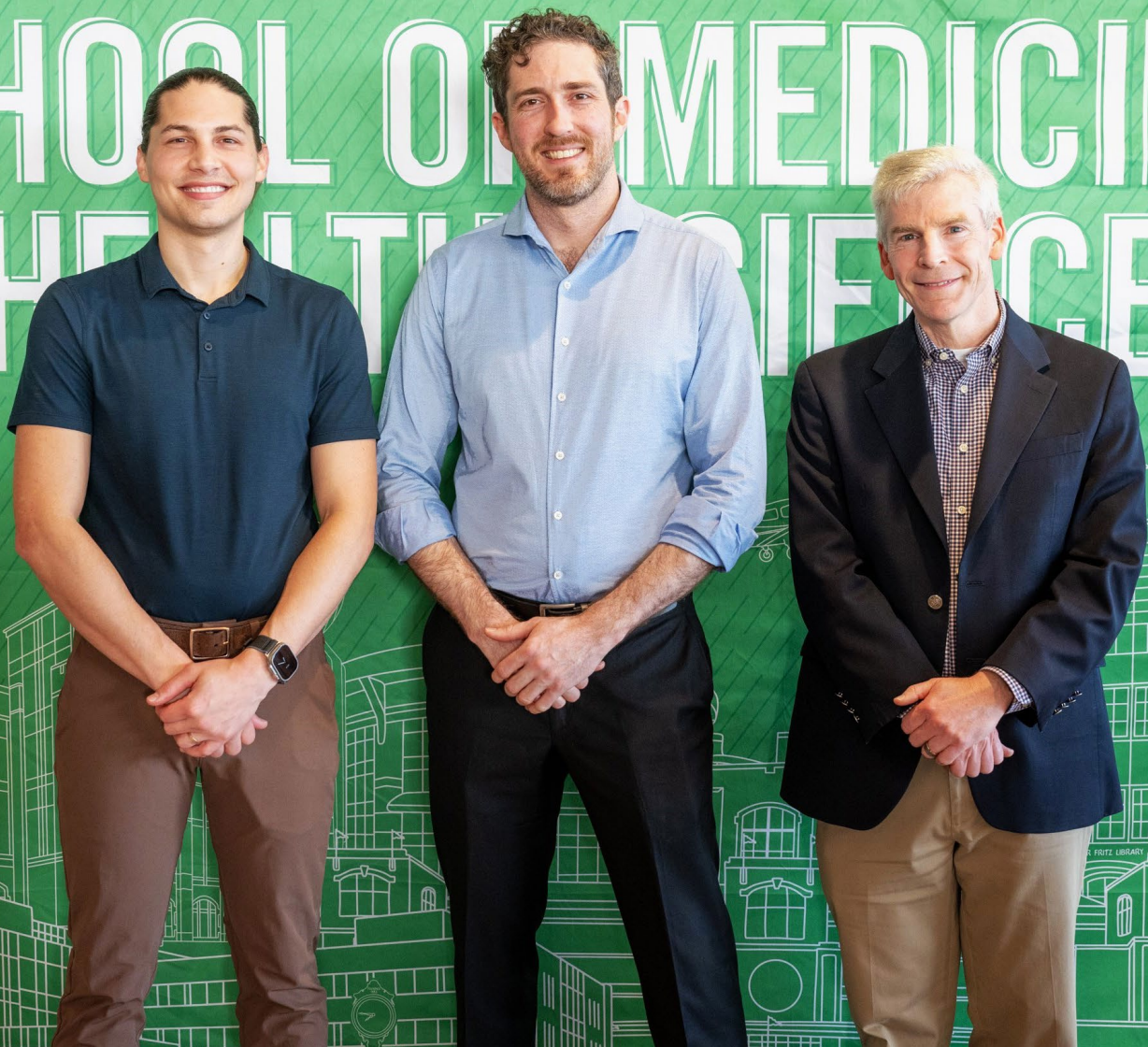


North Dakota Physician

SUMMER 2024

UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE
& HEALTH SCIENCES



Physicians Take a Leap of Faith to Promote Wellbeing

Dr. Erik Heitkamp, Dr. Will Flanary, known as Dr. Glaucomflecken, and Dr. John Bassett

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

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Stephanie Dahl, MD
NDMA PRESIDENT

A Message from the President

What You Need to Know About Radon

Summer is finally here and before you know it, fall will be at our doorstep. Now is a good time to mark your calendar to attend the NDMA Annual Meeting on October 3 & 4 in Bismarck. This is an opportunity to network with peers and most importantly participate in the Policy Forum. This is where participants discuss topics that make a difference in medicine. Some topics we can expect to cover include prior authorization, maternal drug use, and radon awareness.

As your president, one of my goals includes increasing awareness of radon. Did you know that radon kills more people in the US annually than drunk drivers? And that radon kills more people every year than home fires?

Did you know North Dakota has some of the highest radon levels in the nation?

Most people are stunned by these statistics. Everyone understands the risks posed by drunk drivers and home fires, but few people understand the dangers of radon exposure.

Radon awareness and the harm it causes is lacking among North Dakotans. A recent study commissioned by the UND School of Medicine & Health Sciences shows that utilizing the North Dakota Quitline to help educate on radon exposure can be useful.

Only 22 percent of individuals calling the Quitline knew that radon caused lung cancer, while seven percent reported that they learned about radon from their healthcare practitioner.

This value is consistent with another study that reported 80 percent of North Dakota family physicians have not shared the combined effects of radon and cigarettes with their patients (Schmitz et al., 2021).

Statistics show work needs to be done to increase radon awareness, even among physicians. Public awareness campaigns are a good place to start and are necessary to educate the public about radon dangers and keep loved ones safe. Here are some facts everyone should know:

Radon is a colorless, odorless, radioactive gas that seeps into homes and buildings and causes serious health problems. Radon exposure increases the risk of lung cancer, even in non-smokers. Radon is the most common cause of lung cancer in people who have never smoked, and the rate of lung cancer is increasing, particularly in younger women who have never smoked. In addition, radon exposure has also been associated with strokes, Alzheimer's disease, complications during pregnancy such as preeclampsia, and male factor infertility.

- The EPA recommends testing all homes every two years for radon and recommends mitigation if levels are greater than 4.0 pCi/L.
- In North Dakota, it is not uncommon to find radon levels of 8-30 pCi/L in homes. A radon level of 20 pCi/L is the equivalent of smoking 2 packs of cigarettes per day or undergoing 1,000 chest x-rays per year.

As physicians, we can do our part by informing patients about radon health risks and encouraging them to test their homes, particularly since North Dakota has some of the highest radon levels in the nation.

We have the power to educate not only our patients but also our constituents. With the upcoming legislative year, it's important to stay connected. Now is a good time to reach out. Schedule a quick meeting to share your concerns on issues that impact medicine.

Luckily, NDMA has a great team to update physicians on important legislative issues. As always, I'd like to thank Courtney, Leann, and Donna for all their hard work, and please plan to join us for the 2024 NDMA Annual Meeting!



If you have an organization that may be
**INTERESTED IN LEARNING MORE
ABOUT RADON AWARENESS**

Contact NDMA: 701-223-9475 | staff@ndmed.com



Courtney M. Koebele, JD
NDMA Executive Director

Advocacy in Medicine: ND Politics Heating Up

Over the past year, politics and politicians have dominated the national landscape. Two polarizing candidates are set to compete for the presidency, while speculation surrounds Governor Burgum as a possible contender for the vice presidency.

North Dakota's political scene is also experiencing significant upheaval. The North Dakota districts are in flux like never seen before. Seventy-five legislative seats in 25 districts are up for election. Of the incumbent Senators, 32% are not seeking reelection, or are choosing to run for another office. Of the incumbent Representatives, 20% are not seeking reelection, or are choosing to run for another office. With the magnitude of changes, ten of the 25 districts are gearing up to be competitive Republican primaries.

When it comes to voting, not only is it good for democracy - it's also good for health since elected officials influence how well the healthcare delivery can function. Elected officials ultimately determine issues that impact people's access to healthcare services and a physician's ability to treat them.

Voter turnout numbers during June's primary election are typically significantly less than the November general election. For example, during the 2022 primary election, a mere 18% of eligible voters participated in the election. As a result, some great friends of medicine were knocked out by primary challengers.

As physicians, showing your support for candidates who support medicine is important. Let's hear your voices!

It's About Health Policy

The ND legislative interim sessions are ramping up with activity. NDMA remains heavily focused on the prior authorization study. Updates will continue to be shared through the e-Physician as the meetings progress.

NDMA's Commission on Legislation, chaired by Fadel Nammour, MD, convenes monthly to continue reviewing issues for the upcoming 2025 legislative session. The commission is instrumental in providing recommendations for review at the upcoming annual meeting policy forum and NDMA council.

The commission has delved into proposed bills covering topics such as co-pay accumulators, step therapy protocols, fertility assistance, fertility preservation, physical therapist scope expansion (ordering MRIs), supplemental breast examination coverage, the Physician Assistant Licensure Compact, and other legislation impacting the medical field.

NDMA is actively advancing two key policy forum initiatives: raising awareness about radon and improving reporting on maternal drug use.

While North Dakota's real estate laws mandate sellers to disclose radon testing, public knowledge about the hazards of radon, even among physicians, remains notably lacking. Consequently, NDMA is collaborating with various stakeholders and examining legislation from other states to draft measures aimed at enhancing awareness of radon dangers.

In addressing maternal drug use reporting, NDMA is considering adopting waiver language similar to that of neighboring Minnesota:

A health care professional or a social service professional who is mandated to report under this chapter is exempt from reporting if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman's infant. If the woman does not continue to receive regular prenatal or postpartum care, after the woman's health care professional has made attempts to contact the woman, then the professional is required to report.

NDMA Ob/Gyn members have numerous reports of women not seeking treatment for their pregnancy if they test positive in a drug or alcohol screening. This waiver language would allow physicians to provide much-needed prenatal and postpartum care, as long as the patient continued to seek collaborative medical treatment.

NDMA encourages your involvement! If you are interested in joining the Commission on Legislation, contact the NDMA office and get yourself on the list: 701-223-9475 or email Leann@ndmed.com.



As always, if there is a
**BILL OR AN ISSUE YOU WOULD
LIKE TO LEARN MORE ABOUT...**

Contact our Director: courtney@ndmed.com

Empowering Healing: The Village Family Service Center's Intensive Outpatient Program

Submitted by The Village Family Service Center

The Village Family Service Center recognizes that individual care may not always suffice in addressing life's challenges, which is where our Intensive Outpatient Program (IOP) plays a crucial role. IOP offers a supportive group setting with a unique blend of tools and skills tailored to assist those struggling with acute mental health disorders or experiencing setbacks in their treatment.

Our Intensive Outpatient Program is a confidential mental health treatment option that caters to each client's specific diagnosis and needs. Areas covered include wellness, self-care, relationships, moods, communication, mindfulness, and safety planning. Our dedicated IOP clinicians, such as Tyrza, focus on empowering clients with essential skills to navigate mental health challenges and recover from traumatic experiences. They offer comprehensive knowledge on various psychoeducational topics and equip clients with improved communication, healthy boundary setting, and effective emotional expression.

Recognizing that healing extends beyond the individual, we also provide support and education to their loved ones. We take a holistic approach to well-being, ensuring our clients have the necessary tools and resources to heal and lead fulfilling lives.

At The Village, we firmly believe that seeking help is a sign of strength.

We are committed to guiding our clients toward positive change, acknowledging that each person's journey to healing and growth is unique.

We are here to support and empower clients every step of the way, assisting them in getting their lives back on track and creating a brighter future.



Tyrza is enthusiastic about helping clients improve their mental well-being by encouraging them to use skills and self-reflection in their daily lives. Her counseling approach includes a combination of Acceptance and Commitment Therapy, Narrative Therapy, and Solution-Focused Brief Therapy.

TheVillageFamily.org/IOP | 701.451.4900





UND School of Medicine & Health Sciences

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



We recently celebrated two important events for the UND School of Medicine and Health Sciences (SMHS). UND SMHS recently held commencement ceremonies for our graduating students. The first event was for graduating medical students. Then a week later commencement was held for health sciences and other graduate students. Most UND School of Medicine & Health Sciences students are graduate students, except those in the medical laboratory science program. The events went smoothly and certainly were exciting. I still remember my graduation from medical school over five decades ago with great warmth and fondness.

Also recognized in association with the medical student commencement activities were voluntary clinical faculty members who distinguished themselves as educators and role models. As a community-based medical school that does not own or operate our own hospital, our educational model relies on community-based physicians throughout the state to help teach our students. Of the roughly 1,800 non-federal physicians in the state, over 1,300 are on our voluntary clinical faculty roster! The Medical Student Awards Banquet, hosted the evening before commencement, allowed students on each regional campus to select one faculty member as the Outstanding Faculty Member on that campus. The awardees are:

- Dr. Timothy Pansegrau – Southwest (Bismarck) campus
- Dr. Laura Nichols – Southeast (Fargo) campus
- Dr. Sunil Kartham – Northeast (Grand Forks) campus
- Dr. Virginia Keaveny – Northwest (Minot) campus

Another prestigious award is given to an outstanding student in honor of the clinical preceptor chosen by the graduating medical students as the “best” clinical instructor in the state. The Preceptor Recognition Student Scholarship was awarded to Moriah Forness,



THANKS FROM YOUR SCHOOL OF MEDICINE AND HEALTH SCIENCES

Our community-based medical training program relies on volunteer physicians and partner systems to help train our students across the state. Thank you for helping us produce exceptional physicians prepared for any practice environment.



med.UND.edu

an outstanding pre-clinical medical student in honor of this year’s chosen preceptor, Dr. Erika Stein. Based at Northwood Deaconess Health Center in Northwood,

N.D., Dr. Stein is a clinical instructor in the Department of Family and Community Medicine.

The final group of faculty awards that were bestowed during the commencement ceremony went to several faculty members who contribute so importantly to the education of our students. The following are the recipients of this year's Dean's Special Recognition Award for Outstanding Volunteer Faculty:

Southwest Campus (Bismarck)

- Erica Hofland, M.D., Ob/Gyn, Sanford Health
- Evan Kastner, M.D., M.S., Internal Medicine/Hospitalist, Sanford Health
- Ana Tobiasz, M.D., Ob/Gyn, Sanford Health

Southeast Campus (Fargo)

- Rajendra Potluri, M.D., Hospitalist, Sanford Health
- Mallory Skorheim, D.O., Psychiatry, Sanford Health

Northeast Campus (Grand Forks)

- Laura Lizakowski, M.D., Internal Medicine/Palliative Medicine, Altru Health System
- Robin Severud, M.D., Anesthesiology, Altru Health System

Northwest Campus (Minot)

- Virginia Keaveny, M.D., Emergency Medicine, Trinity Health
- Roggie Reason, M.D., Internal Medicine, Trinity Health

Rural Opportunities in Medical Education (ROME)

- Robert Ross, M.D., Family Medicine, Ortonville Area Health Services, Ortonville, Minn.
- Joel Schock, M.D., Family Medicine, Plains Medical Clinic (Fargo, N.D.)

In addition to faculty members, staff members are vitally important to sustaining the mission of the organization. UND recently recognized staff members who are long-serving employees during a Staff Recognition Ceremony. This year, the SMHS had 14 five-year, nine 10-year, and five 15-year honorees – and one 20, one 25, two 30, and four 40-year honorees. Well done to all – and thank you!

The passage of time certainly has been on my mind as I get ready to transition out of my administrative roles later this year. Here's an update on the search process for my replacement. An outstanding executive

search firm – WittKieffer – has been hard at work for months developing the necessary components for the search. An outstanding search committee consisting of 20 members has been appointed by President Andy Armacost, with good representation from the SMHS, UND, the UND Alumni Association & Foundation, the student body, and the community of North Dakota. Chairing the committee are Art Malloy, Ed.D., vice president for Student Affairs, and Maridee Shogren, D.N.P., dean of UND's College of Nursing & Professional Disciplines. It is anticipated that the search will culminate with the announcement of the next Vice President for Health Affairs and Dean of the UND SMHS by September 15, 2024, with the actual transition to occur thereafter.

I'm very pleased with how the search process is evolving and excited to ensure a smooth and seamless transition, just as Andy and I did when I stepped down from the Interim President role I filled in 2019-2020 as Andy assumed the presidency.

Until then, we have plenty of work to do! A new cohort of students will be arriving

soon, and I've been updating my lecture materials and presentations for my teaching sessions that begin again in August. We are hard at work on this year's academic budget which begins on July 1, 2024, and the preliminary budget for the coming biennium to be submitted to the State Board of Higher Education (SBHE). Additionally, I co-chair (with Dr. Casey Ryan of the SBHE and Dr. Pamela Jo Johnson, professor and chair of Public Health at North Dakota State University) the healthcare education subgroup involved in the North Dakota University System's strategic planning effort called Envision 2035. Since last year, this subgroup has been formulating a vision for the future of healthcare education, and we are entering the final phase as the overall plan is formalized and accepted. The plan themes center on further healthcare workforce expansion, additional retention strategies for keeping graduates in-state for practice, and envisioning the future role of artificial intelligence in healthcare education, research, and patient care. Exciting stuff!



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Duncan B. Ackerman, MD



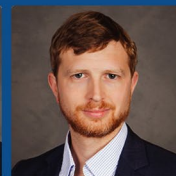
Timothy J. Bopp, MD



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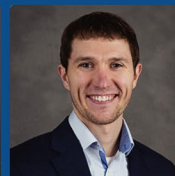
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Brock A. Norrie, MD



Troy D. Pierce, MD

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Driving Success: The Legacy and Vision of First International Bank & Trust

Submitted by First International Bank & Trust

Stephen L. Stenehjem, the Chairman and CEO of First International Bank & Trust, often tells a story of riding in the car with his father as a kid. His father Leland told him, “You can always tell what kind of banker a town has by driving down its Main Street.” If the community is thriving, he explained, it means that community has a good banker.

Those words have long served as a guiding star for all of us at First International Bank & Trust (FIBT). Our story is a long one—but while the world has changed dramatically in 114 years, our focus remains the same: to build strong relationships with the people and businesses that make up our communities and help them thrive by providing them with top-tier financial services and solutions.

First International Bank & Trust was founded in 1910 as Farmer’s State Bank in Arnegard, North Dakota. FIBT was the only bank in McKenzie County North Dakota to survive the Great Depression. During the 1930s, when other banks were forced to liquidate loans, or in many cases, fail, FIBT returned every dollar requested. We were able to do so because we made sound lending decisions, and prudent, responsible choices to protect our customers and our communities. Our bankers bring the same line of thinking to the table today.

In 2024, we serve customers in communities across North Dakota, South Dakota, Minnesota, and Arizona. Our goal is to help people Live First – and we do so in many ways that go far beyond checking and savings accounts:

- Our mortgage team helps hundreds of families attain the goal of homeownership each year. Our experts walk our customers through all the considerations one should make when trying to achieve the goal of buying, building, or refinancing a home. (Ask us about our Physician Loan Program!)
- We provide a full suite of services to business owners – from commercial and agriculture loans to card services, treasury management, payroll and more.

- Our payments division, Kotapay, provides payroll and ACH services for businesses across all fifty states. In 2023, Kotapay celebrated its 30th anniversary – and processed more than \$102 billion in payments.
- Our Fraud Protection team works diligently to ensure our customers’ finances and information remain safe and secure. In 2023, scammers attempted to steal \$14 million from our customers via fraud. Our team prevented 99.1 percent of that potential loss.
- We invest in our communities. Last year, we made \$5.8 million in charitable contributions across our four-state footprint – and our employees donated nearly 6,000 hours of volunteerism to causes important to them.

***we invite you to connect with
the team at fibt today so we can
help you live first today!***





PRIVATE BANKING

RENEE DAFFINRUD PRIVATE BANKING MANAGER

First International Bank & Trust (FIBT) is proud to offer exclusive Private Banking services tailored to meet the unique needs of healthcare professionals like you. You deserve exceptional, individualized service – and our team is committed to meeting that high standard.

Private Banking Manager Renee Daffinrud boasts 35 years of banking experience. Backed by a team of experts at First International Bank & Trust, Renee fosters long-term relationships with her clients to ensure that their financial plans evolve to mirror their lives. She knows that the financial health of every individual client can have a big impact on the entire community.

Whether you need assistance setting up high-yield accounts, creating a life insurance trust, or leveraging your assets*, Renee and the Private Banking team stand ready to help. Our Private Banking clients can expect premium rates and pricing and concierge-level service with discretion and professionalism. We invite you to connect with us today to explore how FIBT can support your financial goals – and allow you to Live First.



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Benefits of Image-Guided Superficial Radiation Therapy (IG-SRT) for Skin Cancers at Fargo Center for Dermatology

Dr. Rachel Ness

Dermatologist at Fargo Dermatology

In the battle against skin cancer, treatment options have continuously evolved to provide patients with safer, more effective alternatives. Among these innovations, Image-Guided Superficial Radiation Therapy (IG-SRT) has emerged as a game-changer, offering a non-invasive and highly targeted approach to treating various types of skin cancer. Let's explore the benefits of this cutting-edge therapy.

IG-SRT utilizes advanced imaging technology to precisely target cancerous lesions while sparing healthy surrounding tissue. Unlike traditional radiation therapy methods, which may require larger treatment fields, IG-SRT allows for pinpoint accuracy, minimizing collateral damage and reducing the risk of side effects. One of the primary advantages of IG-SRT is its non-invasive nature.

Patients undergoing this therapy typically experience minimal discomfort, with no need for surgical incisions or anesthesia.

This aspect not only enhances patient comfort but also promotes quicker recovery times, allowing individuals to resume their daily activities with minimal interruption. In addition to its therapeutic efficacy, IG-SRT offers cosmetic benefits that are particularly appealing to patients concerned about scarring or disfigurement. By precisely targeting cancerous lesions, the therapy helps preserve the natural appearance of the skin,



DR. RACHEL NESS
BOARD-CERTIFIED DERMATOLOGIST

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minimizing the risk of unsightly scars or deformities. This aspect is especially significant for lesions located in cosmetically sensitive areas, such as the face or neck or for more challenging surgical closure sites on ears, scalp, hands, or legs.

This is a great treatment option for those patients who have surgery contraindications or who are higher risk surgical patients such as those on blood thinners or who have increased risks for infection.

IG-SRT is associated with minimal side effects compared to traditional radiation therapy approaches. Most patients experience mild skin reactions, such as redness or temporary irritation, which typically resolve within a few weeks following treatment. Image-Guided Superficial Radiation Therapy represents a significant advancement in the management of skin cancer, offering a potent combination of precision, effectiveness, and patient comfort. With its ability to deliver targeted radiation therapy and high skin cancer cure rates, IG-SRT has emerged as a preferred treatment option for many patients facing skin cancer diagnoses.

We want all patients to be fully educated on all their skin cancer treatment options at Fargo Center for Dermatology (Surgical or Non-Surgical options).

Fargo Center for Dermatology is proud to bring this technology to the patients of North Dakota, allowing our patients to avoid having to drive out of state to get this advanced skin cancer treatment.



**BISMARCK
CANCER
CENTER
FOUNDATION**

CALENDAR OF EVENTS

June 20	BCC Charity Golf Open
June 27	BCC Night at the Larks
July 2-4	Mandan Rodeo
July 4	4th of July Road Race
July 10-13	ND Country Fest
July 27	Blue Grass Goes Pink
August 16	Drive to Survive
September 22	Apple Jam
September 27	Clays Against Cancer

**For more information on these events,
visit bismarckcancercenter.com**

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



Physicians Take a Leap of Faith to Promote Wellbeing

Submitted by: Donna Thronson
NDMA Communications Director

T it was a night to remember as nearly 700 fans of medicine packed the house at the Fargo Theatre. For the attendees, Dr. Glaucomflecken did not disappoint. The evening was inspired by comedian Dr. Will Flanary – a practicing ophthalmologist - who takes to the stage by the name of Dr. Glaucomflecken.

The April 6 multimedia stage show shared equal parts of tragedy and comedy, all wrapped up with a big dose of heart, as Dr. Flanary shared how comedy became his coping mechanism to overcome serious health obstacles.

When Healthcare Providers Become Patients

Early in his medical career, Dr. Flanary was faced with testicular cancer. The diagnosis hit at a busy time in his career. Juggling the demands of a residency program, along with the demands of a young family can be challenging enough for a healthy person. Working around a life-threatening obstacle and building a recovery plan can take its toll, both mentally and physically. To cope, comedy became his refuge.

This coping style became an effective release as he soon learned that by poking fun at navigating the many challenges, humor became a great release. He began posting his satire-filled flicks on social media and things started going viral.

“I discovered that this release not only worked for me as a coping mechanism but also provided comfort for other people going through similar challenges,” said Dr. Flanary.

He hasn’t stopped since. He has performed at numerous medical associations, specialty group events, and universities across the country, all while keeping up with his medical practice as an ophthalmologist.



When Burnout Becomes a Problem

It's no secret that physicians experience burnout at unprecedented levels. The healthcare environment—with its packed workdays, demanding pace, and emotional intensity—can put physicians and other clinicians at high risk for burnout.

The impact of burnout can compromise patient care and causes a ripple effect when physicians and other clinicians choose to leave practice and thus reducing access to patient care.

Helping Those Who Help Others

It started as a 'what if' discussion by NDMA First District members. What if something more could be done in the medical community by helping those who care for patients? What if that relief could be provided by bringing the medical community together to engage in an evening of networking and comedy?

Bringing some fun back into medicine seemed like a solution and a night of comedy and socializing seemed a perfect fit. Research shows that the elements of socializing and laughter are a priceless combination that has the power to heal both physical and mental well-being.

First District leadership began flushing out options to host an event. It all started to gel when Dr. Eric Heitkamp, vice president of First District, reached out to Dr. Flanary to see if bringing the Dr. Glaucomflecken comedy act to North Dakota was an option.

With some negotiating, the plan began taking shape. Dr. Heitkamp took the lead and was backed with strong support from the First District team and First District President Dr. John Bassett.

President Dr. Bassett gives kudos to Dr. Heitkamp. "He had my complete trust, and I knew he was the right leader to get the job done."

Partners

The coordinated event came with some financial investment and supporters stepped up to the plate to help with the investment.

- NDMA Third District Medical Society committed to participating as a co-sponsor, along with First District and NDMA.
- Other First District member physicians who stepped forward with sponsor commitments were:

- Dr. Fadel Nammour, founder and owner of Dakota Gastroenterology.



- Dr. Lance Bergstrom, founder and owner of Bergstrom Eye.



- Sanford Health System's Clinician Experience, a program to invest in clinicians.



- UND School of Medicine & Health Sciences Alumni & Community Relations Program



Dr. Will Flanary aka Dr. Glaucomflecken entertained the packed house.



Dr. Susan Farkas and Dr. Josh Wynne, Dean of UND SMHS, participated in the celebration. Thanks to UND SMHS for the great support!



Dr. Calvin Fercho, a long-standing NDMA supporter who attended the event is pictured along with Ophthalmologist Dr. Bergstrom (right). Dr. Fercho earned his medical degree in 1952 and gained a national reputation for his expertise in ophthalmological surgery.



Dr. Flanary took the time to listen to his fans.

Meet and Greet

The evening kicked off with a Dr. Glaucomflecken Meet and Greet, hosted by UND School of Medicine and Health Sciences Alumni Community Relations Program. This opportunity provided NDMA member physicians, UND SMHS Alumni, and students the opportunity to meet Dr. Flanary. The event hosted nearly 300 participants who patiently waited in line to visit with Dr. Flanary firsthand and to share a photo opportunity.

A Leap of Faith Pays Dividends

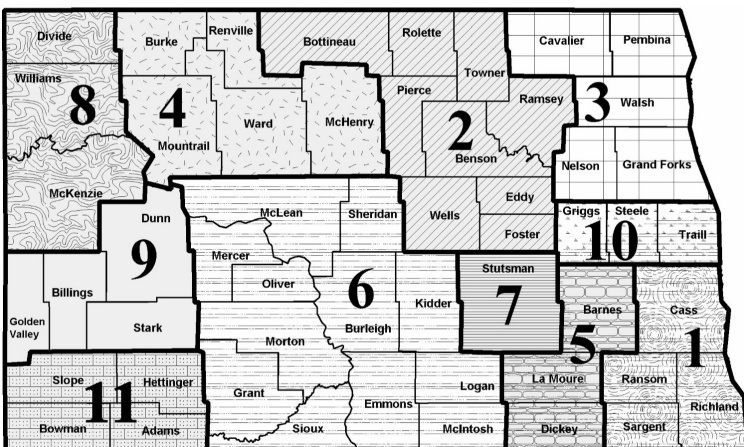
As participants departed the event energized from an evening of networking and comedy, the appetite among attendees was enthusiastic with many asking what future events could be hosted to continue the momentum. For engagement, First District is keeping an eye on the horizon and is looking into more options. Dr. Erik Heitkamp feels there is momentum to bring future events to North Dakota and reminds physicians that maintaining NDMA membership and becoming involved in your local district is a key step to staying connected.

“By getting involved you can make a difference,” said Heitkamp. “I encourage physicians to take that step - that leap of faith - to help engage us all as physicians.”

Did you know

Did you know that NDMA membership is divided into eleven districts throughout the state? The purpose of the districts is to become more connected to your cohorts in your local areas. Districts are encouraged to meet regularly to network and share common interests in the practice of medicine. Organized districts have officers and councilors that are represented on NDMA's council.

If you want to learn more or become more engaged at the state or local level, contact the NDMA office at 701-223-975 or email staff@ndmed.com. We are here to help!



The socializing didn't stop as participants waited in line to get into the Fargo Theatre.



Left: Dr. John Bassett, NDMA First District President, welcomed the crowd.

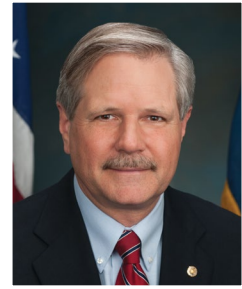
Right: Dr. Erick Heitkamp, NDMA First District Vice President, emceed the event. His thank you list was rather lengthy!



The UND SMHS sponsored Meet and Greet was a hit as nearly 300 participants enjoyed networking with cohorts and meeting Dr. Glaucomflecken.



Supporting Medical Professionals, First Responders and Law Enforcement in Combating the Drug Overdose Epidemic



John Hoeven
North Dakota Senator

The drug overdose epidemic affects families and communities across our state and nation. We appreciate the dedicated work of our healthcare professionals, law enforcement and first responders, as they contend with the issues of addiction, substance abuse and drug trafficking. While we have worked to support their efforts and have made progress on prescription opioid abuse, our country is struggling to keep up with the influx of illicit fentanyl. As a result, deaths from drug overdoses remain tragically high. We lost more than 107,000 Americans last year from drug overdoses, and North Dakota has seen a staggering increase in the rate of overdose deaths over the past decade.

The role of illegal fentanyl in this epidemic is clear. Last year, the Drug Enforcement Agency (DEA) reported record fentanyl seizures, having confiscated more than 115 million pills nationwide, with fentanyl pill seizures increasing by 50 percent in North Dakota. The primary source of these drugs is known. Cheap chemicals from China are imported to Mexico, where cartels produce counterfeit pills in black market pill presses. These counterfeit, fentanyl-laced pills are smuggled into the United States and eventually into American homes.

This drives home the failure of the administration's border policies. This is

about more than politics – it's about our national security and the health and well-being of individuals across our country. President Biden must secure the border, address the illegal immigration and drug trafficking crisis, and enforce the laws on the books. They have the tools to do so. We proved that under the previous administration, and we need to empower our border professionals to secure our borders once again.

At the same time, I will continue my efforts to strengthen the resources available to our medical professionals and those struggling with a substance use disorder. As a member of the Senate Appropriations Committee, I have prioritized funding for programs under the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC) to support opioid abuse treatment, prevention and recovery. These programs help states advance a comprehensive approach to address opioid addiction, such as expanding access to the mental health care services and medication needed to help individuals overcome addiction.

I've also worked to support law enforcement in combating the transportation and sale of illegal drugs within our borders. I helped introduce legislation to reauthorize and expand

critical policing and drug enforcement programs, with a focus on rural areas and the communities hardest-hit by the drug epidemic. This builds on my legislation, which was previously passed by Congress and signed into law, to:

- Close a loophole that allowed the sale and distribution of illicit synthetic variations of drugs, like fentanyl, by labeling the products as “not for human consumption.”
- Require shipments from foreign countries to provide electronic data, enabling Customs and Border Protection to better target and seize illegal substances.

Through the combination of these priorities, we are working to combat the drug overdose epidemic, both by targeting the source of these illicit substances and addressing their impact on everyday Americans. Thank you to all of our medical professionals for the support you provide to those struggling with addiction. You play a vital role in overcoming this crisis and preventing the tragedy of drug overdose from impacting more families and communities across our nation.



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Learn more about membership at ndmed.org



Kevin Cramer
North Dakota Senator

Pathways to Progress: Eliminating Barriers for Critical Treatment Options

As your United States Senator, I receive thousands of messages from constituents every month. Last month, I received a piece of artwork from a young North Dakotan who was diagnosed with a rare cancer as a toddler. The heart-shaped painting now hangs in my office, serving as a reminder of the North Dakotans fighting life-threatening diseases, and how I can help develop positive change on their behalf.

The painting also came with a letter from his mother, highlighting how bills like the *Promising Pathways Act* will provide patients with rare and terminal cancers improved access to treatments. Over the years, too many of these patients and families have experienced the agonizing wait for a potential cure to make its way through the laborious approval process at the U.S. Food and Drug Administration (FDA).

This labyrinth typically takes over 10 years and costs billions of dollars. For good reason, these decisions shouldn't be made hastily, but the growing need to better support patients is real. I, along with many of my colleagues, worked to pass the *Right to Try Act*, which was signed into law May 30, 2018. The *Right to Try Act* created a new mechanism allowing patients with life-threatening diseases, in certain circumstances, to request access to treatments not yet approved by the FDA.

The *Right to Try Act* was a critical step in the right direction, but more can be done. To safely reduce the barriers to care, I cosponsored the *Promising Pathways Act* when it was first introduced in 2020. I have been a cosponsor ever since, and we are about to reintroduce it again. The legislation builds on the existing platforms such as expanded access and right to try, while providing a faster and more patient-centric approach.

The *Promising Pathways Act 2.0* is not intended as a replacement for the traditional FDA approval process. It instead supplements this process by allowing for a two-year, renewable limited approval of an eligible drug for patients with rare and terminal illnesses, prior to obtaining full approval by the FDA. This bill is predicated on safety and information sharing, and includes several measures to protect patients, including a registry requirement and the ability for the FDA to terminate the conditional approval.

This bill also offers expedited care for those in the direst of need with little to no other options but to wait. Increasing the availability of treatment choices creates options, and potentially hope, for patients who have been told there is nothing left to do but fight and pray. This bill would also allow families greater access to data and peace of mind, knowing the oversight process is sound.

The current FDA process forces patients to fight and advocate for themselves in a system not designed to work for them. "That's not how the system works" is no consolation for them or their families.



If there is a lifesaving treatment out there, it should not take an act of Congress to get it into the hands of those who need it most.



Removing barriers and providing innovative options are wins for patients, their families, and providers. The *Promising Pathways Act 2.0* will give patients the highest quality care, while eliminating hurdles to treatment. The heart-shaped art on my wall is a constant reminder to get this done.

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

Legislation Aims to Provide Quick Access to Emergency Medical Care



Kelly Armstrong
North Dakota Congressman

One of my top priorities in Congress has been ensuring our state has the resources and staff it needs to provide for communities. I am acutely aware as a former Dickinson volunteer firefighter that access to emergency health care is worsening every day around the country.

These shortages are felt especially hard in our rural and tribal communities, where patients in critical condition frequently face extended EMS response times and longer distances to reach hospitals. Further complicating matters is that more than half of rural EMS agencies are staffed solely by volunteers, who regularly must raise their own funds to provide access to these services. I have been proud to work on two important pieces of legislation to

provide a lifeline to these communities and increase access to the full continuity of medical care.

Earlier this year, I was honored to cosponsor H.R. 4646, the Supporting and Improving Rural EMS Needs Reauthorization Act, or the SIREN Reauthorization Act, which, if enacted would reauthorize a critical grant program that provides vital funding to develop our rural EMS workforce. This legislation also authorizes the procurement of essential medical equipment for rural providers.

I also cosponsored H.R. 8042, the Community Paramedicine Act. If enacted, this bipartisan legislation would create an annual \$25 million grant program with a specific focus on rural and tribal communities to help provide centralized, mobile, and emergency care.

For some patients, such as those who are uninsured, underinsured, homebound, medically at-risk, or live in rural areas, their access to care is entirely reliant on the availability of these emergency medical services. With only 11 percent of physicians working in rural settings, more than 55 million Americans must travel far distances to receive medical care. Our communities must have the resources and funding for these life or death situations where seconds matter.

While these bills are not a silver bullet for fixing gaps in access to emergency care these policies are an important step toward addressing these shortcomings in some of our most remote communities. I am encouraged by the bipartisan support both bills have received. These bills are an opportunity to save lives and strengthen our communities in North Dakota.

★ REFERRALS START WITH YOU ★

I wish to go to Hawaii and swim with the dolphins!

Addison, 10
Grand Forks
brain tumor

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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.



Health Care Task Force Update: How to Eat an Elephant

Dr. Joshua Ranum, NDMA Past President

Dr. Ranum represents NDMA on the Health Care Task Force

The Health Task Force was created by the ND Legislature in 2023. The purpose of the Health Task Force is to understand and create transparency around healthcare costs and the drivers of cost growth with the goal of reducing the impact of rising healthcare costs to citizens, businesses, and government.

What's the best way to eat an elephant? One bite at a time. That age-old adage seems to be a guiding principle of the Legislature's Health Care Task Force of which I am a member.

Comprising a broad swath of stakeholders (see membership list at <https://www.hhs.nd.gov/health/taskforce>), we have been charged with identifying ways to save on healthcare costs in the state. The primary objective is saving the state money, but since public and private healthcare economies are so intertwined (and many would argue that is a contributor to cost issues) ideally our recommendations also lower costs for individual consumers.

The first three meetings focused primarily on information gathering and reviewing healthcare expenditure data. To help navigate the process, the state has contracted with Bailit Health, a consultant group that has conducted similar studies in other states. In addition to the members of the task force, Bailit interviewed a wide variety of North Dakotans to add perspective to the raw data. I encourage everyone to look at the task force meeting presentations available online – particularly the April 4 meeting – to review the data for yourselves.

We know drugs can be expensive and prices have been a significant driver of increased costs in recent years. GLP1s and biologics are great drugs but have resulted in higher claims expenditures for insurers. For example, Blue Cross policyholders all pay just over \$23 per member per month to cover the cost of Humira and Ozempic for the plan.

Brand-name drugs are just 15% of prescriptions but account for 90% of prescription drug costs.

I'm not predicting that we'll be able to solve the rising costs of prescription drugs, but obviously that is necessary to contain healthcare costs. As a primary care physician, it's a great reminder that preventing the need for diabetes and other chronic medications is the best way to save on drug costs.

The task force and consultants have reviewed the data and are beginning the process to identify cost-saving interventions. Fortunately, professional fees have not been a part of that discussion and the insurers' own data actually confirms that we are not driving cost increases.

Spending on all healthcare episodes (inpatient, outpatient, ED, professional) was down in 2023 compared to 2022.

The insurers' data shows that enhanced primary care relationships result in lower costs per member - shocking, I know, although this mirrors what every other developed nation already knows. I did use the data to remind insurers how barriers to physician effectiveness, such as prior authorization and others, need to be continuously improved to remain cost-effective. The insurers did agree that prior authorization needs to be improved. Let's plan on holding insurers to that standard in the next legislative session.

I'm not sure what recommendations will come from the task force, but I predict we'll look at a few big levers. Improving quality will be part of the discussion and NDMA advocated that more data collection isn't the answer, but rather the collection process needs to be streamlined and made actionable. I don't know if we'll have much power over drug costs but optimizing behavioral health outcomes in the state would have significant cost savings as having a psychiatric diagnosis dramatically increases healthcare utilization. In addition, the top 1% of utilizers account for 35% of costs so any improvement there could have big downstream cost savings.

I've long thought that the more I know about healthcare economics the less confident I am of a solution. With this task force, a lot of good people are working on the elephant one bite at a time.



Top Federal Employment Law Updates in 2024

KrisAnn Norby-Jahner
Attorney for Vogel Law Firm

VOGEL
Law Firm

The 2024 theme in Employment Law has been “federal updates.” Not only did the Equal Employment Opportunity Commission (EEOC) release new Enforcement Guidance on Harassment in the Workplace, but the U.S. Federal Trade Commission (FTC) and the U.S. Department of Labor (DOL) both approved final rules that could potentially have massive impacts on employers across the country.

1. EEOC Enforcement Guidance on Harassment in the Workplace

In guidance published April 29, 2024, the EEOC shares specific examples of harassment it deems unlawful, including harassment based on race, sex, religion, and other protected class factors. In one example, the EEOC outlines a manager who tries to touch a Black woman’s hair, asks questions, and makes suggestions that the woman could go from “savage to stunning” if she relaxed her hair. In another example, the EEOC presents a religiously zealous employee who makes regular comments to his co-worker criticizing other faiths, asks her probing questions about faith, argues about religion, and distributes religious materials. The EEOC indicates this is harassment based on religion. Another example is a pregnant woman experiencing morning sickness who is permitted to work remotely up to three days per week and work a flexible schedule when she comes into the office. Co-workers complain that she is receiving special privileges and make critical comments about her pregnancy and her level of sickness. Based on these facts, the co-workers harassed the employee based on a pregnancy-related medical condition. In an age-related example, the EEOC presents a 62-year-old who is called an “old man” by his supervisor, is repeatedly asked when he plans to retire, and is told that the company needs “young blood” and “fresh ideas.” The EEOC indicates the employee had been subjected to an objectively hostile work environment based on age.

The EEOC advises that to avoid liability, employers must take corrective action that is “reasonably calculated to prevent further harassment.” This means corrective action must be designed to stop the harassment and prevent the harassment from continuing. Even if an employee asks that the employer not investigate, the EEOC cautions: “if it appears likely that the harassment was severe or if employees other than the complainant are vulnerable,” then the employer must investigate and respond.

Overall, the guidance (which had not been updated by the EEOC since 1999) provides more current examples that fit today’s workplaces (including virtual environments).

2. Federal Non-Compete Ban

On April 23, 2024, the FTC issued a final rule banning non-compete agreements nationwide that applies to future and existing agreements. The rule prohibits any contractual term that blocks a worker (employee, independent contractor, extern, or volunteer) from working for a competing employer or operating a competing business after employment ends. The only exception is for bona fide sale of a business if the seller has at least 25% ownership. This rule applies to direct contracts between workers and businesses and indirect contracts between two businesses that “function to prevent” competition.

For North Dakota employers who are already limited in the inclusion of non-competition provisions in contracts, this rule is not likely a big change from current practices. However, even overly-restrictive non-disclosure and confidentiality agreements should be reviewed to ensure that workers are not unlawfully precluded from working in their same field. The FTC rule is subject to legal challenges.

3. FLSA Exempt Employment Rule

Also on April 23, 2024, the DOL released a final rule increasing the required minimum salary thresholds under the Fair Labor Standards Act (FLSA) for “white collar” exemptions (administrative, executive, and professional) from \$684 per week (\$35,568 annually): to \$844 per week (\$43,888 annually) on July 1, 2024, and \$1,128 per week (\$58,656 annually) on January 1, 2025. For “highly compensated” employees, the salary threshold will increase from \$107,432 annually to: \$132,964 on July 1, 2024, and \$151,164.00 on January 1, 2025.

In anticipation of the new rule, employers should review their workforce for any exempt employees who currently earn between \$35,568 and \$58,656 per year. If the rule goes into effect, employers must determine whether to raise salaries to maintain exempt statuses or convert to non-exempt statuses (making those employees subject to overtime). This rule is also subject to legal challenges. A federal court blocked a previous DOL rule change in 2016, which led to the rule’s abandonment after the presidential administration changed.

As we move through 2024, employers are encouraged to work with professionals, including employment lawyers, when navigating the ever-changing laws, regulations, and compliance requirements.



Lisa Edison-Smith

KrisAnn Norby-Jahner

MacKenzie Hertz

Seth Thompson

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SANFORD
HEALTH

Senior Medical Student Outstanding Awards

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



Timothy Colwell, MD
New Brighton, MN
Anesthesiology



Abigail Smith, MD
Hudson, WI
Pediatrics



Riley Madigan, MD
Woodbury, MN
Internal Medicine

Alliance Awards

The NDMA Alliance recognizes two outstanding class of 2024 UND senior medical students. Congratulations to the following graduates:



Riley Larsen, MD
Grand Forks, ND
Internal Medicine



Dakota Brown, MD
Makoti, ND
Emergency Medicine

Sophomore Outstanding Performance 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:



Miriah Forness
West Fargo, ND

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.



Wyatt Hahn
Hutchinson, MN

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.



Tyler Mueller
Fargo, ND

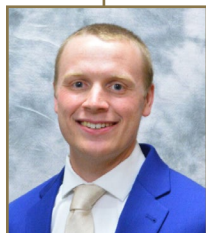
Integration of Basic Science and Clinical Application

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

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

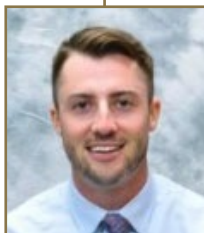
1st District - SE Campus, Fargo



Mitchell Gullickson, MD
New Prague, MN
Dermatology



Zachary Mohs, MD
West Fargo, ND
Orthopaedic Surgery



Tyler Safgren, MD
Eden Prairie, MN
Orthopaedic Surgery

3rd District NE Campus, Grand Forks



Ken Ryan, MD
Batavia, IL
Family Medicine

4th District NW Campus, Minot



Dakota Brown, MD
Makoti, ND
Emergency Medicine

6th District SW Campus, Bismarck



Samuel Wilke, MD
Bismarck, ND
Internal Medicine,
Pediatrics

Meeting Members Where They're At

Mobile Outreach Services launched to better serve Medicare Advantage and Medicaid members

Submitted by BCBSND

Access to affordable, quality health care is important to maintaining physical, social and mental well-being. Health insurance helps individuals and families access necessary primary care, specialists and emergency care. It also encourages patients to proactively seek care and understand what is available to them.

Blue Cross Blue Shield of North Dakota (BCBSND) and NextBlue of North Dakota (NextBlue) are looking to help providers get patients connected to care through their partnership with Arkos Health. BCBSND, NextBlue and Arkos have launched Mobile Outreach Service vans to enhance support for members who require assistance with their health care management and coordination.

"We're very excited to offer an additional option to reach our members through the launch of Mobile Outreach Services, in partnership with our care support team," said Stacie Heiden, BCBSND executive vice president of government markets. "By visiting communities across the state, members will have a convenient and confidential place to seek support for their health care needs."

By offering additional resources through Mobile Outreach Services, members can access support and learn about services they might not otherwise receive—including connections to primary care providers. It's a unique way to meet members in their community and fill in care gaps for underserved populations.

The Mobile Outreach Services are an extension of the care support services Arkos provides to BCBSND Medicaid and NextBlue Medicare Advantage members.

Mobile Outreach Services provide support in:

- Promoting health and wellness through screenings and education



- Helping members understand what services and benefits they can access to meet their unique health goals
- Assessing member needs and facilitating care coordination
- Linking members to community resources and helpful services

The vans will provide a safe and private place for members to connect with resources available to them. Through these services and connections, Arkos Health helps facilitate engagement between the member and their care team, bridging communication gaps and ensuring a more seamless experience for payors, providers and patients.

These resources can mean the difference between a long, healthy life and potential complications. One member was even able to catch a heart issue during a health assessment and was referred to a new primary care provider, as their previous one had retired. Thanks to their new primary care provider, the member was scheduled for a life-saving surgery that fixed a potentially fatal artery blockage.

"Now the member rests a little easier knowing they are taking steps toward a healthier life," said Heiden. "They know that thanks to these extra steps of care coordination, they have more time to share with friends and family."



Mobile Outreach Services will be serving members by visiting both city and rural areas throughout the state.

For more information, visit arkoshealth.com/northdakota.

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When Is a Stroke a Brain Injury? Always.

Submitted by American Heart Association

A stroke is an acquired brain injury (ABI), which is an injury to the brain caused by both internal and external forces. The North Dakota Brain Injury Network (NDBIN) has been working alongside the American Stroke Association to help raise awareness among individuals, healthcare professionals, mental health professionals and case workers to understand that stroke is a brain injury.

The relationship between NDBIN and the American Stroke Association began in 2018. At that time North Dakota only recognized traumatic brain injuries (TBI). But through the organizations' combined efforts, the North Dakota legislature passed a bill adding ABI – including stroke – to the state's Century Code definition of brain injury in 2019. This change provided an integrated system that assists individuals across North Dakota who may have experienced stroke.

Carly Endres, senior project coordinator with NDBIN remembers her first experience with a stroke survivor. "My very first day in the office, a gentleman came in and was wanting services. He was a stroke survivor, not a TBI survivor and this was before this legislation. We still supplied him with all the information we could and resources available, but when we told him about the formal

definition in North Dakota not including stroke, I will never forget his response: 'I would love those legislators to climb into my brain, because it's definitely injured.'"

Through the collaboration between NDBIN and the American Stroke Association, several resources are now available to stroke patients across ND. NDBIN has stroke information available, along with many other resources regarding brain injuries on their website at www.ndbin.org. Stroke survivors can connect with others through support groups, book clubs, lunch & learns, unmasking events, educational programs and annual conferences.

Stroke survivors and caregivers can also connect with resource facilitators who can assist with education, outreach and direct people to statewide support systems and resources.



American Heart Association.
Mission:Lifeline®
Stroke

Stroke is a leading cause of serious long-term disability in the U.S.

High-quality rehabilitation can help ensure individuals who have experienced stroke can reach their full potential recovery. The American Heart Association's Post-Acute Stroke Standards program can help skilled nursing facilities support faster and more effective recovery from stroke.

Congratulations to the following sites participating*:

Good Samaritan Society: St. Vincent's, Bismarck
Good Samaritan Society - Lakota, Lakota
Northwood Deaconess Health Center, Northwood
PAM Rehabilitation Hospital of Fargo, Fargo
Richardton Health Center, Richardton
Sanford Medical Center Hillsboro, Hillsboro
Trinity Homes, Minot
Valley Senior Living, Grand Forks

For more information:

www.Heart.org/PostAcuteStroke

*Participants as of 4/23/2024



Brain injury screenings are also available, along with assistance with symptom inventories. Often these tools can assist healthcare and mental health professionals, and case workers and will help the survivor qualify for state or federal programs.

There are also specific resources to help caregivers including Powerful Tools for Caregivers programming.

Finally, Certified Brain Injury Specialist (CBIS) trainings are offered multiple times a year. This is a voluntary certification program for professionals working in brain injury services to earn a nationally-recognized credential.

CBIS is considered the gold standard for brain injury training across the U.S.

A variety of disciplines have already become certified in North Dakota – from speech-language pathologists to optometrists.

The collaboration between NDBIN and the American Stroke Association has been a vital link for individuals who have experienced stroke in North Dakota. “There is life and hope after stroke,” said Janna Pietrzak, health care quality program consultant for the American Stroke Association. “The support provided by NDBIN offers stroke survivors the ability to continue their rehabilitation with strength, capability and confidence.”



To learn more about the American Heart Association's Stroke Rehabilitation Program go to:

www.heart.org/PostAcuteStroke



NDMA | CALL FOR NOMINATIONS

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

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

Nominations must be submitted by August 31, 2024.

For questions contact NDMA at 701-223-9475.

NDMA 2024 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

Dr. Kroetsch Receives APA Area 4 Psychiatry Award



NDMA member Dr. Laura Kroetsch was awarded the American Psychiatric Association Area 4 William W. “Bill” Richards Rural Psychiatry Award. She was nominated for the award by Dr. Andy McLean with an endorsement from NDPS President Stephanie Jallen.

This award recognizes individuals who have made exemplary contributions to the treatment of patients and the practice of psychiatry in rural or remote geographic areas. Dr. McLean’s nomination highlighted Kroetsch’s work in North Dakota and her leadership in every role she’s held.



Physician Recognition

If you are an NDMA member and have received recognition for achievement, such as a promotion, award, or certification, we would love to feature you in the ND Physician magazine! Please contact NDMA at 701-223-9475 or email donna@ndmed.com.

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The Importance of An Accurate Problem List

Eric Zacharias, M.D.

COPIC Department of Patient Safety and Risk Management

CASE STUDY:

A 58-year-old male went for a physical exam. He had a history of hypertension and hyperlipidemia controlled on an ACE inhibitor and a statin. The patient complained of bright red blood per rectum when he had a bowel movement. The physical exam was unremarkable, and the patient's stool guaiac was negative. The office visit notes suggested a gastrointestinal referral was planned for a colonoscopy. There was no separate referral form or distinct electronic referral communication for the colonoscopy. Three days after the visit, the patient's lab tests were unremarkable except for a mild anemia. At the time of reviewing the labs, the physician did not act on the anemia because he remembered that a colonoscopy had been ordered.

The patient returned twice over the next year and a half for respiratory infections and allergies. The colonoscopy, bleeding, and anemia were never mentioned in any of these visits, nor were they noted in a problem list. Shortly after the second visit, the patient presented to the ER with abdominal pain, fever, nausea, and vomiting. He was admitted and underwent an exploratory laparotomy which revealed widespread cancer of the colon. He was eventually found to have stage IV cancer and expired six months later. His surviving family filed a lawsuit.

This case illustrates how during routine screening visits that symptomatic evaluations can be lost to follow up. Although the complaint of bleeding and anemia was noted and a colonoscopy was planned, no actual order was placed and no follow up for the issue occurred. Although the physician had the correct plan, it was not properly executed. The fact that there were several follow-up visits where the findings of anemia and bleeding were not discussed makes the care difficult to defend.

An up-to-date problem list, ideally updated in real time, allows one to not have to rely on memory alone to address worrisome issues. The problem list also helps practitioners identify the most important health factors for each patient and provides a convenient checklist of care plans.

Finally, there is an issue around communication with the patient. Even without putting the issues of hematochezia and anemia in the problem list, if the physician had clearly explained the risk and concerns he had about the possibility of cancer and documented this conversation, then some of the responsibility would have

been on the patient. A reasonable patient told that they might have cancer could be expected to demand more workup.

- Consider these high-risk areas:
- Heads (neurologic events, CVAs, and meningitis)
- Hearts (the triple-rule-out)
- Guts (missed appendicitis, ischemic bowel, etc.)
- Severe infectious diseases
- Cancer

Failure To Diagnose Can Be Reduced With Updated Problem Lists

Failure to diagnose or delay in diagnosis is the major cause for a lawsuit against a primary care physician. Colon cancer is currently one of the most common causes for "delayed diagnosis of cancer" litigation followed by breast, prostate, lung, and melanoma. Although lack of screening can sometimes be the cause of a lawsuit, it is most often the failure to diagnose in a symptomatic patient.

Lessons Learned

In this case study, there was an initial system failure in not setting up an important test and workup. This was compounded by a failure to have placed the active problems in a problem list. There were multiple chances and visits where the physician could have corrected the original miss. Being meticulous about updating and utilizing a problem list could have helped catch this cancer at an earlier, possibly curable stage and also prevented a lawsuit.

Information in this article is for general educational purposes and is not intended to establish practice guidelines or provide legal advice.





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