

North Dakota Physician

WINTER 2024



Stephanie Dahl, MD

123rd NDMA President
Raising Radon Awareness

 **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.

Submissions

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

Advertising

NDMA accepts one-quarter, one-third, one-half and full-page ads. Contact NDMA for advertising rates. NDMA reserves the right to reject any advertising.

ND Physician is published by the North Dakota Medical Association, 1622 East Interstate Avenue, Bismarck, ND 58503
Phone: 701-223-9475
E-mail: staff@ndmed.org
Editor: Donna Thronson

Copyright 2024 North Dakota Medical Association. All rights reserved.

North Dakota Medical Association Council Officers

Stephanie K. Dahl, MD, President
Parag Kumar, MD, Vice President
Erica C. Hofland, MD, Policy Forum Chair
Joan M. Connell, MD, Secretary-Treasurer
Joshua C. Ranum, MD, Immediate Past President
Fadel E. Nammour, MD, AMA Delegate
David F. Schmitz, MD, AMA Alternate Delegate

Councilors

Joseph E. Adducci, MD
Misty K. Anderson, DO
J'Patrick C. Fahn, DO
Kent R. Hoerauf, MD
Kristopher W. Holaday, MD
Scott E. Knutson, MD
Ross R. Meidinger, MD
Kevin J. Mork, MD
Sarah L. Schatz, MD
Randolph E. Szlabick, MD
Ana M. Tobiasz, MD
Dennis E. Wolf, MD

Commission and PAC Chairs

Parag Kumar, MD, Socio-Economics
Sarah L. Schatz, MD, Legislation and Governmental Relations
Shari L. Orser, MD, Medical Services and Public Relations
Dinesh Bande, MD, Medical Education
Thomas I. Strinden, MD, NDMA PAC

Staff

Courtney M. Koebele, Executive Director
Leann K. Benson, Chief Operating Officer
Donna M. Thronson, Communications Director



IN THIS ISSUE

A NIGHT OF COMEDY

Meet Dr. Glaucomflecken

An ophthalmologist and social media sensation

Coming April 6
PAGES: 14-15

 **NDMA**
2023 ANNUAL MEETING
AND LEADERSHIP AWARDS

Wrap Up
PAGES: 10-13

- | | |
|---|---|
| <p>3 PRESIDENT'S MESSAGE
An Honor to Serve as Your President: <i>Raising Radon Awareness</i>
Stephanie Dahl, MD
NDMA President</p> <p>4 NDMA IN ACTION
Prior Authorization Update
Courtney M. Koebele, JD
NDMA Executive Director</p> <p>5 The Village Provides
Intensive Outpatient Program (IOP) for Clients</p> <p>6 NEWS FROM THE DEAN
UND School of Medicine & Health Sciences
Joshua Wynne, MD, MBA, MPH
UND Vice President for Health Affairs, Dean UND School of Medicine & Health Sciences</p> <p>7 David Schmitz receives 2023 Moskoll Award</p> <p>9 Life and Hope After Stroke</p> <p>10 2023 Annual Meeting Awards Recognition & Policy Forum Wrap Up</p> <p>14 Dr. Glaucomflecken - Coming April 6</p> <p>16 Telehealth's Rise and Fall: Navigating the Legal Landscape</p> | <p>18 CONGRESSIONAL UPDATE
Domestic Pharmaceutical Production Supports Providers, Patients, and the Economy
Senator Kevin Cramer</p> <p>19 CONGRESSIONAL UPDATE
The Support Act Will Help Those Struggling with Substance Use Disorder
Congressman Kelly Armstrong</p> <p>20 A Place to Call Home: Downtown Fargo Condos</p> <p>21 Strategies to Diversifying Your Investment Portfolio</p> <p>22 The Importance of Referring to Make-A-Wish</p> <p>25 NDPHP Is Here To Help!</p> <p>26 Laughter: A Priceless Medicine</p> <p>28 New Treatment Signifies a Significant Leap Forward in Cancer Care</p> <p>30 Artificial Intelligence in Medicine</p> |
|---|---|



Stephanie Dahl, MD
NDMA PRESIDENT

An Honor to Serve as Your President Raising Radon Awareness

I am honored to serve as the president of the North Dakota Medical Association. Anyone involved with the legislative process understands the tremendous impact of NDMA and the weight the organization carries within our state.

I'm incredibly grateful for Courtney, Leann, and Donna, the outstanding NDMA staff. They do a fantastic job advocating for physicians, but they need our support. Please ensure your membership is current and encourage your colleagues to become a member.

Although 2024 is not a legislative year in North Dakota, the team at NDMA is already working hard for the 2025 legislative session. One of my goals as president is to raise awareness about radon, a deadly substance lurking in many of our homes.

Radon is a colorless, odorless, radioactive gas that seeps into homes and causes serious health problems. Radon exposure increases the risk of lung cancer, even in non-smokers. In fact, radon is the most common cause of lung cancer in people who have never smoked. In addition, radon exposure has also been associated with male factor infertility, Alzheimer's disease, and complications during pregnancy. The risks of radon are higher in children, pregnant women, smokers, and individuals with chronic lung diseases, and the rate of lung cancer is increasing in young women, particularly women who have never smoked. Unfortunately, North Dakota and Minnesota have some of the highest radon levels in the country, so it's essential to inform our patients about the health risks of radon.

Studies have shown that public awareness campaigns are crucial in educating people about the dangers of radon and encouraging mitigation efforts. Radon testing kits can be easily obtained from local hardware stores, and electronic monitors can be purchased from online retailers. The U.S. Environmental Protection Agency recommends testing all homes every two years for radon, and recommends radon mitigation if levels are greater than 4.0 pCi/L or higher. However, some organizations recommend implementing mitigation if levels are greater than 2.0 pCi/L. If elevated radon levels are detected, active mitigation measures should be implemented.

When it comes to radon mitigation there are two types of systems that can be used. A 'passive' system, which is most affordable, consists of a vent pipe extending from underneath the home's ground-level floor and continuing through the roof. The concept is to allow the gases to naturally-exit through the pipe. The other option is an 'active' radon system. This system operates similarly to the passive system but is more effective since it includes an in-line fan installed within the pipe. The fan assists in pulling the gas out of the house instead of relying on the passive's system of natural air flow.

Many newer homes were built to include passive mitigation systems at the time of construction. But the problem with passive systems is that homes may still have elevated radon levels, leaving homeowners with a false sense of security that their families are safe from radon exposure.

Through the years, mitigation systems continue to evolve to offer further protection. For example, some systems have alarms that activate in the case of a system failure.

To help get the word out, I would like to help educate your communities on radon awareness.



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

2023-2024 Interim Legislative Session Prior Authorization Update

During the last legislative session, NDMA, along with other stakeholders, brought a bill forward to bring prior authorization reform to North Dakota. Prior authorization is an issue of major concern for physicians. The bill included some solutions adopted by other states including prior authorization decision timelines, auto authorization for non-compliance of timelines, same or similar specialty review requirement, implementation of electronic prior authorization (ePA) processes, and transparency and reporting requirements.

The 2023 legislature voted to convert the bill into a study and was adopted by the legislative management committee as one of the selected studies to move forward with studying. One of the larger issues to tackle in prior authorization reform is the dichotomy between the physicians and hospitals testifying that prior authorization is a major problem in our healthcare system, as opposed to insurance companies stating that in its present form prior authorization is running smoothly requiring no further legislation.

The study was welcomed by NDMA because of the vast difference of opinion. A study allows for an in-depth review of the issue and any potential solutions. The study is housed in the Health Care Committee and chaired by Fargo Senator (R-41) Kyle Davison. To date, the committee has held two meetings to discuss the issue.

At the most recent meeting, the goal was to explain prior authorization and the depth of the issues, assure legislators that other states have made great headway on the issue, and that it truly affects patient care. Senior Legislative Attorney Emily Carroll from the American Medical Association (AMA) Advocacy Resource Center shared an outstanding presentation explaining how widespread prior authorization issues have become for physicians and patients across the country. She reported that according to an AMA survey, 80% of physicians reported that the number of required prior authorizations increased over the last five years and 89% of physicians reported that the current prior authorization standards interfere with continuity of care.

Solutions that have worked successfully in other states were brought forward and shared with legislators. The solutions proposed include reducing response times, reducing the volume of prior authorizations, ensuring review by clinical peers, data collection and reporting, and continuity of care.

Essentia Health testified that it complies with over 470 different insurance contracts, each having its own prior authorization rules and requirements. Essentia has 65 full-time employees dedicated solely to complying with prior authorization. According to Essentia, it is noted that payers/insurers require different definitions of medically necessary care and that there are no consistent timelines for prior authorization decisions or recourse if there is a delay.

Marcus Lewis, CEO of First Care Health Center in Park River – a critical access hospital - told the committee that “many health plans apply prior authorization requirements in ways that create dangerous delays in care, contribute to clinician burnout, and drive-up costs for the health care system. Prior authorization requirements continue to inappropriately impose bureaucratic obstacles to providing patients with the care they need and can jeopardize patient health in the process.”

There is hope for regulation of prior authorization on the federal level. However, these bills would only apply to Medicare advantage plans and Medicaid. The expectation is that it would be adopted by insurance companies to cover their commercial products and would trickle down to state level changes.

One of the new prior authorization reforms is “gold carding.” This exempts physicians from prior authorization if 90% of the physician’s requests are approved in the preceding 6 months. As you can imagine, making this fully operational is complicated. Texas recently passed a gold card provision, which is still in the process of implementation.

NDMA will continue to strongly advocate for prior authorization reform in North Dakota and looks forward to educating policymakers on this important issue. If you are interested in testifying about your experiences on prior authorization, please let us know. Legislators appreciate hearing directly from physicians.



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

Contact our Director: courtney@ndmed.com

Intensive Outpatient Program (IOP) for Clients

Submitted by The Village

Needing support to get life back on track is not a sign of weakness. It's a sign of strength. When traditional outpatient methods have not provided the level of support needed, The Village Family Service Center's Intensive Outpatient Program (IOP) can do just the thing: get an individual's life back on track. Everyone deserves the support needed to create positive change in their thoughts and behaviors.

Everyone's path to healing is unique; our compassionate providers are committed to empowering others with the skills needed to navigate mental health struggles and overcome traumatic experiences. Clients will leave with skills to improve your communication skills, set and reinforce boundaries, express emotions more openly and accurately and so much more. Through this comprehensive approach, they will gain not only coping skills but also the ability to tackle life's ongoing stressors and challenges with resilience.

At The Village, we're dedicated to providing our community with the best care and support possible, tailored to everyone's unique needs. We believe that seeking help is a sign of strength, and we're here to support and empower every step of the way to help get a client's life back on track and create a brighter future.



The Intensive Outpatient Program is a confidential mental health treatment program that takes place in a supportive group setting. We know that everyone's needs are different, so our education and support cover a range of areas specific to their diagnosis and needs, such as wellness, self-care, relationships, moods, communication, mindfulness, and safety planning. We also understand that the healing process extends beyond the individual, which is why we offer support and education to their loved ones as well. This holistic approach to well-being ensures that they have the tools and resources needed to heal and create a fulfilling life.



healing LOOKS
GOOD ON YOU

OUR INTENSIVE OUTPATIENT PROGRAM (IOP) ADDRESSES THE MENTAL HEALTH NEEDS OF ADULTS IN A GROUP SETTING.
IOP IS AN INDIVIDUALIZED TREATMENT PROGRAM FOCUSING ON THE WHOLE PERSON.

701.451.4900 | 2701 12TH AVE. S. | FARGO



UND School of Medicine & Health Sciences



Joshua Wynne, MD, MBA, MPH

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

As we move into the New Year, there is much for which to be thankful. We as a school clearly are headed in a very good direction. Thus, I feel so comfortable and confident about the future of the UND SMHS that I recently announced (as you may have heard) that I plan to step down as Vice President for Health Affairs and Dean of the UND School of Medicine and Health Sciences sometime next summer or fall. This time window will allow me, working with the entire SMHS team, to finish a variety of unfinished tasks, as well as allow sufficient time for UND President Andy Armacost to undertake a national search for my successor. That said, I'm NOT stepping away from UND completely in a year – I'll be returning to the faculty ranks (I'm a tenured professor), albeit at a reduced effort level.

Susan and I have been talking about such a change for a bit, and President Armacost has been incredibly supportive as I've struggled (quite frankly) to balance my love for the SMHS and its people along with my true joy in coming to work every day, with the reality that change is good for an organization and that the time demands of the job have limited our ability to travel, visit our grandkids, and pursue other interests. It is generally accepted that it is a best practice in the business world to change CEOs at or before 15 years – which is exactly where I'll be next summer! I started as interim dean of the SMHS in May 2009 and was appointed "permanent" dean a year later. When I step down, I will have been a doctor for 53 years and a cardiologist for 47. I am currently the ninth longest serving medical school dean in the U.S. (out of 157 deans); interestingly, the average tenure of such deans currently is only about four and a half years!

As I contemplate this major change in my life, I think back on the remarkable experience and opportunity that I've had here – and smile with satisfaction. I have such a feeling of accomplishment and true joy to be in the company of such a

remarkable family of faculty, staff, and students. None of the remarkable accomplishments of the SMHS over the past 15 years would have been possible without the amazing efforts of all of you, especially our amazing, dedicated and vital

voluntary faculty members who provide the majority of teaching for our medical students during their clinical rotations.

And what a decade and a half it has been! What we have achieved – working

TRAINING OUR OWN HEALTHCARE PROVIDERS ACROSS NORTH DAKOTA

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



med.UND.edu



together – truly has been remarkable. Among the many accomplishments we’ve had, a few stand out:

- Full implementation of the Healthcare Workforce Initiative, with an expansion of student class sizes by about 25 percent and the addition of more than 70 medical residency slots – an increase of more than 75 percent compared with 2012!
- The creation of six new academic departments, along with the initiation of new programs in Indigenous Health, public health, and the world’s first Ph.D. in Indigenous Health.
- The addition of an Associate Dean for Diversity, Equity and Inclusion, an Associate Dean for Wellness, and an Assistant Dean for Gender Equity (the only college or school at UND that has such positions).
- A dramatic increase in research productivity, with an overall 62 percent increase in sponsored funding between 2012 and 2022.
- A major revision of the medical student curriculum in response to student requests and suggestions.

- Impressive growth in philanthropic contributions to the UNDAAF that benefit the School and have enabled us to add endowed chairs that have helped us to recruit and retain the brightest and best faculty as well as reduce student debt though an impressive increase in student scholarships. As a consequence, medical student debt at graduation has fallen from well above the national average to well below.
- And a spectacular new building on the central UND campus in Grand Forks that we opened in 2016 that continues to provide a marvelous home for our educational, research, and service activities.

I will keep you informed as the changeover gets closer next year. I do plan to continue my cardiology practice even after stepping down from the SMHS dean role.

Most important of all, thank you all for your interest in and support of your UND School of Medicine and Health Sciences. Best wishes for the new year!



David Schmitz Receives 2023 Moskol Award

David Schmitz, MD, professor and chair of the SMHS Department of Family & Community Medicine, received the 2023 Moskol Award from 3RNET, a 501(c)3 nonprofit organization that connects health professionals with organizations in rural and underserved communities seeking providers.

Schmitz was given the award for his many years of leadership in rural health, in particular for his engagement with UND’s Center for Rural Health and for helping develop the Community Apgar Project.

Congratulations, Dr. Schmitz!



The Bone & Joint Center

NORTH DAKOTA’S
LARGEST INDEPENDENT
ORTHOPAEDIC PRACTICE

Our **team of experts** includes board-certified orthopaedic surgeons, a board-certified neurosurgeon, experienced therapists and customer service specialists. With **convenient locations** across the state, including Bismarck, Dickinson, Minot and several outreach clinic locations, we’re ready to deliver **high-quality care** to patients in a safe, comfortable environment.



Duncan B. Ackerman, MD



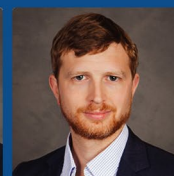
Timothy J. Bopp, MD



Chad B. Carlson, MD



Joseph W. Carlson, MD



Derrick O. Cote, MD



Brian P. Dahl, MD



Timothy J. Juelson, MD



Steven G. Kraljic, MD



Brock A. Norrie, MD



Troy D. Pierce, MD

1.800.424.2663 | www.bone-joint.com



PRIVATE BANKING

RING IN A PROSPEROUS NEW YEAR

As the calendar year comes to a close and we look forward to a new year, the Private Banking & Lending Team at First International Bank & Trust remains committed to serving you and setting you up for greater prosperity. From high-yield accounts to expedited access to capital, we are ready to put our experience to work for you and your loved ones. Our team of experts is ready to help you maintain, grow, and use your accounts and assets to the fullest.

Happy New Year from all of us at First International Bank & Trust!



Perry Olson
Minot, ND
Business Development Specialist
(701) 831-2210 | polson@FIBT.com



Renee Daffinrud
Bismarck, ND
Private Banking Manager
(701) 751-8511 | rdaffinrud@FIBT.com
NMLS#: 814596



Lindsey Rath-Wald
Mandan, ND
Private Banker
(701) 851-0110 | lrath-wald@FIBT.com
NMLS#: 1993737



Teresa Harland
Fargo, ND
Private Banker
(701) 205-2214 | tharland@FIBT.com
NMLS#: 2516079



Member FDIC

FIBT.com

live first

Life and Hope After Stroke

Buffalo, North Dakota woman shares her inspiring story of rehabilitation, recovery

Submitted by American Heart Association

One early June morning, Rose Glasser-Mjor was heading into Buffalo to water the flower gardens she maintains at the 1916 Buffalo High School historic site. She began having trouble keeping her ATV on the road for the three-mile trip into town.

By the time she arrived, Rose couldn't get out of the vehicle and knew she would fall if she tried. She managed to get a text message off to her husband to tell him something was seriously wrong. He raced into town and immediately recognized the signs: Rose was having a stroke. He called 9-1-1, and Rose was transported by ambulance to Fargo for treatment.

For Rose and the one in four adults over the age of 25 who will experience a stroke in their lifetime, there is life – and hope – after stroke. Rehabilitation can build strength, capability and confidence. It can also help someone who experiences a stroke continue daily activities, despite the effects of their stroke.

There are more than 7 million stroke survivors living in the U.S. today. But not all strokes – and not all stroke survivors – are the same. Finding the right rehabilitation plan is vital to recovery after stroke. The American Stroke Association has developed standards to help rehabilitation facilities provide consistent, high-quality care for individuals as they recover from stroke.

Facilities that have agreed to participate in the Association's post-acute stroke standards program agree to follow the Association's treatment guidelines and have made a commitment to providing care that is based on standards aligned with American Stroke Association science and vetted by stroke rehabilitation experts.

Thanks to a wonderful team that included PT, OT, and speech therapists at PAM Health Rehabilitation Hospital in Fargo, one of several North Dakota facilities participating in the Association's post-acute stroke standards program, Rose said she was "treated like a queen" and is now able to walk with a cane.

"I told them from the beginning, 'I don't want to get lost in the system,'" she said. "I want to recover, and I want to be able to hug the people I love with two arms again."

Rose said the team created a rehabilitation plan that was tailored to her unique needs, including small things like angling her entire room to the left to encourage her to work on her weakened eyesight on that side of her body. In addition, Rose's family was able to participate in her rehab sessions, which was incredibly meaningful to her.

"At first, I didn't want anyone to see my therapy sessions," Rose said. "But then I realized that they should see the

difficulty that I'm going through and that I can't do things right now, but I WILL!"

Rose has continued her outpatient therapy and is continuing to make progress towards her goal of regaining additional use on her left side and improving her eyesight, which will enable her to return to her favorite activities and be able to drive again.

"When you have something lifechanging, such as a stroke, you really realize tomorrow's not promised," Rose said. "So enjoy today and make the most of it!"



American
Heart
Association.



American Heart Association
Mission:Lifeline®
Stroke



Elevating Post-Acute Stroke Care in North Dakota

High-quality rehabilitation can help ensure individuals who have experienced stroke can reach their full potential recovery. The American Heart Association is looking for North Dakota facilities interested in elevating their stroke care to participate in our Post-Acute Stroke Standards Program.

As a participant your facility will receive:

- Participation stipend
- Site-specific quality improvement support for stroke recovery, rehabilitation, & secondary prevention
- Collaboration with referring hospitals and other facilities in the North Dakota stroke system of care

Congratulations to the following sites already participating*:

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

For more information:
www.Heart.org/PostAcuteStroke

*Participants as of 12/1/2023

NDMA 2023 ANNUAL MEETING AND LEADERSHIP AWARDS

2023 Annual Meeting & Leadership Awards Ceremony Wrap Up

The 2023 NDMA Annual Meeting Leadership Awards Ceremony did not disappoint. Nearly 100 participants gathered to help celebrate outstanding healthcare leadership in North Dakota.

2023 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.

Nominated with the highest accolades by Dr. Josh Ranum, Dr. Wynne is very deserving of this award.



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

For more than two decades, Dr. Wynne has made public health a priority by advocating for initiatives and programs at both the institutional and individual levels across North Dakota. Advocacy efforts include founding a 5k/10k walk/run – Joggin' with Josh – on the UND campus each September; serving on the North Dakota Department of Health Physician Advisory Group since 2017; and serving Gov. Doug Burgum as the state's Chief Health Strategist.

As an avid supporter of the Grand Forks community, he dedicated his talents by serving on the Community Violence Intervention Center board; and for many years, produced a monthly column entitled Health Matters for the Grand Forks Herald newspaper and took the time to respond to his readers' many health-related questions. Added to his repertoire is also the outstanding job he did serving as UND's interim president while a permanent successor was sought. In this position, Dr. Wynne navigated hurdles with finesse during a time of budget cuts and a global crisis.

Dr. Wynne continues to work tirelessly, devoting his time to the community and the people of North Dakota.

2023-2024 Officers



President
Stephanie K. Dahl, MD
Fargo, ND



Vice President
Parag Kumar, MD
Bismarck, ND



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



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



Past President
Joshua C. Ranum, MD
Hettinger, ND

Congratulations!

Friend of Medicine

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.



Carma Hanson
Altru Health System,
Coordinator for SafeKids

Carma Hanson was nominated by NDMA member and Physician Advisory Group Chair Dr. Joan Connell. Dr. Connell's accolades to Carma's public service efforts are acknowledged by many in both the private and public service sectors. She has made public health a priority by advocating for initiatives and programs such as SafeKids, the Sunshine Hospitality Home, the importance of public safety and seat belt usage, and more.

When it comes to public safety, for 12 years she worked tirelessly advocating for the passage of the primary seat belt law, which passed just this year. Due to her dedication, she was given an honor roll and appreciation award by the Vision Zero conference team in May of this year.

Carma has dedicated her entire life to being passionate about serving the community and advocating for health and has been recognized numerous times for her passion and dedication to helping others.

NDMA COPIC Humanitarian

The North Dakota 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.



Grant Syverson, MD
Sanford Health
Pediatric Rheumatology

Nominated by Make-A-Wish North Dakota, the foundation shares that Dr. Syverson exemplifies what it means to be a humanitarian both within his profession and beyond. His support for Wish Kids has helped them grow and experience life in ways they otherwise wouldn't have.

While many rheumatology patients are unaware that they qualify for a wish, Dr. Syverson has been diligent in referring his patients, allowing them the "opportunity to have opportunities" as he puts it.

Beyond Make-A-Wish, Dr. Syverson volunteers with the Arthritis Foundation in North Dakota, its annual Jingle Bell Run and Camp Sisu for young people with arthritis. He also serves on the board of ShareHouse, which provides Substance Use Disorder (SUD) services to the region, and serves on the Fargo Cass County Board of Health.



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 (1983). Seven physicians were recognized:

Ellen Feldman, MD – Grand Forks

David Field, MD – Bismarck

Craig Kuhlmann, MD – Fargo

Erling Martinson, MD – McVile

William McKinnon, MD – Grand Forks

Keith Rau, MD – Fargo

Marshall Winchester, MD – Grand Fork

Policy Forum

The mission of NDMA is to advocate for physicians, advance 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. The policy forum is strategically designed to increase participation from members on critical policy issues that impact physicians and the care of patients.

What Happens Next

The policy issues were presented and discussed during the 2023 NDMA Annual Meeting then forwarded to the Council for further vetting. The Council met on November 28 to further review and discuss the comments on each policy issue shared during the policy forum. The Council took action and passed the policies.

2023 Policy Forum Topics

To learn more about the adopted policies, go to <https://bitly.ws/37Yyt>

Regulatory Oversight of the Use of Artificial Intelligence for Prior Authorization and Patient Claims

To manage the increasing number of prior authorization requests and payment claims, insurers turn to artificial intelligence (AI) to speed up requests. The use of artificial intelligence can interrupt care, divert resources from patients and complicate medical decision-making.

NDMA should advocate greater regulatory oversight of the use of augmented intelligence for review of patient claims and prior-authorization requests, including whether insurers are using a thorough and fair process.

Adopted November 28, 2023

Physicians' Medical History and Credentialing

Organizations involved in credentialing should only require disclosure of physical or mental health condition when a physician is suffering from any condition that impairs judgment or ability to practice medicine.

NDMA should work with the North Dakota Board of Medicine, the North Dakota Hospital Association, and insurers, to develop policies and strategies to ensure that medical credentialing forms will disclose information that is reasonably needed to address the applicant's current fitness to practice medicine and respect the privacy of physician's protected health information.

Adopted November 28, 2023

Physician Retention

Research indicates that a great clinician resignation lies ahead and predicts a more widespread clinician exodus. The exodus became exasperated by the pandemic, which has driven physician burnout to crisis proportions.

NDMA should create a stakeholder group to closely study physician retention to identify areas that need change and develop recommendations for consideration by the NDMA Council.

Adopted November 28, 2023

Radon Awareness

This invisible gas is the second leading cause of lung cancer and North Dakota is among the highest-risk states for radon exposure. More education is needed to make homeowners, home buyers and sellers aware of the dangers.

NDMA should work with other health care leaders to raise radon awareness in the community and work with other stakeholders to submit a bill for the 2025 session requiring disclosure knowledge of radon testing and mitigation and provide information to buyers and tenants about the dangers of radon and importance of testing.

Adopted November 28, 2023

Medicare Payment Reform

Medicare physician payment effectively declined 26% from 2001 to 2023, even before additional inflation. Congress needs to turn its attention to fixing Medicare so we can preserve access for patients.

NDMA should advocate with our congressional delegation to work with other members of congress to reach a solution to physician reimbursement in Medicare.

Adopted November 28, 2023

Plans of Family Care

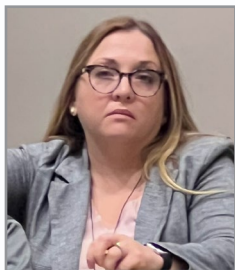
Pregnant, postpartum, and parenting individuals with an opioid use disorder (OUD) or other substance use disorder (SUD) should be encouraged to enter treatment and not suffer punitive actions for starting or continuing treatment, including when medications for opioid use disorder (MOUD) are part of the treatment protocol. Confusion about the difference between "notification" of substance exposure versus a "report" of alleged abuse and neglect often results in a pregnant woman with substance abuse disorder to avoid seeking care for fear of being separated from their children.

NDMA should work with the ND Dept. of Health and Human Services and other partners, including policymakers, to propose legislation in the 2025 session.

Adopted November 28, 2023

Policy Discussion

The 2023 Policy Forum discussion included many great debates to assure the ideas presented would contribute to sound policy. Here are a few photos of the event:



Dr. Ana Tobiasz shared concerns about reporting requirements as it relates to opioid use disorders and pregnant patients. Her goal is to help patients receive the necessary care so both the baby and mother have healthy outcomes.



Dr. Stephanie Dahl stressed the importance of recognizing that radon is a carcinogen and is the second leading cause of lung cancer, after smoking. In North Dakota, there is a need to bring more awareness to communities about the dangers of radon.



Dr. GiGi Goven shared concerns about physician well-being and burn-out prevention.



Dr. Joan Connell shares discussion on the importance of providing care for families with substance use disorders.



Dr. Glenn Thoreson took the mic to share concerns on the importance of maintaining care integrity.



Dr. Tim Mahony provided insight on changes in health care.



Dr. Erik Heitkamp shares concerns about providing care for pregnant moms.

Annual Meeting Social

Historically, NDMA features a social prior to its Annual Meeting. For this year's meeting, the social was hosted by NDMA Third District Medical Society. The event was held at Playmaker's All-American Lounge. Thanks to all those that participated. Here are a few snaps.



Dr. Glaucomflecken

An ophthalmologist, cancer survivor, comedian, and social media sensation

If you don't know who Dr. Glaucomflecken is, it's time to get an introduction and learn why millions of followers gravitate to his comedy through social media channels and in person events.

Dr. Glaucomflecken is the stage name of Dr. Will Flanary, a practicing ophthalmologist from Portland, Oregon. When he isn't performing surgery and caring for patients, he produces videos that pack a punch or two.

Delivered in short skits, Flanary applies a comic twist to the world of medicine by poking fun at himself and other medical specialties and shares what it is like to work in medicine. He plays the roles by himself, with the occasional appearance by his wife, Kristin.

Through his skits, he morphs into several different characters. A bike helmet, jersey and sunglasses transform him into a bike-enthusiast emergency room physician. Donning a phi beta kappa tie and gold-rimmed aviators he steps into the role of neurologist. Slipping on a unicorn headband and passing out safety suckers puts him into the role of pediatrician.

He covers many medical specialty scenarios and has a knack for bringing humor into the picture. For example, when emergency medicine makes numerous phone calls attempting to complete the patient's care plan. The twist on endless attempts to connect with other on-call specialists shows how complex emergency medicine care can be.

The satire runs thick, and a chuckle cannot be resisted. "Sir, I'm sorry I paged you after you already got home and took your pants off. In the future I'll make sure we don't have any cardio-vascular emergencies during your 'no pants' time." The posted videos draw comments from medical professionals, many posting how the core of the message hits home.

Before enrolling in medical school, Dr. Flanary dabbled in comedy by attending late-night open mic events, but priorities changed. Getting into medical school, getting married and having a child shifted his focus to school and family. Then along comes cancer.

He was diagnosed with testicular cancer. A few years later, during his third year of residency, Flanary was diagnosed with testicular cancer a second time. As a coping mechanism, he turned back to comedy. If surviving two bouts of cancer wasn't enough, he encountered another hurdle in 2020 by going into cardiac arrest, a health condition not related to the cancer.

It happened while he was sleeping. His wife performed CPR until an ambulance arrived and resuscitated him. He still does not know the reason why he went into cardiac arrest.

"Joking about my experience was a way I could deal with the stress and the psychological toll of being a young adult going through my health hurdles," he explains. "It helped." That's how it started and today he has over 4 million followers across TikTok, Twitter, Instagram, Facebook, and YouTube.

During his recovery process, through comedy and social media videos he shared his struggles navigating challenges battling his health issues and the issues he encountered with the medical insurance system. To help educate others, this topic became a platform to help raise awareness and advocate for improvements in the system. "I don't have a lot of solutions, but just getting people to recognize the problem is helpful," said Dr. Flanagan.

Bringing Dr. Glaucomflecken to Fargo

It started as a 'what if' discussion brought forward by NDMA First District members. Dr. Eric Heitkamp, vice president of First District, felt that bringing Dr. Glaucomflecken to North Dakota would be an opportunity to share his humor firsthand.

"This is first and foremost about physician wellness," said Dr. Heitkamp. "Humor is a proven method for helping cope with stress."

When long-term stress factors are not addressed it leads to burnout. Ten years of data from a nationwide survey of physicians confirm that burnout rates among physicians have risen to alarming levels.

The study, published in the Mayo Clinic Proceedings, shows that 63 percent of physicians surveyed reported at least one symptom of burnout at the end of 2021 and the beginning of 2022, an increase from 44 percent in 2017 and 46 percent in 2011. Only 30 percent felt satisfied with their work-life balance, compared with 43 percent five years earlier.

Burnout among physicians has been linked to higher rates of alcohol abuse and suicidal ideation, as well as increased medical errors and worse patient outcomes.

The event will be held at the Fargo Theater on April 6 starting at 7:30. Heitkamp said the venue seats up to 870 people and it's his goal to fill the house. "We are hoping to get participation from physicians across the state," said Heitkamp. "If you are a NDMA member your ticket is free."

He encourages physicians to book tickets early to get the best seats in the house.

An event
brought to you by



A NIGHT OF COMEDY

Meet Dr. Glaucomflecken

An ophthalmologist and social media sensation

His "Dr. Glaucomflecken" alter ego began as a creative outlet to tell painfully specific ophthalmology jokes and to cope with his own health challenges. Since then, it has evolved to incorporate satire of the US healthcare system, academic publishing, and the interpersonal conflicts that are pervasive in the medical system. He has become a YouTube sensation and travels the US, bringing comedic relief to a stressed healthcare system.



Saturday, April 6

Fargo Theater

314 Broadway • Fargo, ND

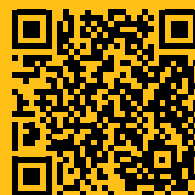
7:30 PM - 8:30 PM

TICKETS

FREE to NDMA Physician Members (\$65 dollar value)

For ticket information go to ndmed.org or scan the code

Ticket sales are exclusive to NDMA members & guests through February 6 at 10 am.
Public onsale begins February 6 after 10 am



BECOME A MEMBER

Go to ndmed.org or contact NDMA at 701-223-9475





Telehealth's Rise and Fall: Navigating the Legal Landscape

VOGEL
Law Firm

Briana L. Rummel
Attorney for Vogel Law Firm

Unsurprisingly, participation in telehealth services increased exponentially in response to the COVID-19 pandemic. Some sources report that the percentage of physicians providing telemedicine in any form increased sixfold from 2018 to 2021. Indeed, telemedicine presents a cost-efficient solution for many and provides an opportunity for increased quality of care accessible to those in currently underserved communities, including those in rural areas. As with any technological advancement, there are also potential challenges posed by telehealth, including technical difficulties, access barriers, and the inability to replicate in-person care and treatment virtually.

The rise in telehealth services occurred in many jurisdictions without telehealth specific regulations or guidance. The law, in turn, played catch-up against a backdrop of ever-increasing remote offerings and the legitimate need for the same. While the reported usage of telehealth services has sharply declined in the last two years, it is clear that virtual care in some form is here to stay. Telehealth also presents important questions regarding which jurisdiction's laws governing telehealth apply and when.

Telemedicine is defined under North Dakota law as the practice of medicine using electronic communication, information technologies, or other means between a licensee, defined to include physicians, resident physicians, or physician assistants licensed to practice in North Dakota, in one location and a patient in another. It includes direct, but remote, patient care, store-and-forward technology, and remote monitoring. North Dakota law explicitly provides that the same standard of care and ethical obligations apply whether practicing traditional in-person medicine or telemedicine. Providers should practice telemedicine only in areas in which they have demonstrated competence, based on education, training, ability and experience, giving consideration to board certifications and specialty group telemedicine standards.

To provide telehealth services, a licensee is first required to establish a bona fide relationship with the patient prior to diagnosis or treatment. This requires, under North Dakota law, an examination or evaluation. While the examination or evaluation may be performed entirely through telemedicine, the examination must be the functional equivalent of an in-person assessment. Importantly, an online questionnaire or audio conversation, without more, do not satisfy this requirement. Alternatively, a licensed provider, practicing within their scope of practice, can conduct an in-person examination or evaluation as an intervening intermediary and report the necessary physical findings to the telehealth provider.

Importantly, those engaging in telemedicine are subject to all North Dakota laws regarding the adequacy, retention, and provision of medical records and must have the ability to make appropriate referrals if necessary, including for emergent care. There are also specific restrictions on prescribing controlled substances via telemedicine of which every provider should be aware. Opioids may only be prescribed through telemedicine if prescribed as an FDA-approved medication assisted treatment for opioid use disorder or to a patient in a hospital or long-term care facility. Licensees prescribing controlled substances via telemedicine must also comply with all governing state and federal laws regarding the prescription of a controlled substance and are required to participate in North Dakota's prescription drug monitoring program.

Expansion of telehealth services may help address provider shortages, extend provider careers, and afford patients alternative and additional platforms to receive quality care they would otherwise not have easy or cost-effective access to. However, in addition to evolving state-specific telehealth regulations, providers should also be sure to carefully consider HIPAA, state privacy laws, CMS regulations regarding reimbursement, and any third-party payor contracts for potential restrictions or limitations reflective of the remote platform before engaging in telemedicine.



Briana Rummel

Angie Lord

Brenda Blazer

OUR PRACTICE PROTECTING YOURS

When you as a healthcare professional need sound legal advice or a strong defense, Vogel attorneys are here to help. Our skilled and experienced team has an exceptional record partnering with physicians, multi-specialty health systems, hospitals, clinics, and other healthcare professionals on legal matters. Use our expertise to assist with:

- // Medical Malpractice Defense
- // Professional Board Matters
- // Risk Management
- // Compliance
- // Administrative Matters
- // Licensing

Bismarck // 701.258.7899

Fargo // 701.237.6983

vogellaw.com

VOGEL
Law Firm

With offices in Fargo and Bismarck, ND, and Moorhead and Minneapolis, MN



Kevin Cramer
North Dakota Senator

Domestic Pharmaceutical Production Supports Providers, Patients, and the Economy

As we have seen so clearly from the events of the past few years, a strong and reliable medical supply chain is necessary to ensure patients and hospitals have the resources needed to provide high-quality care. Supply chain shortages impact just about every industry from toilet paper to pharmaceuticals, and while many items are no longer experiencing such constraints, it is abundantly clear we must make changes to prevent those shortages from happening again. Investing in and supporting our American medical supply chain is not only crucial to provide the necessary medications to hospitals and patients, but also to promote national security and solidify America's global leadership.

Across the country, some patients who need access to antibiotics, attention-deficit/hyperactivity disorder (ADHD) medication, chemotherapy, and other critical drugs, cannot receive much-needed care due to forces outside their control. Drug shortages are frustrating for physicians, pharmacists, and patients alike. They create substantial costs for hospitals and negatively impact health outcomes for patients, neither of which is acceptable.

Much like energy and critical minerals, the U.S. has shifted too much of our medical supply chain to foreign countries like India and adversaries like China. Domestic sourcing of active pharmaceutical ingredients (API) and production of medications returns control of our pharmaceutical supply chain, ensuring patients have uninterrupted access to high-quality, life-saving drugs.

As physicians and pharmacists know well, the vast majority of medicines provided to patients are generic drugs. In fact, in 2021, 90 percent of all prescriptions dispensed in the U.S. were for generic drugs. While they deliver meaningful cost savings for patients, they are increasingly susceptible to shortages. One key challenge in the generic supply chain is the availability of API, the vast majority of which is produced in two countries, China and India. This overreliance on a handful of countries for fundamental materials poses serious risks and must be addressed. We cannot simply trust countries like China and India will be reliable suppliers.

India is often referred to as the “pharmacy to the world” because of its status as a global supplier of affordable medicines. However, in addition to their concerning share of API production, there have been several recent and troubling instances of India failing to maintain effective manufacturing quality management leading to facility closures and delayed treatments. Meanwhile, China has leveraged APIs to exert pressure on trade relationships with countries like the United States. A strong American pharmaceutical supply enhances visibility of the manufacturing process and bolsters supply chain resiliency to counteract lax oversight and trade wars.

China's adversarial and manipulative tactics make it clear we need to strategically decouple from their influence. Last October, I joined U.S. Senators Marco Rubio (R-FL) and Mike Rounds (R-SD) in introducing the Further Strengthening America's Supply Chains and National Security Act to address the growing impacts of generic drug shortages and strengthen the supply chain of domestically produced pharmaceuticals. The bill would also amend the foreign inspection risk factor list to improve oversight of facilities in other countries with questionable quality practices of their drug manufacturing.

We should support domestic pharmaceutical production to avoid reliance on foreign countries with concerning manufacturing quality and unknown motives for something as critical as medications. It is about time we formalize legislation to bolster our own manufacturing workforce and remove the vulnerability from our critical supply chains. This is a win-win-win, for patients, providers, and our economy.

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

It is about time we formalize legislation to bolster our own manufacturing workforce and remove the vulnerability from our critical supply chains.

The Support Act Will Help Those Struggling with Substance Use Disorder



Kelly Armstrong
North Dakota Congressman

Earlier this month, I was honored to support the most comprehensive piece of legislation passed by Congress this session that directly addresses mental health and substance use disorder. H.R. 4541, The Support for Patients and Communities Reauthorization (Support) Act, takes a significant leap in building upon past substance abuse and mental health legislation to ensure the continued funding for vital programs at the forefront of the substance use disorder crisis. These programs include providing funding for residential treatment programs for pregnant and postpartum women, training for first responders, access to overdose reversal agents, resources for individuals in recovery re-entering the workforce, and programs to support children and youth mental health.

A critical piece of this legislation was a bipartisan proposal that I worked on with Congressman Paul Tonko (D-NY). It focuses on making permanent requirements that Medicaid programs cover medication-assisted treatment (MAT) for individuals with substance use disorder. If enacted, this provision would lift unnecessary barriers to treatment for vulnerable populations by promoting sustained access to medication-assisted treatment for Medicaid beneficiaries and access to long-term recovery services for individuals.

A significant component of this vulnerable population is incarcerated or formerly incarcerated individuals. Formerly incarcerated individuals are forty times more likely to die from an overdose than the average American, highlighting the critical importance of extending Medicaid benefits as an essential tool to prevent overdose deaths and decrease recidivism.

Other critical provisions of the Support Act include directing the Department of Health and Human Services (HHS) and the Drug Enforcement Administration (DEA) to issue a special registration process for practitioners to prescribe controlled substances via telemedicine. Additionally, this legislation directs the Food and Drug Administration (FDA) to conduct a review of at-home drug disposal standards and systems to allow people to more effectively dispose of unused drugs to prevent overdose deaths and save lives.

Another crucial part of the legislation is reauthorizing treatment, recovery, and workforce support grants to assist individuals in recovery by helping to increase opportunities for these individuals to reenter the workforce and maintain employment. In FY 2022, North Dakota received nearly \$20M in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), with nearly \$12M directed to substance abuse. Continuing this funding is an integral part of our ability to combat the opioid epidemic, and I am grateful that our state will be able to continue to use these funds to stop the flow of drugs and save lives.

Currently, the bill has passed the House and awaits action in the Senate. If enacted, I am confident that this legislation will be a critical component of our nation's ability to counter the opioid epidemic. While there is no one-size-fits-all solution, I am grateful for the bipartisan support we have received in Congress on this issue to save lives and make our communities safer.

A Place to Call Home: Downtown Fargo Condos

Submitted by EPIC Companies

Your dream home awaits at The Arch, a stunning new building in the heart of downtown Fargo. This seven-story masterpiece has condos for sale on the top three floors.

The Arch offers the perfect opportunity for those who want to live in the heart of the city, but still enjoy the comfort and convenience of a modern home.

With its prime location, residents can access the vibrant downtown area and enjoy the many amenities that Fargo has to offer. Whether you're looking for a night out on the town or simply want to enjoy a quiet evening at home, The Arch is the perfect place to call home.

Each of the condos at The Arch has been designed with the modern homeowner in mind. The spacious living areas are perfect for entertaining guests, while the polished finishes and fixtures provide a sophisticated touch. The private balconies offer breathtaking views of the city, providing the perfect place to relax and unwind.

The Arch has a range of amenities designed to enhance your lifestyle. From heated underground parking to a fitness and community room, convenience is here. And with Taryn, Director of Condominium Sales, on hand to help you find your dream home, there's never been a better time to schedule a showing and see everything that The Arch has to offer.

Condos
BY EPIC

Condos
BY EPIC

CONDOS FOR SALE DOWNTOWN FARGO



300 Main Ave
Fargo, ND



SCHEDULE A SHOWING WITH
TARYN • DIRECTOR OF CONDO SALES
Taryn@EPICCompaniesND.com
701.552.2065



BUY | SELL | INVEST
TRILOGY
REAL ESTATE
LOCATED AT 1010 MAIN AVE FARGO, ND

CONDOSBYEPIC.COM

Strategies to Diversifying Your Investment Portfolio

Submitted by EPIC Companies

At EPIC Companies, we put your money to work for you, and not vice versa! Our goal is to deliver profitable investment strategies with integrity while making it straightforward for you.

Sub-debt is one of our strategies that diversifies your portfolio while providing you with a multitude of benefits.

Enjoy reliable cash flow through monthly dividend distributions with no fees! We believe in keeping it simple and providing you with a predictable stream of income. Investing should be rewarding.

With EPIC, you can expect competitive annual interest rates ranging from 5-8% on your money, depending on your principal investment tier. EPIC makes getting into the real estate investment world easy!

Our sub-debt opportunities require a low cash commitment, allowing for easier access.

We understand your plans change, and life happens. That's why our sub-debt opportunities offer flexibility without exit fees. Allow your investment strategy to adapt with you, with no penalties to you.

Take the leap today and join our simple, successful, and accessible sub-debt opportunities. *Investing is limited to accredited investors only. Contact EPIC's capital team to learn how you can invest with sub-debt.



EPIC COMPANIES HAS **SUB-DEBT OPPORTUNITIES**



CONSISTENT CASH FLOW INCOME

Paid monthly
(with no fees)



5-8% ANNUAL INTEREST

Approximate based
on tiers



HIGH ACCESSIBILITY

Invest with a reasonable
cash commitment



FLEXIBLE TERM

No exit fees

OTHER INVESTMENT VEHICLES EPIC COMPANIES OFFERS

Equity and future REIT offerings

CONTACT OUR CAPITAL TEAM TO GET STARTED TODAY!

701.866.1006
EPICCompaniesND.com

VISION REIT
BY EPIC

**COMING
2024**



*Investing is limited to accredited investors only.

The Importance of Referring to Make-A-Wish

Submitted by Amanda Godfreed
Make-A-Wish North Dakota

Medical professionals across the region have been part of connecting children with critical illnesses to Make-A-Wish North Dakota and their wish-come-true. Thank you! Wish kids live in every corner of the state and all have their own, unique journey, and reason for their wish. Here are a few of the children who have been granted their wish that were referred by their medical care team.

These North Dakota children and more than 1,000 others have had their wishes come true thanks to a caring person in their life referring them to Make-A-Wish North Dakota. We can't thank you enough for being part of that and encourage all medical professionals who know a child that may qualify to visit md.wish.org.



★ REFERRALS START WITH YOU ★

*I wish to go to the
MLB All-Star Game
& Home Run Derby!*

Jack, 17
Stanley
congenital heart disease

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

Make-A-Wish
NORTH DAKOTA

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

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

NEW DEA CERTIFICATE RENEWAL REQUIREMENTS

ARE YOU READY?

Special Discount Available for
North Dakota Medical Association Members!

Use NDMA100 for \$100 Off

[HTTPS://CLINICALOPTIONS.COM/CONTENT/DEA-RESOURCE-CENTER](https://clinicaloptions.com/content/dea-resource-center)



LEARN MORE

WHAT IS IT?

Effective June 27, 2023, the US Drug Enforcement Administration (DEA) requires all DEA license holders to take at least 8 hours of training on opioid or other substance use disorders, as well as the safe pharmacologic management of dental pain, to apply for or renew their DEA certification.

HOW CAN I FULFILL THIS REQUIREMENT?

In partnership with Clinical Care Options (CCO), MMA now offers a comprehensive, DEA-compliant CME course, Controlled Substance Prescribing and Substance Use Disorders. Learn at your own pace on-demand—with expert-led sessions that can be taken whenever, wherever.





Khloe, 12, lives in Fargo and was referred by her child life specialist at Roger Maris Cancer Center. When she first met with her volunteer wish granters, Khloe had a lot of ideas for her wish. She ultimately wished to go to Disney World with her mom and sister because she loves rollercoasters (especially the scary rides), she was excited to see the ocean, meet her favorite characters Lilo and Stitch, and see a lizard! Khloe's wish came true over Halloween 2023, when she and her family enjoyed six exciting, spooky days at the "most magical place on Earth." When Khloe came home, the family shared how they tried to fit a giant Stitch into a suitcase and how they all had to sit on the suitcase to get it shut. Khloe and her family made life-long memories and got to spend a week laughing and being carefree together!

Adalyn, 13, lives in Bismarck and was referred by her pediatrician at Sanford Children's Campus Bismarck. When Addie met with her volunteer wish granters, she talked about meeting professional soccer players or going somewhere warm – who could blame her? Then, she saw Disney's Aulani Resort in Hawaii on TV and knew it was the place for her. Make-A-Wish surprised Addie with a party at her house filled with friends, family, and free ice cream treats, to tell her that her wish was coming true! Addie, her mom, dad, and favorite cousin jetted off across the ocean in July 2023 to go snorkeling, surfing, and meet Disney characters at the resort for six sun-filled days. Most importantly, Addie got to enjoy the magic and whimsy of simply being a kid, not a patient.



Anna, 12, lives in Minot and was referred by her child life specialist at Fairview Masonic Children's Hospital in Minnesota. Anna loves family time and was excited to wish to go to Disneyland to see all the park has to offer, as well as the Pacific Ocean. Anna and her brother rode rides, met movie characters, and dipped their toes in the waves. After coming home, Anna's dad said, "Anna and her brother had a TREMENDOUS experience. A huge thank you to Make-A-Wish for this wonderful wish! A truly terrific and very memorable journey for Anna and our entire family!"

Make-A-Wish ND encourages all medical professionals who know a child that may qualify to visit md.wish.org.

CONNECTION. COMMUNITY. CARRY ON.

DELIVERING BETTER CARE WITH SUPPORT FROM BLUE.

As a care provider, you're leading our state toward better outcomes. Blue Cross Blue Shield of North Dakota is proud to work alongside you to improve the health and well-being of North Dakotans.

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



CARRY BLUE. CARRY ON.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association

NDPHP Is Here To Help!



WHO WE ARE:

North Dakota Professional Health Program, Inc. (NDPHP) is an independent 501(c)(3) non-profit entity established to support potentially impaired healthcare professionals by guiding and monitoring their treatment and recovery.

The NDPHP provides a voluntary, confidential, and non-disciplinary monitoring program to support professionals experiencing potentially impairing conditions such as alcoholism, substance use disorder, mental/behavioral health conditions, and cognitive conditions.

Eligible professionals include:

- Licensees and applicants for licensure with ND Board of Medicine
- Medical and physician assistant students
- Other professionals, on a case-by-case basis

WHAT WE DO:

Educate

Educate healthcare professionals, employers, regulators and administrative agencies, and the public throughout the state of North Dakota.

Monitor

Monitor compliance with recommended treatment and behavioral health plans.

Advocate

Advocate for and support eligible healthcare professionals affected by mental illness and substance use disorders.

NDPHP's monitoring program is designed to encourage early intervention and treatment before the professional's capacity to practice is diminished or they become a risk to patients, the public, or themselves. The program guides and assists potentially impaired professionals to obtain drug, alcohol, mental/behavioral health, and/or cognitive evaluations and the treatment they need to safely practice or return to practice and maintain their license.

HOW TO GET HELP:

There are several ways to contact NDPHP and we can receive referrals from a variety of sources. Healthcare professionals can self-refer by contacting NDPHP directly. The NDPHP can also receive referrals from employers, colleagues and co-workers, and from the ND Board of Medicine.

Once a referral is received, NDPHP will reach out to the healthcare professional to review the circumstances of the referral and to determine if our program is a good fit. NDPHP will gather records, refer for outside evaluation(s), and develop a monitoring agreement outlining any recommendations received. NDPHP will provide guidance and support throughout the process. Privacy is extremely important. All Voluntary involvement with the NDPHP is confidential.

Contact the North Dakota Professional Health Program for additional information or to make a referral at www.ndphp.org, info@ndphp.org, or 701.751.5090.



FARGO CENTER
FOR
DERMATOLOGY

MEDICAL | SURGICAL | AESTHETIC

Don't wait to get your patients in for any of their dermatology needs!
Fargo Center For Dermatology can see all North Dakota patients
through Telehealth or at our clinic! With a Board-Certified
Dermatologist on-site we treat the entire family from infants to seniors!



DR. RACHEL NESS

BOARD-CERTIFIED DERMATOLOGIST



701-478-8780 | FARGODERM.COM

Laughter: A Priceless Medicine

Submitted by Donna Thronson | NDMA Communications Director

Laughter is a priceless medicine that has the power to heal. It is good for the soul because it releases tension and relaxes nerves making it beneficial for emotional and physical well-being.

According to Mayo Clinic medical experts' recent review of literature, data on the positive benefits of laughter continues to increase. Periods of laughter, whether long or short, increases the body's oxygen levels resulting in clearer thinking and allowing the body to let go of tension.

Short-term benefits

Short-term benefits of laughter induce physical changes in the body by:

- Stimulating organs such as the heart, lungs, and muscles by increasing intake of oxygen-rich air and increasing endorphins released by the brain.
- Activating the body's stress response, which impacts heart rate and blood pressure. The result is an invigorating and relaxed feeling.
- Increasing circulation to promote muscle relaxation, which can reduce physical symptoms of stress.

Long-term effects

Long-term benefits of laughter may include:

- An improved immune system: According to research, continuous negative thoughts expose a chemical reaction in the body by increasing stress into your system, which ultimately decreases the body's immune system. By contrast, positive thoughts release neuropeptides that fight stress and more-serious illnesses.
- A natural pain reliever: Laughter creates a release of endorphins – the body's natural painkiller - that can ease pain and generate feelings of well-being.
- Increased contentment: Laughter can make coping with difficult situations easier and may help improve personal connections.

For some serious laughter, join NDMA and First District on April 6 at the Fargo Theater to see Dr. Glaucomflecken in action.

From ophthalmologist by day to a social media sensation by night, Dr. Glaucomflecken leaves his mark by making a difference through his humorous short skits of medical parody. Through personal experience, he strongly believes in the importance of laughter, especially when facing hardships.



Tickets are free to NDMA members (\$65 value). For ticket information visit ndmed.org or scan the code to learn more.

Improve your sense of humor

- Identify what makes you laugh: Figure out what type of comedy appeals to you most. Some resources to use can be social media channels, comic strips, books or photos. Keep a file for easy reference for when you need an added boost of humor.
- Be social: Spend time with people who make you laugh. The more laughter you bring into your life, the happier you will be as well as those around you.

References

- Savage BM, Lujan HL, Thipparthi RR, DiCarlo SE. Humor, laughter, learning, and health! A brief review. *Adv Physiol Educ* 2017;41(3):341-347.
- Create joy and satisfaction. Mental Health America. <http://www.mentalhealthamerica.net/create-joy-and-satisfaction>. [Accessed December 3, 2021.]
- Yim J. Therapeutic benefits of laughter in mental health: A theoretical review. *Tohoku J Exp Med* 2016;239(3):243-249.
- Lopes-Júnior LC, Bomfim E, Olson K, et al. Effectiveness of hospital clowns for symptom management in paediatrics: systematic review of randomised and non-randomised controlled trials. *BMJ* 2020;371:m4290
- Fujiwara Y, Okamura H. Hearing laughter improves the recovery process of the autonomic nervous system after a stress-loading task: A randomized controlled trial. *Biopsychosoc Med* 2018;12:22.
- Cha MY, Hong HS. Effect and path analysis of laughter therapy on serotonin, depression and quality of life in middle-aged women. *J Korean Acad Nurs* 2015;45(2):221-230.
- Manninen S, Tuominen L, Dunbar RI, et al. Social laughter triggers endogenous opioid release in humans. *J Neurosci* 2017;37(25):6125-6131.





**SERVE YOUR
PATIENTS
WHILE YOU
SERVE YOUR
COUNTRY.**

That's the Army difference. As a family medicine physician on the U.S. Army healthcare team, you'll serve the needs of Soldiers and family members in your military community. Support humanitarian missions, train and lead your own medical team at a military field hospital, or work in one of our state-of-the-art medical facilities. To learn about the variety of career opportunities in Army medicine, visit www.goarmy.com/info.html?iom=BOLU

Learn about the benefits of being an Army medical professional by visiting goarmy.com/AMEDD, to speak with a virtual recruiter call 502-851-5872/502-314-6548 or email usarmy.knox.usarec.list.9cv1@army.mil

Scan Me



To See Life As An
Army Physician!



New Treatment Signifies a Significant Leap Forward in Cancer Care

Submitted by Bismarck Cancer Center

As the year marked by significant strides in cancer care comes to a close, the Bismarck Cancer Center bids farewell to 2023, reflecting on the successes of the past year. Noteworthy efforts include the introduction of HDR Skin Brachytherapy, a groundbreaking skin cancer treatment, and the positive impact of Press Ganey surveys in shaping patient-centric care.

In the realm of cancer treatment innovation, the Bismarck Cancer Center witnessed the introduction of HDR Skin Brachytherapy, offering a precise and minimally invasive alternative for selected skin cancer patients. This approach, distinct from traditional surgery, targets tumors with concentrated radiation, minimizing side effects and sparing surrounding tissues. Particularly effective for superficial skin cancers like basal and squamous cell carcinoma, the treatment signifies a significant leap forward in cancer care, boasting reduced treatment times, outpatient options, and minimal side effects.

Dedicated to enhancing patient experiences, the Bismarck Cancer Center turned to Press Ganey for insights, utilizing patient surveys during radiation treatments. The 2nd quarter of 2023 revealed exceptional results, with a perfect 100% score in categories such as Care Coordination Among Doctors and Caregivers, Likelihood to Recommend, and Care Given at the Cancer Center.

The overall score reached an impressive 99%, underscoring the center's unwavering commitment to excellence.

In addition, the Bismarck Cancer Center Foundation (BCCF) celebrated a successful 2023, offering dedicated support to individuals undergoing radiation therapy. With an ability to allocate \$0.97 of every raised dollar directly into patient services, the foundation ensured access to comprehensive "wrap-around services," addressing the mind, body, and spirit. Established in 2007, the BCCF focuses on providing services such as lodging and transportation assistance, massage and physical therapy, dietary care, emotional and spiritual support, survivorship care plans, yoga, art classes, and more. The foundation attributes its success to the generosity of the Bismarck-Mandan and surrounding communities.

The community's strong support shows a commitment to bettering cancer care, inspiring hope and resilience. This dedication continues, ensuring the region receives top-notch cancer care and support services.



**YOUR FIGHT,
OUR FOCUS.**
PERSONALIZED CANCER CARE



bismarckcancercenter.com | 701-222-6100

Dakota Geriatric Workforce Enhancement Program

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



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

Learn Geriatrics through Telementoring

ECHO Geriatrics

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



On-Demand Geriatrics Curriculum

Gerochampion

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



Interprofessional Geriatric Webinars

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



Age-Friendly Healthcare Microlearning

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



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

Connect with us on social media.



@Age_friendly



@Dakota_GWEP

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



Artificial Intelligence in Medicine

Alan Lembitz, M.D.

COPIC Department of Patient Safety and Risk Management

The use of artificial intelligence (AI) applications is the most important new information technology in decades that will change health care. This creates an ongoing necessity for health care systems to regularly assess the impact and risks of AI as its development and deployment is outpacing legal, medical, and business changes. The implications carry enormous benefits, risks, and unforeseen consequences.

Medical providers are already using AI and adoption/experimentation is accelerating. AI will be able to assist with just about every cognitive task a health care provider performs. Their interactive dialog capabilities can be used for patient interactions such as prescription management, diagnosing conditions, performing risk assessments, and referrals. Some patients will be more comfortable interacting with AI than humans with respect to sensitive issues. Many are likely to have already interacted with a diagnostic AI tool online prior to seeing a health care professional.

Providers might also use AI to help them in the informed consent process, disclosures of outcomes and results, adverse event reporting, summarizing records and incoming reports, reviewing results, and creating task lists and reminders. The following highlights four potential uses of AI, benefits and risks, and some strategies to address those risks.

Virtual scribing and clinical documentation— The benefits of using a tool to quickly and accurately generate a record of clinical interactions are obvious. Patients will need to be aware of and consent to the use of the recording devices in place to generate the records. Providers will need to learn to “narrate their examinations” to populate the record. A policy to erase the work product of the recording at regular, short intervals, as well as open access to the final record generated from that work product will help allay patients’ fears about how their information was captured and what is going in their permanent medical record.

The need to provide the processes required by the Cures Act will be even more important. One can also predict that patients’ awareness of the record and their requests to edit, amend, or delete materials in it will increase and the provider or their staff will need to be cognizant of the necessary HIPAA processes and documentation.

Finally, and most importantly, given how AI works and its inherent ability to produce fluent but possibly inaccurate, misleading, or even harmful output, the provider will absolutely need to read and verify the content of the notes generated by AI. The option of “dictated but not read,” in this case becomes “AI generated but not read” and will not be an accepted practice.

Office administration tasks— Much of office administration will have AI tools adaptable to everyday practice in the near future. The need to accurately assign a visit, schedule its length, collect the necessary pre-visit information, obtain authorizations, etc. will be adopted quickly by short-staffed practices and systems. The interactions with third party payors are likely to be highly automated on their end, which will necessitate efficient and accurate automation on the provider side. Generating requests for authorization can be done effectively by AI as it becomes more adept at extracting from EHRs.

Office triage and AI telemedicine clinical assessment— Phone triage and pre-visit clinical assessment has the ability to become very automated. This will be more sophisticated than the current algorithmically generated barrage of questions and will be able to process open-ended speech and generate interactions that will look surprisingly human. Awareness that this is being done via AI will be necessary for the patient, and the option to reach a human should be made available. Plus, the documentation from that interaction will need to be audited to ensure that the system is performing as expected.

Ultimately the machine-generated clinical assessment will be the work product of licensed providers, and the responsibility and liability will likely rest with them, however, issues of product liability will arise and create new concerns around responsibility for errors.

Risk stratification and payor premium pricing for patients, providers, and facilities— As payors increasingly adopt AI tools and access to the entire population’s data and outcomes becomes available and sortable (by patient, provider, facility, region, specialty, or any other meaningful criterion), there will be inevitable ranking and quality measures of providers and facilities. This will further drive the capture of clinical data by AI tools on the provider and facility side. There might be some increased efficiency in the capture of value-based purchasing and other quality measures, but that will likely be offset by the sheer increase in the numbers of such measures. “If you can measure it, you can adjust the payment for it” might be Edwards Deming’s new adaptation of the measure and manage mantra.





BEYOND COVERAGE

COPIC's premier medical liability insurance offers comprehensive support built on unparalleled expertise and decades of experience. We share our knowledge through meaningful CME/CNE education, an extensive library of resources, in-depth site visits, and more. All of which help you avoid risks, improve practice protocols, and solve urgent issues quickly.
That's Value Beyond Coverage.

COPIC is proud to be the endorsed carrier of the North Dakota Medical Association. NDMA members may be eligible for a 10% premium discount.

 **COPIC**[®]
Better Medicine • Better Lives

[CALLCOPIC.COM](https://callcopic.com) | 800.421.1834

North Dakota Physician

North Dakota Medical Association

1622 E Interstate Avenue
Bismarck, ND 58503-0512

PRSRT STD
U.S. Postage
PAID
Bismarck, ND
Permit #433

ARE YOU WORRIED ABOUT YOUR WELLBEING?

Mental Health

- Substance Use
- Burnout
- Cognitive Concerns
- Mental Illness
- Boundary Violations

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.

NORTH DAKOTA

PROFESSIONAL HEALTH PROGRAM

is a voluntary, confidential, non-disciplinary monitoring program to support professionals experiencing potentially impairing conditions to obtain drug, alcohol, mental/behavioral health, and/or cognitive evaluations and the treatment they need.

NDPHP's program is designed to encourage early intervention and treatment before the professional's capacity to practice is diminished or they become a risk to patients, the public, or themselves.

We are here to help.



NORTH DAKOTA
PROFESSIONAL HEALTH PROGRAM

Your Partner in the Process

info@ndphp.org | www.ndphp.org
701.751.5090 | 701.751.7518 fax
919 S. 7th St. Suite 305 | Bismarck, ND