling, thinking, and behaving. I now have a whole toolkit of knowledge and coping skills that I can use when life gets hard," she says.

*\* Name changed to protect client's privacy*

Jessica realized that her initial thoughts about her abilities as a mother were not true. She was telling herself a story to relieve her severe anxiety. "It was a way of coping that wasn't serving me and was keeping me stuck. I didn't need to believe every little thought that ran through my head. Through IOP I learned positive coping skills that helped me combat the story-telling and negative thinking that had trapped me."

Today, Jessica says she is "oddly thankful" for the dark time in her life that brought her to IOP. "From that darkness came a greater learning experience than I've ever had with one-on-one counseling alone that will serve me for the rest of my life," she says.

Jessica is also thankful for her nurse practitioner who connected her with the program, JoDee, and the other IOP counselors, and for her fellow IOP members. "All of these people didn't give up on me, and because of all of them, I didn't give up on myself," she says.

"Because of JoDee and IOP, my life is now so much better! My confidence is back, I feel capable again, and I'm so in love with my beautiful baby and my new role as a mom! Life has joy again, and I'm excited about all the new experiences."



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# Women’s Reproductive Health and the Dobb’s Decision Challenges for North Dakota Physicians and Patients

**By Donna Thronson**  
NDMA Communications Director

On June 24, 2022, the United States Supreme Court overturned a near half-century of legal precedent when it comes to women’s reproductive health. The reversal has the potential to impact how North Dakota physicians provide care for pregnant patients, since abortion laws are now determined by each individual state.

For North Dakota, the Supreme Court’s Dobbs decision to overturn *Roe v. Wade* means a law passed in 2007 – the trigger law – would go into effect. However, at the time of this writing, the trigger law is not in effect due to a state court injunction, which is under review by the state Supreme Court.

If the injunction is lifted, the trigger law could drastically impact how physicians make decisions when pregnancy problems arise that require intervention. Many of these medically necessary procedures fall under the definition of abortion, although the procedures have nothing to do with what is traditionally viewed as an abortion.

For North Dakota, the trigger law makes performing an abortion a class C felony. The law’s definition of abortion does not include procedures to preserve the life of a child or to treat a miscarriage. For other conditions where terminating a pregnancy is necessary, such as an ectopic pregnancy, premature rupture of membranes, and preeclampsia, there are only affirmative defenses that are limited to the following:

- To prevent the death of the pregnant female
- To terminate a pregnancy due to rape and incest
- The individual was acting within the scope of that individual’s regulated profession and under the direction of or at the direction of a physician.

**When it comes to women’s health, this is concerning. If the law is allowed to go into effect, treating a patient to prevent harm or save the life of the mother becomes a criminal activity – a class C felony.**

Class C felonies carry a maximum penalty of five years’ imprisonment and up to a \$10,000 fine.

For NDMA, addressing the shortfalls of the trigger law is a top priority. When it comes to providing care to protect the health and life of the pregnant patient, labeling it as an automatic criminal activity is not in the best interest of patients or physicians. In addition, the affirmative defenses outlined in the trigger law are too narrow. The law should be modified to allow reasonable health exceptions.

When it comes to patient and physician advocacy, NDMA works closely with partners like the North Dakota Hospital Association (NDHA). Melissa Hauer, General Counsel and Vice President of Advocacy for NDHA, explains that the way the law is written, a physician carries the burden of proof when providing care that falls within the affirmative defenses.

Physicians fear that having to defend the treatment, perhaps in a court or trial, could jeopardize the ability to practice medicine, regardless of a “not guilty” outcome.

“Questions arise about how much evidence is enough,” said Hauer. “In the case of a potentially life-threatening condition, must the physician wait until the patient experiences serious complications such as hemorrhage or sepsis?”

Hauer explained that complicating the legal landscape is that there are other state laws regulating abortion. These laws are mostly contained in the Abortion Control Act, N.D.C.C. chapter 14-02.1, and restrict abortion in various ways, such as prohibiting abortion starting at six weeks; requiring a patient be offered an ultrasound and counseling to discourage abortion; requiring a 24-hour waiting period; and prohibiting the use of telemedicine to administer abortion medication. In addition, the definition of what constitutes an abortion is different in the Abortion Control Act than in the trigger law.

The Abortion Control Act has an exception for terminating a pregnancy to save the health of the pregnant female, but not for rape or incest, although the trigger law provides an affirmative defense for rape and incest.

According to Hauer, the discrepancies put the healthcare community in a state of confusion and uncertainty as to which abortion requirements, prohibitions, restrictions, and penalties are applicable in certain medical situations.

Some conflicting areas include:

- Can a physician be charged under both laws?
- Are the affirmative defenses in the trigger law available as a defense to charges under the Abortion Control Act and vice versa?
- How much evidence is enough to prove the woman's life was in danger or that she was raped?

Hauer said hospitals in North Dakota are not in the business of providing elective terminations of pregnancy, but many of the medications and procedures used for abortion are also used to treat miscarriages and other complications.

“These ambiguities about when treatment crosses the line into a prohibited abortion have a chilling effect on how physicians practice,” said Hauer. “Physicians need to manage conditions, such as ectopic pregnancy, premature rupture of membranes, and preeclampsia, but fear criminal consequences.”

With such uncertainty, physicians may delay care or decide not to practice in a state that puts them at risk of jail time for providing medically necessary care.



**A PHYSICIAN'S POINT OF VIEW:**

**DR. ANA TOBIASZ**

Ana Tobiasz, MD, a Sanford Health physician that practices maternal-fetal medicine, obstetrics and gynecology, feels that obstetric care as we know it will be substantially impacted by the Dobbs decision.

“This is completely new territory for those of us practicing modern, evidence-based and safe obstetric care,” said Dr. Tobiasz. “Thankfully, the court injunction is allowing us to take the needed time with policymakers and other stakeholders to weigh the impact this law will have on obstetric care.”

**Dr. Tobiasz feels it is important for policymakers to understand first and foremost there are no exceptions – only affirmative defenses – that allow justification to perform an abortion in certain circumstances. This means that when a physician determines life-saving measures need to be taken, the physician has already committed a crime and can be charged.**

“It essentially means that even if a justified abortion is performed, the physician risks being charged with a class C felony having to go to court to prove justification,” said Tobiasz. “Unfortunately, an affirmative defense is not the same as an exception.”

This situation has far-reaching effects at every level. Ultimately, what it boils down to is that committing a crime to treat a patient is not in the best interest of the patient or North Dakota's health care system.

To complicate matters, because the penalty falls under criminal code, a physician's legal representation would likely not be covered by malpractice insurance. It is unknown whether the physician would have a health system's defense support if the case was taken to court. The brunt of the burden falls solely on the physician as an individual.

“The implications for maintaining a medical license to practice medicine in the state—even if not convicted—are unknown,” said Tobiasz. “The loss of a state's ability to retain high-quality health care may be at stake.”

Tobiasz voices frustration over the ability to provide care to patients when a pregnancy does not go as it should. “This is not about providing abortions to terminate a perfectly healthy condition; it's about providing care to those that need it in critical situations.”

This means treating conditions such as ectopic pregnancy, premature rupture of membranes, and preeclampsia will put undue pressure on physicians and patients when criminal consequences need to be considered.

To further complicate care, Tobiasz said there are conditions some patients have when they become pregnant that are not life threatening in early pregnancy. However, as the pregnancy progresses, the condition places enormous strain on the body's organs, such as the heart, lungs, and kidneys – making a situation that was once not life-threatening suddenly a serious situation.

The laws put both the physician and patient in the position of waiting and monitoring to see at what point it's necessary to intervene to save the life of the patient.

Dr. Tobiasz said when it comes to a woman's health, the goal of caring for patients is to educate the patient and allow a patient to choose the best option for themselves. However, if the laws stand as written, patients risk a possible death, or worsened disease. She questions how near death a patient needs to be before intervention is justified and furthermore, who gets to decide.

"Existing law will not permit us to help people that fall into the category of protecting a woman's health," said Tobiasz. "The medical situation needs to reach the critical level of being a death situation."

The pending trigger law allows no room for protecting a women's health. It is an automatic class C felony and not available as an affirmative defense.

The consequences for North Dakota's health care system are that patients needing maternal care for problematic conditions may seek health care outside the state.

**"When the law delays or stops necessary health care, patients cannot wait," said Tobiasz. "In a worst-case scenario, our great state will see worsening maternal outcomes and added costs to the healthcare system."**

For physicians to continue to provide maternal care, policymakers should consider the following:

- Provide reasonable exceptions—rather than affirmative defenses—for physicians to act in good medical judgment and follow standard of care obstetric practices in situations where maternal health or life is in jeopardy.
- To be able to continue to treat women in a timely fashion rather than waiting for them to become deathly ill before intervening, and without fear of criminal liability.

"When it comes to providing care, it's important to know that as physicians we take it to heart when we need to share bleak pregnancy outcomes," said Tobiasz. "Imagine for a moment how difficult this situation is for both the patient and physician without having it layered with legal issues."

## About the Trigger Law

- It a Class C felony for a person to perform an abortion, even in situations to avert the death of a pregnant female.
- Taking action to prevent the death of a pregnant female falls into the category of affirmative defenses.

An affirmative defense means that a physician may be charged and tried for a criminal act when attempting to save the life of a pregnant female.

The affirmative defenses include:

- If the abortion was performed to prevent the death of the pregnant female.
- If the pregnancy resulted from rape or incest.
- The individual was acting within the scope of that individual's regulated profession and under the direction of a physician.

Health and life-threatening conditions for pregnant women requiring treatment are not protected under the trigger law:

Patients going through this experience deserve treatment that is not second guessed because of possible legal issues. Let's not make providing care more difficult than it needs to be. Pregnant women and families deserve safe, comprehensive reproductive care.

### NDMA ADVOCACY

To be clear, NDMA advocates to support physician practices that protect the life and health of the mother and to empower physicians to determine the best treatment for their patients.

NDMA Director Courtney Koebele feels that work needs to be done to make caring for patients less of a threat, so patients feel comfortable receiving care.

"If a physician performs an emergency abortion procedure and is charged with a class C felony, the physician needs to prove the procedure was necessary by presenting evidence," said Koebele. "In an affirmative defense situation, you are guilty unless you can prove innocence."

NDMA and its members and partners have been reaching out to educate policymakers on the conflicting language and overlooked omissions. NDMA council member Dr. Erica Hofland, a Dickinson obstetrician and gynecologist, feels that physicians need to be able to react to the individual needs of each patient.

"As physicians, we have the training and knowledge to provide evidence-based care," said Hofland. "It is extremely important that policymakers and the medical community come together to prevent policy from disrupting patient care."

Dr. Hofland feels that when it comes to saving the patient from death or serious injury, physicians using outlined standards of care to treat patients should not be threatened with criminal charges.

NDMA looks forward to working with policymakers to protect patients by leaving life-saving and serious injury care decisions in the hands of professionals.

- Ectopic Pregnancy
- Pre-Prom (premature rupture of membranes)
- Preclampsia

An affirmative defense is not an exception. A physician may be charged and go through an entire criminal trial before being able to plead and prove an affirmative defense.

Forcing physicians to use an affirmative defense eliminates the concept of innocent until proven guilty. The burden is placed on the defendant to prove treatment was life-saving; or rape or incest.

# Patient Choice-Is it Right for North Dakota?

**Duncan Ackerman, MD**  
Orthopedic Surgeon

**D**uring the 2021 North Dakota Legislative Session HB 1465 was introduced to promote Patient Choice of Healthcare Provider. This bill, if passed, would have allowed a patient to choose a healthcare provider willing to meet the terms and conditions outlined by that patient's insurance plan. The concept is to give all patients the option to choose a healthcare provider of their choice – including patients locked into narrow network plans.

HB 1465 passed overwhelmingly in the House but was later converted to a study to evaluate North Dakota's health insurance networks. The interim committee charged with the study was presented testimony but did not issue any recommendations.

The genesis of the patient choice bill is the result of an increasing number of patients and providers across the state voicing their concerns about narrow network plans. The obvious difficulty with narrow network plans in a rural state is patient access to providers, particularly when it comes to medical specialists. It has become more common to hear patients' concerns when needing specialty care. Patients often experience long wait times, and in the case of rural areas, patients often drive past an out-of-network specialist right in their own community.

When it comes to narrow networks, geographic considerations, such as the time or distance patients must travel, are fairly common. For a mostly rural state, narrow networks can create inconveniences to families with limited resources, such as time off work, travel, food and lodging, and personal inconvenience for any other family member that may need to make that trip with the patient.

The patient choice concept is not new. To date, twelve states passed legislation to help ease narrow network inconveniences – by agreeing to use providers outside of the network that match the network price and conditions.

The main argument in opposition to patient choice legislation is that it increases costs for insurance premiums and health care delivery. A 2019 study from the Kaiser Family Foundation compared data on the average annual single premium for employer-based health insurance and statistics show no correlation between increased premium cost in states that implemented patient choice legislation and those that did not.

Twelve states that passed legislation with similar language show these rankings:

- In each of these twelve states the average annual premium per enrolled employee for employer-based health insurance is substantially lower.
- Eight of twelve states with patient choice laws rank in the best two quartiles of all states for the lowest health care premium costs.
- Four of twelve patient choice states rank in the third quartile of states for health care premium costs.

Not a single state, with patient choice legislation ranks in the worst quartile. If anything, patient choice laws seem to enhance price competition.

A secondary argument against the patient choice concept is that the physician-hospital integration improves patient quality of care. A study published in 2019 by Health Affairs (Vol. 37, No. 9) concludes that integration did not improve quality of care for the majority of quality measures.

It's important to remember—patient choice legislation is not “any willing provider” at “any willing price.” The insurance companies still control the fee schedules, and if a provider chooses to participate, the provider still needs to negotiate and agree to the insurance plans terms and conditions.

It's no secret. Competition in health care markets benefits consumers because it helps contain costs, improves quality, and encourages innovation. An excerpt from the results of the



## **Duncan Ackerman, MD**

Dr. Ackerman is an orthopedic surgeon born and raised in Minot. He has been practicing in North Dakota since 2009, after completing a Mayo Clinic residency and fellowship training. Dr. Ackerman is an owner and partner of an orthopedic surgery clinic, The Bone & Joint Center. The partnership includes nine specialists that allow expansion of practice to permanent facilities in Bismarck, Dickinson, and Minot, along with outreach locations in Garrison, Turtle Lake, Hazen, Beulah, Williston, Hettinger, Linton, and Wishek. Dr. Ackerman is also an owner and partner of Bismarck Surgical Associates (BSA).

North Dakota Legislative Management Interim Health Care Study shares that, "Competition stimulates innovation – lower prices and better quality. Competition is the ultimate consumer protection because it allows a consumer to walk away from a transaction to find a better partner."

In 2014, a similar bill was introduced in South Dakota. Dave Hewett, president of the South Dakota Association of Healthcare Organizations spoke in opposition and was quoted, "Those who want more choice and are willing to pay more for it have that option."

Using the patient choice option, a win-win situation is put into place eliminating the statement's claim. Patients would not pay more for the service and insurance companies ultimately would pay less for the services.

Patient choice legislation permits the patient to choose who they trust to care for their healthcare needs. Insurance companies will negotiate with all willing, licensed, and qualified healthcare providers for inclusion in their networks.

Patient choice will increase competition and help control spiraling healthcare costs in North Dakota.

# RENEW YOUR MEMBERSHIP TODAY!



**Joshua Ranum, MD,  
President, NDMA**

## *Renewing Your 2023 NDMA Membership Ensures That Your Voice Will Be Heard*

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.

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- 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.

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.***

***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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# The Benefits of Private Banking with First International Bank & Trust

Submitted by First International Bank & Trust

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

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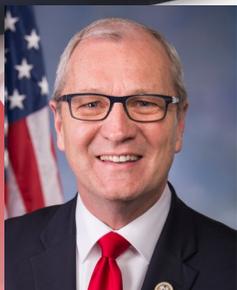
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## Better Accounting for Preventive Health Care

### Kevin Cramer

Republican Senator for North Dakota

We know changes in behavior such as having an active lifestyle, maintaining a healthy diet, quitting smoking, and scheduling annual mammograms and check-ups reduce health risks and lower health care costs. They also consistently reduce the need for expensive and severe intervention in the long run. Despite this, archaic budget rules in Congress do not allow for accurately measuring the value of preventative medicine. Long-term health savings generated through these activities are not accounted for under the current budget methodology.

This is why I am a cosponsor of S. 1685, legislation introduced by Senators Ben Cardin (D-MD), Mike Crapo (R-ID), and Angus King (I-ME) entitled the Preventative Health Savings Act. The bill directs the Congressional Budget Office (CBO) to more accurately reflect the cost-savings of preventive health care.

It allows congressional leaders of relevant committees, such as the Senate Health, Education, Labor, and Pensions (HELP), Senate Finance, House Ways and Means, House Energy and Commerce, and House and Senate Budget Committees, to request an analysis of preventive measures extending beyond the 10-year budget window limitations. If this were to become law, when members of Congress are analyzing legislation authorizing preventative care to be covered by Medicare or Medicaid, they would be able to ask CBO to analyze the long-term savings compared to just covering the most expensive, last-resort treatments.

Without this tool, Congress is prevented from pursuing and passing health care legislation which simultaneously advances better health and fiscal outcomes.

Too often, Congress rejects good health policy due to seemingly astronomical costs, but the numbers don't accurately reflect the savings associated with addressing a problem early.

The legislation defines preventive health as "an action designed to avoid future health care costs that is demonstrated by credible and publicly available epidemiological projection models, incorporating clinical trials or observational studies in humans, longitudinal studies, and meta-analysis." This prescriptive and responsible approach encourages a sensible review of health policy. It would help those of us in Congress to better understand the impact of proposed investments in preventive care. It will make it easier to invest in proven methods of life-saving disease prevention like cancer screening, dietitian services, and community intervention.

Our bill has support from a broad coalition of organizations including the North Dakota Medical Association, Alzheimer's Association, America's Health Insurance Plans, American Diabetes Association, American Medical Association, American Pharmacists Association, National Restaurant Association, and the U.S. Chamber of Commerce.

We are all familiar with the old adage, "an apple a day keeps the doctor away." While this isn't a comprehensive health plan, the principle of being proactive rather than reactive still rings true. Congress should be making more "apples" available to physicians as you work day in and day out to provide the best health care for your patients.

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

## Colorectal Cancer Screening: Updated Cost-Sharing Guidance for Medicare Beneficiaries

### Jonathan Gardner, Data Manager

Quality Health Associates of North Dakota

Medicare's Calendar Year 2023 Physician Fee Schedule final rule, published November 1, 2022, contains some positive changes around colorectal cancer screening in support of the Biden Administration's Cancer Moonshot program.

One of the goals addressed by this final rule is to reduce barriers and expand coverage for colon cancer screening. With this change, Medicare has reduced the minimum age for colorectal cancer screening from 50 to 45 years to align with the recommendations by the United States Preventive Services Task Force.



# Improving Access to Quality Health Care in Rural North Dakota

## John Hoeven

Republican Senator for North Dakota

Our rural health care providers help ensure North Dakotans can access the services they need regardless of their ZIP code. From regular checkups to specialized care, our rural hospitals, clinics, community health centers, long-term care facilities and other providers promote a higher quality of life and well-being for our state’s residents. We appreciate these critical efforts, which are often undertaken in the face of great difficulty. Through my role in the U.S. Senate, I am working to ensure providers have the tools and facilities they need to continue providing the high-quality health care North Dakotans rely on and overcome the challenges of serving rural areas.

In particular, we’ve worked to help providers update their health care infrastructure and expand their capacity for serving local residents. As the co-lead on the Senate Agriculture Appropriations Committee, I’ve supported rural development loan and grant programs at the U.S. Department of Agriculture (USDA) that have been essential in advancing the construction of new health care facilities in cities like Grafton, Hazen, Jamestown and Rugby. Further, we worked with USDA officials to help ensure these communities’ applications were successful and help provide certainty to the project developers. Our efforts include bringing the USDA Under Secretary for Rural Development to North Dakota in June for a meeting with rural health care providers.

At the same time, we are supporting the operations of the Center for Rural Health at the University of North Dakota. The center acts as a resource multiplier, fostering greater collaboration among providers and researchers and helping disseminate information on best health care practices.

In addition, the definition of colorectal cancer screening has been expanded to include a follow-on screening colonoscopy after a positive result of a non-invasive test, such as a Fecal Immunochemical Test (FIT) or multi-targeted stool DNA test (mt-sDNA).

In most cases, this means there will be no applicable beneficiary cost sharing for the non-invasive test nor the follow-on colonoscopy screening test.

However, when the follow-on screening colonoscopy requires additional procedures during the same clinical encounter, the phased-in Medicare payment percentages for colorectal cancer

Further, it works to meet health workforce needs and connect health care professionals with rural providers. Accordingly, I joined my colleagues in introducing legislation, which Congress recently passed, to reauthorize and update funding for the State Offices of Rural Health program, which supports this important resource in our state.

We also continue to advance innovative solutions, like telehealth, to improve health care access. This important tool gives our health care providers greater reach, while allowing those who are receiving care to do so in a setting of their choosing. Accordingly, I helped introduce the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, which further expands coverage of telehealth services through Medicare, while also making permanent certain flexibilities that were provided for telehealth services in recent years.

Recent years have clearly demonstrated the importance of access to quality health care services, including in remote areas. Our rural health care providers fill this critical need, and we are working to help ensure their continued success, which means the continued growth and prosperity of rural North Dakota.

screening services described in the Removing Barriers to Colorectal Cancer Screening Act will apply. Medicare will cover those services at 85% through 2026, then 90% through 2029, and 100% beginning 2030 and thereafter.

This important change is a big step towards early detection of colorectal cancer. The Centers for Medicare & Medicaid Services now recognizes that a positive stool test without a follow-on colonoscopy is not a complete screening.

As always, it is important to verify coverage with the health insurance plan owner prior to scheduling any services that may incur unexpected cost-sharing.



# Cementing the Gains in Telehealth

**Kelly Armstrong**  
Congressman for North Dakota

Throughout the last few years, there has been a lot of discussion about the advances in telehealth. We have made great strides toward ensuring no matter where a patient lives, they can get access to the care they need, from the providers that are right for them. During the 117th Congress, I worked with colleagues on both sides of the aisle to create policies that build on the gains made in this arena and support the expansion of telehealth services.

I supported H.R. 4040, the Advancing Telehealth Beyond COVID-19 Act, which would extend several telehealth flexibilities that were first authorized at the beginning of the COVID-19 public health emergency. These flexibilities include the removal of geographic and originating site restrictions, allowing additional providers to furnish telehealth, allowing federally qualified health centers and rural health clinics to serve as the distant site, delaying the in-person requirement for tele-mental health services, allowing audio-only evaluation, management, and behavior health services, and allowing telehealth to recertify the eligibility for hospice care.

This bipartisan legislation is important because it locks in the telehealth gains made during the pandemic, giving providers assurance that they will remain in place. This assurance will encourage providers to make more investments in the technology and expand the infrastructure available for this important care.

Another piece of legislation I was proud to cosponsor and support was H.R. 1647, the Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act. In recent years, we have seen the need for addiction treatment and care skyrocket across the country. An already-strained system has had to stretch to meet the growing need for this care.

The TREATS Act would allow Medicare to cover audio-only telehealth services for substance-use disorder and co-occurring mental health disorders if a provider has already conducted an in-person or video telehealth evaluation. Further, it would allow providers to prescribe schedule III and IV controlled substances online if a telehealth evaluation with video has been conducted. This would improve access to lifesaving care, particularly for people in rural communities who could otherwise go without.

Telehealth advancement remains one of the positive developments we have found during the pandemic. I am hopeful that in the 118th Congress, we can build on these gains and cement our telehealth progress and improve care for all Americans.

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# New Year's Resolution for 2023: Policy and Procedure Review



**KrisAnn Norby-Jahner**  
Attorney for Vogel Law Firm

As the dust of unprecedented events of 2020-2022 settles, 2023 is a time to pause, catch up, and assess the status of the work environment. This includes reviewing key policies, procedures, documentation, and supervisor training. Moving into 2023, these are some of top employment policies and practices that could use review by healthcare employers:

## 1. REVIEW PERSONNEL FILES AND PROCEDURES

Although North Dakota law only requires public employers to maintain personnel files for employees, many private employers choose to maintain personnel files as an organizational tool for housing general employment information, hiring information, training records, performance evaluations, performance improvement plans, disciplinary actions, etc.

If your organization maintains personnel files, take time to ensure that each file does not contain documentation or information that it should not. For example, confidential personal information, employee medical records, requests for accommodation and documents in support of accommodation, FMLA documentation, etc., should all be kept in separate files.

Also review the overall personnel file policy, including identification of who maintains the records, who has access to the records, whether employees can request and/or make copies of personnel files, whether they need to pay for copies, to whom requests are directed, and whether employees are allowed to request changes to the information or documents included in their personnel files.

## 2. REVIEW EMPLOYEE DOCUMENTATION

Reviewing personnel files also gives employers an opportunity to review the effectiveness of the documentation that is in those files. Proper, effective documentation sets specific expectations; identifies specific workplace policies and/or deficiencies that need to be addressed; ensures follow-ups to verbal conversations are memorialized in writing; and demonstrates that an employer has provided legitimate, non-discriminatory reasons for any action taken against an employee

Key items to document throughout the year include awards/commendations, absenteeism/tardiness, performance deficiencies, misconduct/work rule violations, discipline notices, accidents, damage to property, etc. Annual review not only ensures that proper documentation is maintained, but also that documentation has been timely, is accurate, is specific, provides clear expectations, and remains in legal compliance (e.g., does not improperly refer to a protected class status, which may suggest discrimination for an employer's actions). Good documentation identifies the who, what, when, where and how; the effect of the identified conduct; what disciplinary action was taken, if any; is signed and dated; and provides the performance reviewer specific guidance in writing that performance review at a later date.

## 3. PLAN FOR PERFORMANCE REVIEWS

Planning for performance reviews goes hand-in-hand with reviewing employee documentation. Delivery of an employee's performance review may be given at mid- or year-end increments, but management teams should be reviewing and documenting employee performance all year long.

Ensure that your organization has a timeline and plan for the performance review process. Know who is expected to write performance reviews. Know when those performance reviews will take place. Know the performance evaluation forms the evaluators are expected to use. Be sure that evaluators know the performance evaluation basics: be specific and support each rating with comments; don't deliver any surprises in identified deficiencies - this shouldn't be the first time an employee learns of an issue; reference the job description; set specific goals; let the evaluation meeting be a back-and-forth conversation; allow employees to provide comments; and seek input and guidance from HR and management as needed.

## 4. CONSIDER LEGAL COMPLIANCE TRAINING FOR SUPERVISORS

How much training has your supervisor received in the last year for handling employees with medical issues, disability accommodation requests, FMLA leaves of absence, harassment complaints, workplace investigations, etc.? How familiar are your supervisors with your organization's policies and procedures? Ongoing training, particularly for employees who are in supervisory roles, is critical in preventing legal claims. Also, when you do provide training, be sure to document that training and keep a record of attendees, what the training covered, and when it was held. This type of documentation can prove to be valuable in defending against potential legal claims in the future.

As always, healthcare employers are encouraged to work with professionals, including employment lawyers, when navigating compliance with the ever-changing laws and regulations in 2023.



Lisa Edison-Smith

KrisAnn Norby-Jahner

Michelle M. Eaton Scimecca

MacKenzie Hertz

Bailey Voge

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# Physician Board Appointments

## Dr. Stephanie Antony Appointed to Medicaid Drug Use Review (DUR) Board



Stephanie Antony, MD

North Dakota's Medicaid Drug Use Review Board (DUR) is pleased to announce that NDMA member Dr. Stephanie Antony is officially appointed to serve on the board.

Dr. Antony specializes in pediatrics at Sanford Health in Fargo. Her specialties are in the areas of treating attention-deficit/hyperactivity disorder (ADHD); anxiety, asthma, and depression.

As a graduate of the UND School of Medicine & Health Sciences, she is committed to advancing the medical program by serving as a UND SMHS faculty member.

The DUR Board's functions include serving as an advisory board for various policies, identifying and developing educational topics for practitioners to improve drug therapy, and assisting the department in identifying patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care.

## Dr. D'Arcy Honeycutt Appointed to Board of Respiratory Care

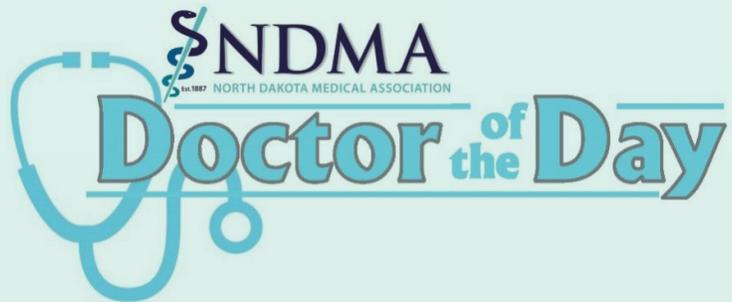


D'Arcy Honeycutt, MD

North Dakota's Board of Respiratory Care is pleased to announce that NDMA member Dr. D'Arcy Honeycutt is officially appointed to serve on the board.

Appointed by Governor Burgum, Dr. Honeycutt carries the responsibility along with seven other members to oversee the licensing of respiratory care practitioners and registered polysomnographic technologists within the state of North Dakota.

Dr. Honeycutt is a board-certified plastic surgeon who has been in private practice since 1994. She also serves as part of the UND SMHS staff, and has taught medical residents, physical therapy students and surgical technology students. She also helped develop the national certifying exam for surgical technologists.



The historic and highly successful Doctor of the Day program allows physicians to provide primary care services to legislators at the capitol through the legislative session.

This is a unique opportunity that gives NDMA physician members an opportunity to network with legislators, government officials and local leaders.

### Who Can Serve

You do not need to be exclusive to family medicine to volunteer; many specialties such as thoracic surgeons, urologists, orthopaedic surgeons, hospitalists, and more volunteer for this service.

Coverage is needed Monday through Friday and hours are flexible, but can best be served from 11:00 a.m. to 1:00 p.m.

When selecting a date, keep in mind that Wednesdays are covered by volunteers from the Bismarck Center for Family Medicine physicians.

**Sign up by visiting the website at [ndmed.org](http://ndmed.org) or contact NDMA at 701-223-9475.**

# Self-Compassion at the Workplace

Submitted by the North Dakota Professional Health Program (NDPHP)

**H**ealthcare professionals are a population at risk for high levels of burnout and compassion fatigue which has only worsened since the onset of the COVID-19 Pandemic.

Stress in the workplace is linked to levels of demand, high work pace, constant change, increasing expectations and increasing job insecurity.

Medical Providers are reporting emotional exhaustion, depersonalization and reduced personal accomplishment when they experience work-related burnout.

The ability to share the feelings of others is often referred to as empathy, and the ability to care for and show concern for others is the core aspect of compassion.

Self-compassion is defined as extending compassion to oneself in times of suffering and is associated with positive mental health outcomes and increased overall happiness.

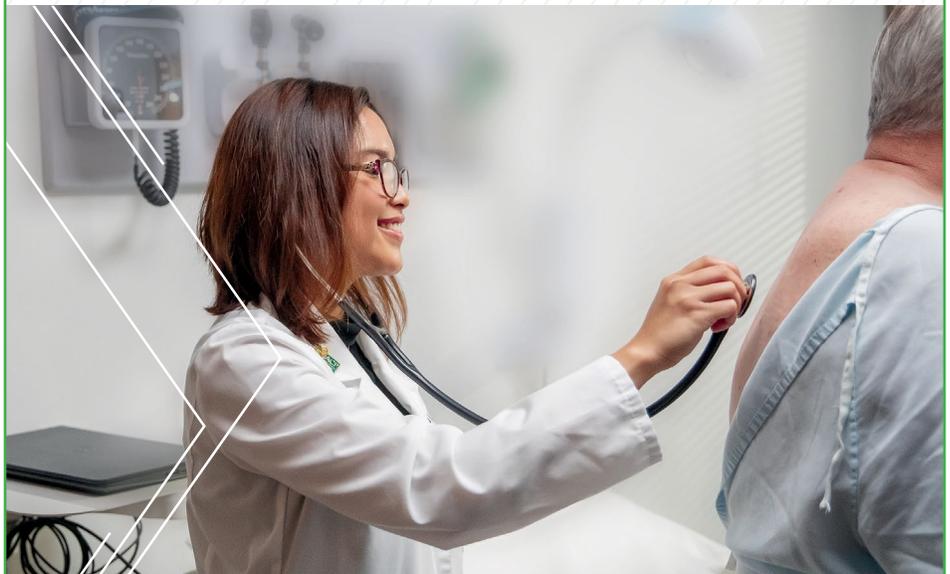
Self-compassion is defined as extending compassion to oneself in times of suffering and is associated with positive mental health outcomes and increased overall happiness.

Self-compassion is nothing more than kind and warm attitudes towards oneself when dealing with difficulties, failures, and suffering. The self-compassion construct consists of three interrelated components: self-kindness (as opposed to self-judgement), common humanity (as opposed to isolation) and mindfulness (as opposed to over-identification).

Self-compassion is strongly related to positive psychological factors such as psychological well-being, motivation, life satisfaction, optimism, and happiness and is linked with resilience factors, while the negative component of self-compassion (which reflects self-judgement, isolation and over-identification) is linked with vulnerability factors for mental health symptoms.

## 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.



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

The ND Professional Health Program 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.

[med.UND.edu](http://med.UND.edu)

UND SCHOOL OF MEDICINE & HEALTH SCIENCES  
UNIVERSITY OF NORTH DAKOTA

# Proving the Value of a Wish

## Submitted by Make a Wish Foundation

In 2022, as a follow-up to the first-of-its-kind study in 2010 that quantitatively measured the impact of a wish from Make-A-Wish®, a second comparative study was undertaken. This research was expanded to include a much larger population of wish children and parents, in addition to medical professionals. Over a decade later, a large majority of Make-A-Wish alumni, parents, and medical providers overwhelmingly agree that the wish experience contributes substantially to physical, mental, and emotional health; and:

- Was a necessary part of the medical treatment journey, improved the odds of survival, provided a support system and better health outcomes, and gave the child a better chance of recovering from their critical illness.
- Increased hope, strength, joy, confidence, self-esteem, quality of life, and well-being.
- Served as a coping mechanism and a turning point during treatment.
- Brought families closer together and strengthened relationships with loved ones.
- Helped overcome traumatic stress, hopelessness, depression, and loneliness.

## Medical providers surveyed reported the following:

- 98% said they observed the wish experience helped relieve a family from any amount of traumatic stress related to their child's critical illness.
- 100% said the wish experience improves a child's emotional well-being.
- 98% said the wish experience has a positive impact on a child's physical well-being.
- 90%+ of medical providers said a wish experience helps a child overcome feelings of sadness, hopelessness, anxiety, depression, and loneliness.
- 95% said the wish experience helps a child feel more hopeful for the future.
- 100% said the wish experience helps a child feel more joyful.
- 90% said they have observed children increasing their compliance with treatment after learning they would receive a wish.
- 75% said a wish improves a child's medical outcomes.

★ REFERRALS START WITH YOU ★

*I wish to have a bulldog puppy!*  
Kaeson, 8  
Fargo  
blood disorder

**DON'T WAIT FOR HOPE.**  
*Create it.*

**Make-A-Wish**  
NORTH DAKOTA

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

- 65% said a wish improves a child's chance for survival.

We are proud to have further proof that in fulfilling our mission to create life-changing wishes for children with critical illnesses, are indeed changing lives. Many of you have already partnered with Make-A-Wish to refer a patient, provide medical insight, serve as a volunteer, or donate financially. For that we thank you. Yet the work is not finished as our vision is to serve every eligible child in North Dakota. That includes any child who is 2.5 to 18 years old who has been diagnosed with a progressive, degenerative, or malignant illness that places their life in jeopardy, and who has not already received a wish. To ensure patients in your care can benefit from a wish, we invite all providers who know a child who may qualify to refer them at [md.wish.org](http://md.wish.org).

**Make-A-Wish**  
NORTH DAKOTA

# 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 (DWEP) 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.

GWEP seeks higher quality care of older adults, helping primary care teams transform into age and dementia-friendly enterprises.

## Programs

Educational programs through GWEP are offered at no cost to health professions.

Most live events feature CME options.

Scan the QR code to see upcoming opportunities.



Learn more about integrating improved geriatric care into your primary care program at [dakotageriatrics.org](http://dakotageriatrics.org)

Connect with us on social media.



@Age\_friendly



@Dakota\_GWEP

Learn more about the program at [www.dakotageriatrics.org](http://www.dakotageriatrics.org) or contact us at 701-777-6936



# Managing Patient Concerns About Wearable Device Data

**Eric Zacharias, M.D.**

COPIC Department of Patient Safety and Risk Management

**A**n active 53-year-old patient saw her physician because she was worried about the rapid heart rates data she downloaded from her fitness monitor. She told her physician that she had a strong family history of heart disease and an internet search revealed that a high heart rate can be the first sign of an impending heart attack. Her data downloads had never shown such high heart rates before. She brought in a year's worth of heart rate data printouts to the appointment and asked to put these in her medical record. What should this physician do?

There has been a significant increase in the use of consumer-marketed, wearable technologies that measure and report physiological data. As a consequence, physicians have noticed patients are starting to bring this information to appointments expecting something to be done with it. Understanding a few basic principles will help when seeing such patients.

First, it is useful to make it clear to patients who bring in data from consumer-grade monitoring devices that the information is designed for consumer use and not for medical care. For example, you may choose to tell patients that although you see and agree that the information from their wearable device is indeed abnormal/outside what may be expected, this information is not from a medical-grade, FDA-approved device. Thus, you know neither its reliability nor necessarily how to interpret it. Furthermore, it may be useful to explain that any abnormal information from such a device is not a medical diagnosis, but perhaps may be a reason for a careful medical assessment.

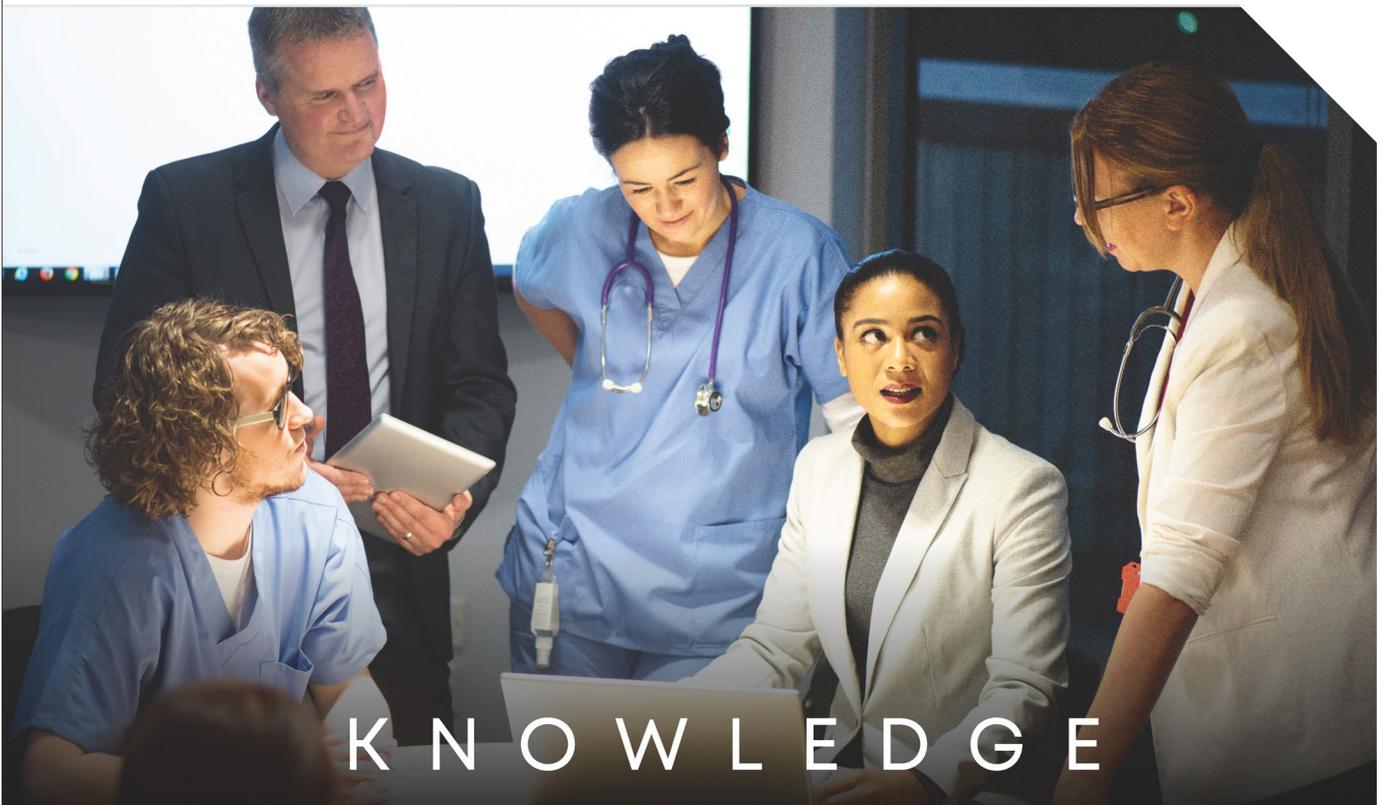
Additionally, set expectations with patients who bring physiological data from wearable devices as to how this information may be documented and used. For example, you could tell them that, given its limitations, the information may be documented in a subjective way in your notes and may help contribute to their care, but it will not be stored as part of the medical record as data from a physician-prescribed, medical-grade device would.

Although data from wearable devices is not medical grade, it probably should not be completely dismissed without at least looking at it. This may involve a follow-up office visit. In an established physician-patient relationship, it is reasonable for physicians to assume they have some responsibility to consider the data that a patient presents them from wearable devices in their overall decision-making process. However, as noted above, the actual data brought by the patient can be considered indeterminate due to the unclear reliability of the source. Some physicians report that they treat data from wearable devices in a fashion analogous to how they would treat a sheet of paper brought in by the patient with a list of questions or self-checked pulses on it: it informs the care during the visit, but is not put directly into the medical record.

Lastly, it should also be made clear and documented that any patient who believes they are having a medical emergency, no matter what information a wearable device is reporting, should immediately dial 911.

So, for the case presented, here is a reasonable approach the physician might take once the presence of an emergency situation has been excluded:

1. Perform a thorough history and physical examination and let the patient know this is informed by her concerns as well as the information she brought from her wearable device. Determine appropriate near- and long-term testing, referrals, and follow-ups as for any evaluation.
2. Alert the patient as to the plan for further evaluation and management as well as signs and symptoms that would warrant re-evaluation or calling 911.
3. Tell the patient that although you appreciate the data, it is not appropriate for the medical record. Also, communicate that the device used is not medical-grade and the information may not be accurate or reliable.



KNOWLEDGE

# BEYOND

COVERAGE

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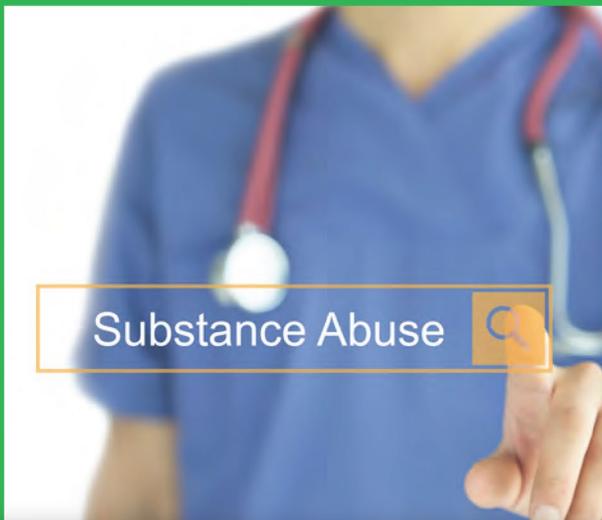
# North Dakota Physician

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## ARE YOU WORRIED ABOUT YOUR WELLBEING?



### NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

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

*We are here to help.*



NORTH DAKOTA PROFESSIONAL  
HEALTH PROGRAM

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

*If you have concerns please contact the NDPHP.*

919 S 7th St. Suite 305 Bismarck, ND

tel 701.751.5090 fax 701.751.7518

[ndphp.org](http://ndphp.org)

*NDPHP MISSION: To facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.*