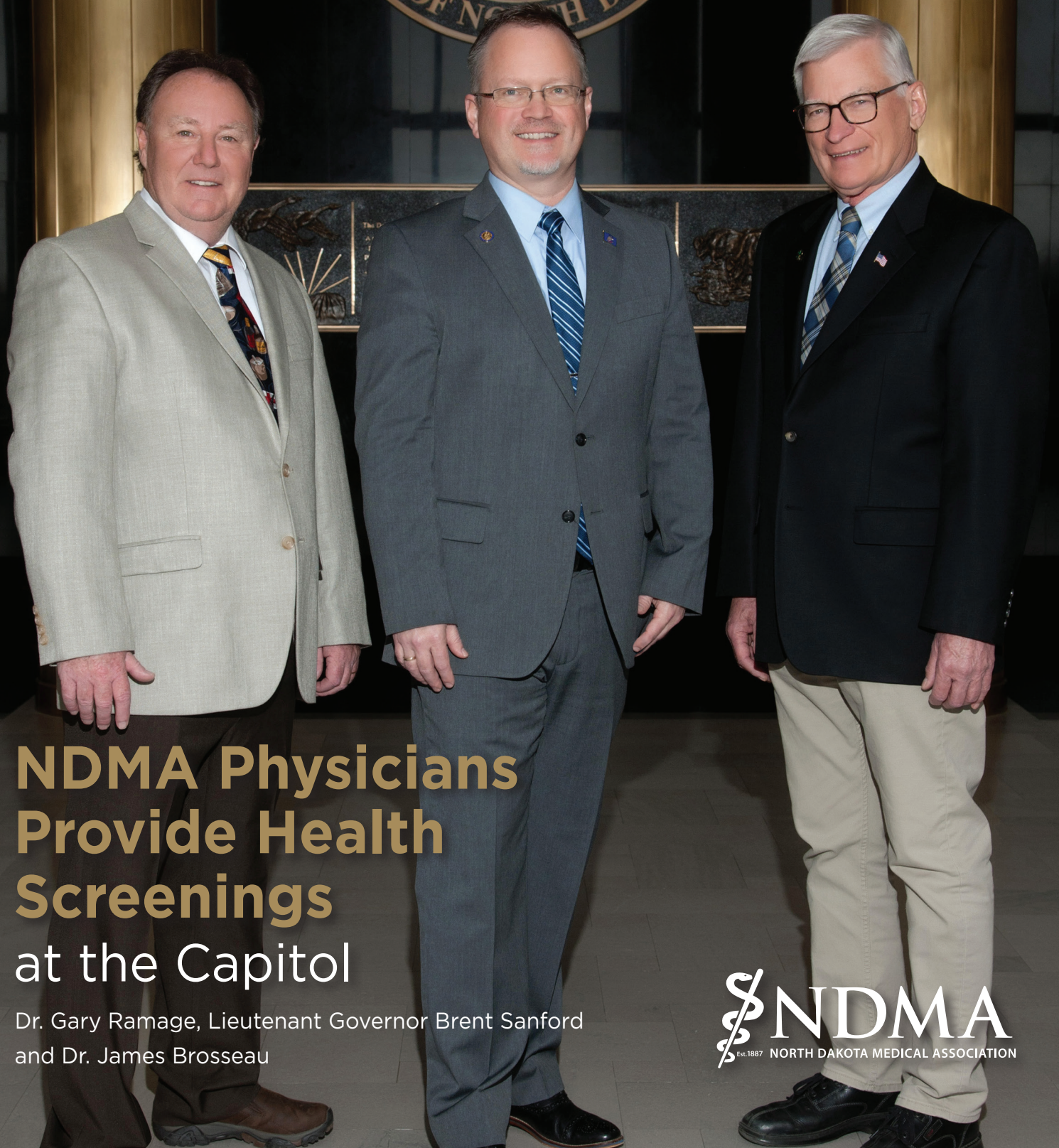


# North Dakota Physician

SUMMER 2021



## NDMA Physicians Provide Health Screenings at the Capitol

Dr. Gary Ramage, Lieutenant Governor Brent Sanford  
and Dr. James Brosseau

 **NDMA**  
EST. 1887 NORTH DAKOTA MEDICAL ASSOCIATION



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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# Advocating for Policy

**Misty Anderson, DO**  
NDMA PRESIDENT

**T**his summer brings a fresh approach compared to a year ago. The 67th legislative session has concluded and in person schools have adjourned for the summer. Instead of elective surgeries being postponed, patients are now catching up on pandemic-delayed healthcare. This demand creates an impact on our hospitals as they near capacity. Fortunately, this time around it is not due to high COVID cases. Physicians across the state continue to work on the front lines—not by acquiring personal protective equipment, but by promoting vaccinations. Life, in many ways, is getting back to a new normal and we have fortunately learned how to better manage prevention and care along the way.

## Advocating is vital to protecting physician practices and patient care

It has been an honor to serve as NDMA President and advocate for health care through this past legislative session. Advocating is vital to protecting physician practices and patient care and this session was particularly difficult as there were many pandemic-related bills that targeted physician practices. For instance, many of the vaccine-related bills had the potential to infringe on the physician/patient relationship and would have added unnecessary burdens on how providers educate patients and administer vaccinations. Another bill would have prevented an employer to require immunizations. It is good to know that

advocacy can make a difference, as all eight anti-vaccine bills were fortunately defeated.

Scope of practice bills also presented some challenges. A bill that was targeted to expanded naturopaths' scope of practice by allowing a naturopath to prescribe prescription medications was successfully defeated. It came with considerable challenges, as the bill passed the Senate but was defeated in the House. Another bill had the potential to expand the scope of practice for chiropractors by allowing chiropractors to conduct sports physicals, but that stipulation was successfully removed from that bill.

Other top priorities at the legislative session included Medicaid expansion, UND School of Medicine funding, liability protection for COVID-19, Maternal Mortality Review Committee funding (MMRC), and telemedicine payment parity. All of these priority bills had positive outcomes, with the exception of telemedicine parity. We also advocated for expanded coverage of Medicaid services: continuous glucose monitoring devices, metabolic supplements, and provider reimbursement of interpretive services.

Advocacy is the key to keeping our medical practices strong. To continue to safeguard quality care, we must take a stance on issues that impact medicine such as scope of practice, such as independent judgement of physicians, public health, patient safety, and insurance coverage.

One might question if advocating can make a difference and the answer is yes. We are impacted many times a day by state and federal regulations. Most elected officials will listen to our expertise on particular

bills. Even though they may not always vote in our favor, we are providing them with information to help make more informed decisions. Unfortunately, many policies these days have a lot of underlying political tension. To gain most favorable policy results, it is important for policy makers to understand how health care policy impacts patient care. When a policy maker understands this key element, policy decisions will have a more favorable outcome.

In North Dakota, rural physicians in particular care for many of the constituents of their representatives. We can send correspondence usually through email to outline why we feel a particular bill is good or bad. If we are not involved in the conversations about legislation that affects health care, others will be and their reasons and interests for advocating may not align with ours.

In conclusion, this past year has brought about many changes in the way we deliver health care and the way we communicate with our patients. I have had more patients suffer from anxiety and depression than ever before. The news each day seems to bring more unsettling stories of hate and divide. I have witnessed antimasking from other physicians. I try to remind people that we are doing these things to promote public health and safety and that we don't need class 1 grade A evidence to do that for something as simple as wearing a mask to the grocery store. Promoting racial health equity and equality for all patients in our practices is a philosophy that we should all try to strive for, and being kind to others first, like we teach our children, will go a long way at a time when many people are already struggling.

## 67th LEGISLATIVE ROUNDUP

The 67th legislative session gaveled in on its final day Friday, April 30th, just four days short of the 80-day maximum set by the North Dakota Constitution. Typically, legislators set aside a few days each session to allow flexibility in using the remainder of the dates to address other issues that may arise. This year, the intent is to use the extra days to approve changes made to legislative districts, called re-districting.

It is important to know that although the session included intense debates on many issues, this was not a budget-strapped session, thanks to the additional COVID-19 federal funds. The total state budget for the 2021-23 biennium settled in at \$16.9 billion - \$3.2 billion more than the previous biennium. Some statewide large-scale projects given funding included infrastructure for flood control, revolving loan funds, highway funds and agriculture product developments.

On the NDMA front, 197 bills were tracked that had the possibility to impact the field of medicine, physician practices and how we care for patients. The session resulted in many notable successes as well as some losses. The losses do not represent failure but serve as opportunities to move forward into the next legislative session. Before you can blink an eye, the 68th session will be upon us. It is never too early to begin planning.

### Notable Successes: high priorities

#### Medicaid and Medicaid Expansion: HB 1012

- North Dakota's Medicaid Expansion program was passed by the 2013 legislature and since then, the program is reviewed each biennium to determine reimbursement rates. NDMA is pleased to report that Medicaid Expansion rates will remain at the existing rates at the budgeted amount of \$703 million. In addition, the automatic expiration of the Medicaid Expansion program – the sunset – was repealed.
- Inflationary increase for providers impacted by Medicaid fee schedules:
  - o 2% increase: July 2021
  - o 25% increase: July 2022
  - o Legislature may consider an additional second year inflationary increase based on extension of COVID-19 enhanced Federal Medical Assistance Percentage (FMAP)

#### Medicaid Reimbursement will be Expanded to Include

- Interpreter services
- Continuous glucose monitors
- Metabolic supplements
- Community emergency medical services personnel

#### More on Medicaid

- Individuals aged 19 and 20 will be taken out of Medicaid Expansion and served by traditional Medicaid.
- Funding for the substance use disorder voucher program more than doubled from current funding of \$8 million to \$17 million for the 2021-23 biennium. This is an important investment as funds for this program were depleted one year into the biennium, creating a one-year short fall of services for those who can't afford treatment.
- Tribal FMAP share was changed to 80/20 for care given under the tribal care coordinated agreements.

#### UND School of Medicine and Health Sciences: HB 2003

- Needs based budget was approved and passed.
- UND School of Medicine & Health Sciences Challenge Grants reinstated: previously, UND SMHS was ineligible for the state's 2-1 matching challenge grant program. The eligibility was reinstated for the medical school with a budget of \$1.5 million: SB 2030.



#### Maternal Mortality Review Committee

- The Maternal Mortality Review Committee (MMRC) will be placed under the state's domain, granting the board more authority to investigate the causes of pregnancy-related deaths. The committee, founded in 1954, has historically operated through the ND Society OB-GYN.
- Bringing the committee under the state's umbrella will enhance its ability to identify, explain and categorize maternal death and initiate corrective measures to reduce maternal mortality in North Dakota. It will result in better communication with the Centers for Disease



The MMRC bill was given a photo finish with Governor Doug Burgum as the bill was signed into law. Seated to the left of Governor Burgum is Dr. Tom Arnold, who provided compelling testimony to support the bill's passage.



Control and Prevention, other states, and provide immunity. MMRC will be housed with the UND School of Medicine & Health Sciences OB-GYN department.

### COVID-19 Liability Relief

- Initiated by the Greater ND Chamber and supported by 30 associations, this large umbrella relief bill provides immunity for businesses with specific provisions to protect healthcare.



NDMA Executive Director Courtney Koebele was asked to participate in the Governor's bill signing of the COVID-19 Liability Relief bill.

### Licensure of Extended Stay Centers

- This allows patients to stay an additional 24 hours, or up to 48 hours, in a facility affiliated with an existing Ambulatory Surgical Center (ASC). The 48-hour window allows for increased patient care and can present opportunities to expand patient services into more rural areas, providing for closer-to-home services. ASCs are facilities that provide surgeries that do not require hospital admission.

## Scope of Practice

### Chiropractors Expansion of Scope of Practice: Conducting Sports Physicals

- This chiropractic board bill included language that would have expanded the scope of practice for chiropractors by allowing chiropractors to conduct sports physicals. This section was successfully amended and removed from the bill, which is a huge success for ensuring safe patient care.



Dr. Parag Kumar educated the committee on reasons why the proposed chiropractic scope expansion could result in more harm than good by the possibility of overlooking serious medical conditions detected by a qualified medical provider.

### Alternative Health Care

- This bill provided for the creation of complementary or alternative care. Although the bill provided what the individual is NOT allowed to do, it did not otherwise define the scope of practice of what a person can do, or otherwise define "complementary or alternative care."
- Successfully defeated.

### Physical Therapists

- Physical therapists can now order x-rays: SB 2122.

### Naturopath Scope of Practice Expansion - Prescription Drug Prescribing

- The bill proposed to allowed naturopaths to prescribe, dispense and administer all prescription drugs. A later amendment changed the parameters to a narrower level, allowing prescribing and dispensing privileges for testosterone and legend (non-scheduled) drugs.
- Successfully defeated.

### Pharmacists

- Pharmacists can give vaccinations to persons ages 3 and older.
- State Board of Pharmacy may allow limited prescribing authority for public health issues: SB 2221.
- Pharmacists can administer COVID-19 tests: HB 1492.



NDMA Director Courtney Koebele (left), Dr. Gabriela Balf-Soran (center) and Dr. Parag Kumar educated the committee on reasons why scope expansion to include prescription drugs can have serious consequences without proper education.

## Telehealth Payment Parity

- North Dakota does have telehealth *coverage* parity but falls short in payment parity. In North Dakota, telehealth services are typically reimbursed less than in person rates, sometimes as high as 40% less.
- Payment parity – or equal reimbursement rates - would ensure patients have increased access to timely, value-based, and integrated care, especially for rural and underserved communities throughout the state.
- The Senate amended the bill into a mandatory study; when the bill crossed over to the House, a payment parity pilot project was added to the bill.
- Unfortunately, the opposition from payors, including a \$2.5 million fiscal note from the ND Public Employees Retirement System (ND PERS) defeated the bill.
- NDMA, along with 16 other organizations and partners, supported efforts for telehealth payment parity. To date, 14 states have provided for telehealth payment parity.
- We have more work to do. Telehealth was selected for an interim study through ND Legislative Management, which can provide more insight into actual costs for implementing payment parity.

## Medical Care

### Expansion of Fertility Benefits in the ND Public Employee Retirement System

- NDMA supported this expansion of benefits, however the fiscal note to expand the services was not favorable: HB 1147 – Failed.

## Assault Against a Health Care Provider

- This is an issue from past legislative sessions and most recently discussed in 2017. The bill proposed to add further protections for health care providers from violence in the workplace. Although health care workers are already a protected class for bodily fluid assault, this bill would have applied a higher level of penalty for an assault on a health care worker. This is of particular importance since assaults in the workplace are escalating.
- NDMA partnered with Sanford Health to help elevate the importance of further protecting health care workers: SB 2268 – Failed.

## End-of-Life Physician Assisted Suicide

- NDMA has existing policy opposing physician assisted suicide and euthanasia: HB 1415 – Failed.

## Promoting the Commission of an Abortion:

- This bill obstructed the way physicians care for patients and criminalized counseling: a person that intentionally or knowingly aids, abets, facilitates, solicits, or incites another person to commit an abortion is guilty of a class C felony: HB 1313 – Failed.

## Relating to Freedom of Choice for Health Care Services (also known as “any willing provider”)

- The intent of the Freedom of Choice bill was to expand a patient's ability to choose their own health care provider, as long as the provider accepts the patient's health plan rates, along with terms and conditions established by the health insurer.
- The bill was amended into a study, which was approved through ND Legislative Management, and will focus on broad and narrow networks, consumer choice-of-provider implications, and premium differentials offered between broad and narrow networks: HB 1465 – Passed as a study.



Dr. Duncan Ackerman, orthopaedic surgeon at The Bismarck Bone and Joint Center, was instrumental in initiating the Freedom of Choice for Health Care Services bill and shared testimony on why giving patients an option to choose providers can result in better health care.

## Pharmacy

### Biosimilars

- The biosimilar law was clarified allowing substitution by a pharmacist only if the biosimilar is classified as an interchangeable and requiring a 2-day notice to the prescriber; prescribers also have the option to request ‘brand necessary’ for a biologic drug, which supersedes a biosimilar substitution.
- The bill originally required a pharmacist to provide a notice through a medical record update.
- The bill was later amended to require that the substitution is communicated through a direct prescriber contact, which NDMA supported: HB 1033 – Passed.

### Transparency

- Provides for drug manufacturers to disclose wholesale acquisition costs.

- Pharmacy benefits managers must report certain information to the insurance commissioner, such as aggregated rebates, fees, price protection payments.
- Health insurers must report certain information to the insurance commissioner, such as most frequently prescribed drugs.
- Insurance commissioner shall develop a website to publish information: HB 1032 – Passed.

## Importation

- This bill began as a direct drug importation program but was overhauled to a legislative study of drug pricing, prescription drug importation, the role of pharmacy benefit managers (PBMs) in drug pricing, and reference pricing: SB 2212.

## Epinephrine Prescription

- A health care professional may directly or by standing order prescribe and dispense epinephrine if training is provided. The healthcare professional is immune from civil and criminal liability and professional discipline: SB 2248.

## Public Health

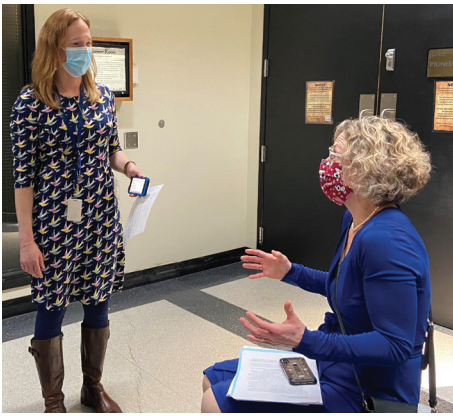
- Breastfeeding now is not required to be in a discreet and modest manner: HB 1105.
- Electrical bike users under 18 must wear a helmet: HB 1148.
- Needle exchange law was amended to include supplies: HB 1163.
- Nursing home residents have the right to electronic communication: HB 1343.
- Ambulance and firefighters on duty may carry concealed firearms: HB 1463.
- Facilities with more than 25 mandatory reporters may appoint an agent to report for the facility regarding child abuse incidents: SB 2083.
- Unaccompanied minors can consent to health care: SB 2265.
- Sexual Assault kits will be tracked in the state: SB 2281.
- Transgender sports: HB 1298 – Passed, Vetoed, Veto was not overridden. Failed.

## Civil Commitment

- Involuntary treatment: Expert examiner report for preliminary hearing must be sent to the petitioner and respondent at the same time it is filed with the court. Except for good cause, the court may not consider medical records unless the respondent receives them at least 24 hours before the hearing.
- A respondent's refusal to attend a civil commitment hearing is presumed to be a waiver of the right to be present. An order for involuntary treatment following a preliminary hearing may not exceed 14 days. An order following a treatment hearing may not exceed 90 days.

**NDMA tracked 197 bills**  
that had the possibility to  
impact the field of medicine.





NDMA president Dr. Misty Anderson and NDMA member Dr. Joan Connell huddle before providing committee testimony on vaccine bills.

## Vaccines

**This session proved to be eventful in the vaccine arena, as there were nine bills that encompassed this issue. The following vaccine bills were successfully defeated:**

- Relating to employer immunity for communicable diseases and mandatory immunizations.
- Interrelationship between sudden infant death syndrome, vaccines, and autism.
- Prohibit public accommodations from refusing services to an individual because the individual has not been vaccinated; and to provide a penalty.
- Relating to limitations on vaccinations requirements.
- Liability for medical products.
- Immunization exemptions.
- Informed consent and notice of risks associated with vaccines.
- Relating to exemptions from vaccine requirements before admission to school.

## Vaccine Passport Amendment

**As tensions escalated among a group of legislators to safeguard freedoms, a late-in-the-game amendment was applied to an unrelated bill. This bill passed.**

- No government entity or private business may require documentation of an individual's vaccination status; the presence of pathogens, antigens, or antibodies; or an individual's post-transmission recovery status.
- This does not apply to a health care provider including a long-term care provider.
- Only applies to EUA vaccination status.
- Does not apply to K-12 or higher education institutions.
- Does not apply during a public health emergency.

## Marijuana

**Recreational and edible marijuana bills failed. Two medical marijuana housekeeping bills passed, resulting in the following changes**

- ND Department of Health can waive the requirement of a criminal history record check of a designated caregiver assisting a registered qualifying patient whose debilitating medical condition is a terminal illness. The designated caregiver card issued under the waiver is valid for up to six months.

- If a health care provider moves to a location where it is not suitable to continue a bona fide provider-patient relationship, the qualifying patient has 60 days to establish care with a new health care provider.
- Limits an individual/organization from having an ownership interest in more than one manufacturing facility or more than four dispensaries.
- Removes the \$50 designated caregiver application fee.
- Increases the number of designated caregivers a qualifying patient may have from one to five.
- Modifies the membership of the Medical Marijuana Advisory Board.

## Changes to Governor and State Health Officer Emergency Powers

### No Mask Mandate by Governor and State Health Officer

- This bill originally prohibited any state or local official from imposing a mask mandate.
- Amended to prohibit the Governor or State Health Officer to impose a mask mandate and overrules State Health Officer duties in N.D.C.C. 23-01-05.
- Passed; then vetoed by the Governor; Veto was over-ridden; Passed

### Governor's Authority to Issue Executive Orders and the Authority of the State Health Officer During a Disaster or Emergency

- If the Governor declares an emergency and the legislature is not in session, ND Legislative Management may vote on whether to request the governor call a special session. If the governor does not call a special session within seven days of a request, the disaster or emergency terminates 30 days later.
- State Health Officer's written order is limited to the geographical area affected by a communicable disease unless the Governor declares a statewide disaster or emergency and the Governor consents.
- The order is limited in duration to the duration of the declared disaster or emergency unless earlier terminated.
- Two other bills provided that the Governor's emergency orders cannot limit sale of alcoholic beverages and required the State Health Officer to be a physician (MD or DO) with public health experience.

### Relating to Merging of the State Department of Health and Department of Human Services

- Major policy change: The director for the ND Department of Human Services will be the lead of the combined agencies.
- The State Health Officer will continue to be a member of the Governor's Cabinet and appointed by the Governor.
- The bill passed and the merger becomes effective September 1, 2022.

## Tobacco

- Prohibition of an individual under twenty-one years of age from purchasing, possessing, or using tobacco products or electronic smoking devices: Passed.
- Relating to an increase in the tax on cigarettes: \$66 million increase to state general fund: Failed.
- Relating to the tax imposed on cigarettes and tobacco products: \$89 million increase to state general fund. Failed.



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# McKenzie County Healthcare Systems Provides Legislators with Health Screenings

During the 67th legislative session, a much sought-after program was brought back to the capitol to provide health assessments for legislators and their staff. The event, courtesy of McKenzie Healthcare Systems and the North Dakota Medical Association's Doctor of the Day program, provided diagnostic screenings to well over 200 participants.

During the event, North Dakota Lieutenant Governor Brent Sanford made an appearance to show his support for the program. The three-person dynamic team consisted of Dr. James Brosseau, Dr. Gary Ramage and nurse Lisa Iverson. The team not only did a quick diagnostic health overview for participants, but also took the time to answer any concerning health-related questions.

When it comes to patient care, taking the time to listen is paramount to assure a minor issue does not evolve into something more critical. This event reinforces the importance of preventative care – or annual checkups – and serves as a reminder on the importance of vaccinations.

Dr. James Brosseau has been making the trip to the capitol to conduct health screenings for many years and enjoys the opportunity to visit with legislators. "It is an honor and privilege for me to serve in this setting," he said. "In addition to providing health care services, it allows me to have conversations with legislators on important health care issues."

The event is of particular importance to address health issues during a time when many legislators and staff do not allocate time for preventive care, particularly during stressful situations such as working long hours along with a heavy stress load of debating issues – these situations take a tremendous toll on health, both mentally and physically.



This dynamic McKenzie County Healthcare team didn't miss a beat as the highly synchronized team served over 200 legislators and staff.



ND Lieutenant Governor Brent Sanford receives a health screening from Dr. Ramage.



The McKenzie Healthcare System Dynamic Trio: Dr. Gary Ramage, Nurse Lisa Iverson and Dr. James Brosseau.



Representative Karla Rose Hanson; Kathy Wachter, administrative assistant to the Senate minority leader; and Dr. Gary Ramage.



Senator Judy Lee and Dr. Brosseau.



# UND School of Medicine & Health Sciences

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

**U**ND and the School of Medicine & Health Sciences recently held commencement ceremonies for 75 graduating medical students and over 200 health sciences students who will soon become the healthcare providers of the future. As we wish them all the best and look forward with anticipation to the incoming class of first-year students who will arrive this summer and fall, it might be useful to look back – and forward. For the past 15 months, the School's activities continued – we educated students, did research and scholarship, and served the people of North Dakota through a variety of service programs, despite the worst pandemic in over a century. But the School would not have been able to keep up its educational, discovery, and service missions as well as it did without the incredible grit, determination, dedication, and perseverance of our faculty, staff, and students. Sincere thanks and gratitude to all!

I'd like to thank in particular the many clinical faculty members throughout the state who help educate our medical students. We truly could not do it without your kind help! More than two out of three of all of the physicians in North Dakota are clinical (voluntary) faculty members at the School. Although we thank all who give so generously of their time, experience, and expertise, each year we recognize special contributors with two awards. These awards were announced during the recent medical student commencement ceremony. The first is the Dean's Recognition Award for Outstanding Volunteer Faculty. This year's recipients are:

- Dr. Hasrat Khan, Clinical Associate Professor of Internal Medicine, Fargo, N.D.
- Dr. Peter C. Kurniali, Assistant Professor of Internal Medicine, Bismarck, N.D.
- Dr. Wayne Martinsen, Clinical Assistant Professor of Psychiatry and Behavioral Science, Minot, N.D.
- Dr. Casey Ryan, Clinical Professor of Internal Medicine, Grand Forks, N.D.

The graduating medical student class also selected the following outstanding physician/teachers at each campus:

- Dr. James Miles, Clinical Assistant Professor of Neurology, Northeast (Grand Forks) Campus
- Dr. James Schmidt, Clinical Instructor of Family and Community Medicine, Northwest (Minot) Campus

- Dr. Dane Breker, Clinical Assistant Professor of Neurology, Southeast (Fargo) Campus
- The Southwest (Bismarck) Campus in Bismarck had a tie:
  - o Dr. Peter White, Clinical Professor of Internal Medicine
  - o Dr. Issa Al Rabadi, Clinical Assistant Professor of Family and Community Medicine

The outstanding teaching contributions of these and other clinical faculty members is greatly appreciated by our students – and their future patients! An example of the superb preparation that our medical students receive from their clinical preceptors is the recent naming of Dr. Siri Urquhart, a 2018 UND SMHS graduate, with the 2021 "J. Thomas Mangan M.D. Award for Primary Care Clinic" by the Internal Medicine Residency Training program of the Mayo Clinic School of Graduate Medical Education. Congratulations Dr. Urquhart, and congratulations to your teachers and mentors!

Looking forward, we are hopeful that the pandemic situation will allow us to gradually get back to a "new normal," with largely in-person classes and other experiences by the start of the fall semester in August 2021. And while some teaching still will incorporate distance and video-supported learning, we expect many more faculty, students, and staff to be spending more time on campus as time goes on.

Moving forward, the School is well-positioned from a budgetary standpoint. The recently completed legislative session was a positive one as far as the School is concerned. We received the full needs-based budget allocation that we had requested, along with funding for salary merit increases. In addition, we received an additional \$1M through a subcontract with the North Dakota Department of Health to support our highly regarded forensic pathology program. Finally, the School received Challenge Grant funding of \$1.5M that we can use to match on a 1:2 basis with philanthropic support from our donors, potentially raising \$4.5M in endowed support for student scholarships and academic programs.

As is evident, despite the hardships and difficulties due to the pandemic, the School is emerging strong and focused on the future as we strive to continue to fulfill our mission of educating the next generation of healthcare providers, discovering new knowledge that positively impacts North Dakotans, and serving the citizens of the state and beyond.



# 2021 Awards Call for Nominations Due August 31st

Nomination forms can be downloaded at [www.ndmed.org](http://www.ndmed.org) or contact NDMA at 701-223-9475. Nominations are due August 31. Awards will be presented during the NDMA 2021 Annual Meeting.



*Save the Date!*

## 2021 Annual Meeting September 30 - October 1, 2021 Grand Forks Alerus Center

Each year, NDMA extends honors to individuals who have made outstanding contributions:

The Physician Community and Professional Services Award is awarded to an NDMA member physician recognized for outstanding leadership and service to the profession of medicine.

The Friend of Medicine Award is awarded to a non-physician who has distinguished themselves by serving as effective advocates for health care, patient services, or the profession of medicine.



The COPIC Humanitarian Award is presented each year to honor a physician who volunteers outside the spectrum of their day-to-day lives. As part of the award, COPIC provides a \$10,000 donation to a health care-related 501-C(3) organization within North Dakota.



## Mental Health IS JUST AS IMPORTANT AS OUR PHYSICAL HEALTH



THE INTENSIVE OUTPATIENT PROGRAM (IOP)  
AT THE VILLAGE GIVES YOUR CLIENTS THE OPPORTUNITY TO

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Briana Rummel

Angie Lord

Brenda Blazer

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## 2021 Graduating Medical Student Outstanding Award Winners

*Congratulations!*

Each year, NDMA recognizes three outstanding UND senior medical students. **Congratulations to the following 2021 graduates:**



**Elena Jo Danielson**  
St. Cloud, MN  
Surgery-General



**Jonathan Pacella**  
West Fargo, ND  
Pediatrics



**Austin Hewitt**  
Carrington, ND  
Surgery-General

## UND School of Medicine & Health Sciences Sophomore Awards

Each year, the North Dakota Medical Association honors three UND sophomore medical students recognized for outstanding performance. **Congratulations to the following award recipients:**

### North Dakota Medical Association Awards

Awarded to second-year students nominated by their peers, the M.D. Class of 2023, and recognized for outstanding performance in the following three curricular areas:



**Anja Selland**  
Rugby, 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.



**Nadia Toumeh**  
Fargo, ND

#### Peer Teaching

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



**Peter Bueide**  
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

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

### North Dakota District Medical Society Awards

#### First District (Fargo) Southeast Campus



**Jonathan Pacella**  
West Fargo, ND  
Pediatrics



**Connor Schweitzer**  
Fargo, ND  
Emergency Medicine

#### Third District (Grand Forks) Northeast Campus



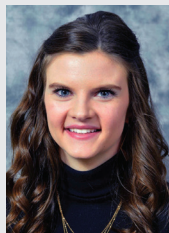
**Michael Storandt**  
Moorhead, MN  
Internal Medicine

#### Fourth District (Minot) Northwest Campus



**Bradley Walker**  
Columbus, MT  
Internal Medicine

#### Sixth District (Bismarck) Southwest Campus



**Mary Johanson**  
Bismarck, ND  
Internal Medicine/  
Pediatrics

# Cancer care at Sanford Health

Sending your patients away for care is a thing of the past. Sanford Health is home to the most experienced providers who work with you to deliver quality care to your patients here in our region.

**To refer a patient, visit  
[sanfordhealth.org/referral-center](https://sanfordhealth.org/referral-center).**

**SANFORD<sup>®</sup>**  
**CANCER CENTER**





# Man With Advanced Cancer Gets Quality, Complete Care in Bismarck

SUBMITTED BY SANFORD CANCER CENTER

When Mike Neff went to straighten out a rug, he was struck with intense hip pain. Thinking he had pulled a muscle, Mike shrugged it off.

"I'm old school. I thought that it would go away on its own," said Mike. "I was at a continuing education conference for physical therapy, and when we were completing different exercises, I kept thinking, 'Man, does my hip hurt.' Still, that wasn't what brought me in to see my doctor. It was plumbing issues that were affecting my everyday life."

Based on his age and lack of risk factors, cancer was not the first concern to come to mind. However, one test led to another, which led to a biopsy.

"They found cancer – and not just any cancer but an aggressive cancer. Then, they found out it was metastatic," said Mike. "That pain I felt was a big tumor in my hip."

It was August 2018 when Mike was diagnosed with stage IV prostate cancer.

"More than anything, the idea of having to pack up and leave for two months of treatment was devastating," explained Mike. "I like my routine, so when I found out I could have all of my cancer care in Bismarck, it was one of the most comforting things."

He continued, "Then I met Dr. Kurniali. He's humble, confident and optimistic. At my first visit, I remember him telling me, 'Hey, you'll be alright. We'll get this.' Having a doctor who is very competent and technical is great, but Dr. Kurniali has a compassionate side, too. You leave his office knowing how much he cares."

In addition to providing reassurance, Peter Kurniali, MD, immediately consulted with other cancer experts regarding Mike's cancer situation.

"The fact that he would take the time to bring my case up with his colleagues was super comforting," said Mike.

Once developed, Dr. Kurniali explained the treatment plan to Mike in detail, ensuring he was in agreement. Mike needed

chemotherapy and radiation, both of which were available in his own community.

"My radiation was at 7:30 a.m. every day, so I could keep my morning routine," said Mike. "I'd get to work early every morning – around 6:30 a.m. Then, the Catholic church is right across the street, and I'd go to daily mass, which would end at 7:20 a.m. That would give me time to walk over for all 39 of my radiation sessions. By about 8 or 8:15 a.m., I was back at my desk working."

He added, "How great is that? That's the luxury I had because everything's right here. I am so thankful for my care and for the physicians, nurses and staff. Sanford Health truly offers world-class cancer treatment."

With the region's only comprehensive cancer program, Sanford Health provides surgery, chemotherapy, radiation, survivorship services and other support to cancer patients.

Mike is currently in remission and continues to receive follow-up care at Sanford Health.



Mike is pictured enjoying the great outdoor sport of hunting.



**PETER KURNIALI, MD**  
HEMATOLOGY AND ONCOLOGY

**SANFORD**  
CANCER CENTER

\* Promotional features represent the views of Sanford Cancer Center and are not representative of NDMA.



# WHAT'S IN A wish

*"There are not words to express the gratitude for doing something like that, that is life-changing."* Those are the words of wish dad Craig Campbell, whose daughter, Emily, received her wish to go to Hawaii in 2004. He shared those sentiments with Make-A-Wish just this year, 17 years after his daughter's wish was granted.

The impact of a wish come true is significant in the moment that it happens. But just as importantly, it is also significant over the course of that child's life. To be fully immersed and to enjoy something at a time that may otherwise be joyless makes a difference. It's a mark in time that sticks and can propel everyone – the child and their family – forward. Emily's mother remembers, "This trip gave us the chance to be there together as a family, healing, knowing that we've got kind of a fresh start here."

A respite, a break, something to look forward to, something to take your mind off the illness, a way to celebrate completing treatment or recovering from a surgery. These are all ways wishes get described to wish granters and staff. And it makes it easier to understand why recent research shows that children who receive a wish from Make-A-Wish do better in their long-term health journey than children who do not. Wishes may not be medicine, but they give children and their families something else they really need: hope. It's the hope that comes with good news.

We're honored to work with providers and the wonderful teams at clinics and hospitals around the region and appreciate the value they see in wishes come true. Child Life Specialists Jessica Hotchkiss and Michelle Finneman from Essentia Health in Fargo, N.D., see that, "Our patients are faced with the realities of their diagnoses every day, so through Make-A-Wish we help to shift the focus back on what matters most — the life of a child."

Taking it a step further, Dr. James Miles, a pediatric neurologist at Altru in Grand Forks, N.D., vouched for the value his patient, a

young girl with a nervous system disorder, would get from her wish for a playset. "This playset will help [her] maintain gross motor development, as well as balance. This is very important for her since her disease leads to a regression in development, including gait and overall gross motor function," he said.

No matter what medical personnel or even family members share, ultimately if something is going to make a difference for a child with critical illness, it must really mean something to them.

For Addilynn, a 6-year-old girl from Mandan, N.D., who has a nervous system disorder that limited her mobility and communication, she simply loves to swing and slide, but our long North Dakota winters make playing outside difficult. When her wish granters, Whitney and Greg first met her, they learned that she also loves bright colors, lights, sparkles, and music. Her wish became for a fun play space inside her home that she can enjoy all year

long with mats and soft flooring, a special indoor swing, sensory toys, an adjustable table and seat, a rocking chair, a portable bubble tube, a television set, an Amazon Echo, lights that can be dimmed, and a weighted blanket made just for her. "I just have to share how DELIGHTED Addilynn is with her room! She cried this morning when I took her to the living room versus her playroom," shared her mom, Toby Lunstad. That delight and the magic that comes from giving it to someone, no strings attached, is what makes wishes so powerful and so meaningful.

We estimate there are 50 children in North Dakota diagnosed with a qualifying illness each year. Our vision is to meaningfully grant every one of them and we need your help. We invite you as medical professionals to refer a child you know or to share information about Make-A-Wish with that child's family. Please visit [md.wish.org](http://md.wish.org) for qualifying conditions and to refer. Thanks in advance.



★ REFERRALS NEEDED ★

*I wish to have a room makeover*

**Oliver, 5**  
**Minot**  
leukemia

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

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

**Make-A-Wish**  
NORTH DAKOTA

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





## Encouraging Innovation and Transparency to Bring Lower Prescription Drug Prices

**By Congressman Kelly Armstrong**

A challenge that Americans have been facing for decades is the rising cost of prescription drugs. While there is a broad conversation taking place in Washington and across the country concerning the best ways to deal with this crisis, there is bipartisan agreement that something needs to be done.

I serve on the House Energy and Commerce Committee, which is tasked with crafting policy on drug pricing. Earlier this year, I cosponsored H.R. 19, *The Lower Costs, More Cures Act*, which would lower drug costs for Americans without eliminating incentives to bring new treatments to market. The bill includes bipartisan policies that will improve the affordability of drugs like insulin and other essential medications.

In our efforts to lower drug prices, we must be diligent to not sacrifice innovation in the process. There are some temptations to lower prices for select drugs by effectively forcing drug manufacturers to accept a set price, or otherwise face an excise tax of up to 95 percent of sales. This would force manufacturers to either accept the set price for a given drug or decline to sell it in the United States, which could lead to Americans losing access to lifesaving medications.

One such drug that is seeing its rising price jeopardize access for millions of Americans is insulin. In the last decade, the list prices of common types of insulin have roughly tripled, even though they are the exact same products offered ten years ago. H.R. 19 would cap seniors' insulin costs at \$50 a month and increase competition to bring new insulin products to market sooner.

Additionally, H.R. 19 would protect the incentives that promote innovation for new treatments and cures. The U.S. has a unique pharmaceutical regulatory environment that encourages medical innovations. This environment allowed U.S. based COVID-19 vaccines to be developed in less than a year with effectiveness rates significantly exceeding vaccines developed in China and Russia. It is vital that we maintain these incentives in order to develop the next generation of treatments.

These are real, attainable steps we can take to affect the price of critical treatments Americans rely on. The United States must be a leader in lowering health care costs and upholding the dignity and right of every person to live a full life. *The Lower Costs, More Cures Act* is an important step for patients to see lower costs at the pharmacy counter with new cures coming to the market every year.

I will continue working with my colleagues on both sides of the aisle to address this looming and growing concern. The time to act is now.



## Working to Make COVID-19 Telehealth Flexibilities Permanent to Benefit Both Patients & Providers

**By Senator John Hoeven**

The COVID-19 pandemic has taken a terrible toll on our country, including our health care providers, who have been on the front lines of this public health emergency from the start. We cannot thank our health care professionals enough for their sacrifices, hard work and determination during this difficult time. Providers faced hardship, not only while working to combat the spread and treat infections of this novel virus, but also in continuing to meet the everyday health care needs of our state and nation. That's why we advanced policies to

expand the use of telehealth, an important tool that has better enabled health care professionals to provide needed services, while protecting the health of both patients and staff. Now, as our nation turns the corner on COVID-19, we're working to make these telehealth flexibilities permanent so that we can strengthen access to health care across our nation, especially for our rural communities.

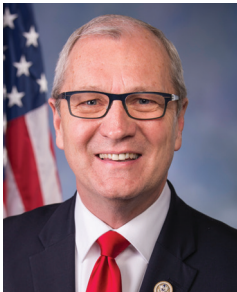
Specifically, through the public health emergency declaration, the Coronavirus Aid, Relief and Economic Security (CARES) Act and other efforts, we allowed for additional flexibility to permit telehealth services in a range of circumstances, including for both new and

established patients, across state lines, outside of designated rural areas and in patients' homes. At the same time, we worked to enable providers to bill for these services as if they were provided in person. This includes a bipartisan effort I joined last year, where we successfully urged the Trump administration to increase payment rates for audio-only telehealth services, which is critical for patients who are unable to fully utilize video technology.

Rather than allowing these policies to expire, we should build on these successful efforts to more broadly implement telehealth services. Accordingly, I recently helped introduce the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021. This bipartisan legislation will further expand coverage of telehealth services through Medicare, make many of the COVID-19 telehealth flexibilities permanent, and allow patients to more easily connect with their doctors by:

- Permanently removing all geographic restrictions on telehealth services and expanding originating sites to include the home and other sites.
- Allowing community health centers and rural health clinics to provide telehealth services.
- Providing the Secretary of Health and Human Services with the authority to waive telehealth restrictions.

In rural states like North Dakota, we have long understood the importance of pursuing innovative solutions, like telehealth, to improve access to health care and other essential services. Considering the many difficulties our nation has faced over the past year, the expanded use of this technology has been a welcomed, positive development. We will keep working to ensure our health care professionals can continue to utilize telehealth services on a broader basis, supporting their good work while improving outcomes for patients.



## It's Time to Expand Telehealth Efforts

**By Senator Kevin Cramer**

**A**s our nation emerges from the darkest days of COVID-19, it is important we act on the lessons we learned over the past year. During the pandemic, we were limited in our ability to meet in person, but – in true American perseverance – medical experts overcame that obstacle with expanded use of telehealth services.

Telehealth – the use of telecommunication technologies to provide health care services remotely and in real-time – has shown numerous benefits for quality of care, access to care, and reduced spending. In rural states like North Dakota, telehealth services are crucial to increasing health care access for individuals who live far away from health care facilities. It also bridges the gap for people with limited mobility or transportation, or other barriers preventing them from accessing care. The ability to offer services through these technologies has provided a safe and convenient way for patients to obtain care throughout the duration of the pandemic. Now we must build on this progress and expand telehealth efforts as the pandemic comes to an end.

To continue the momentum of post-pandemic telehealth expansion, I have joined 50 other senators in co-sponsoring S.

1512, the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, which would expand services by promoting higher quality of care and increased access to care. This bipartisan legislation is considered the most comprehensive telehealth bill introduced during this session of Congress.

Even as telehealth continues to grow, there are still limits to its use. Geographic location sometimes restricts which telehealth services individuals are eligible to receive. This is a particular point of concern in rural states like North Dakota, where flexibility of location has been a great benefit to telehealth patients during the pandemic. It is also one of the many reasons we need the CONNECT for Health Act to keep the momentum going to provide greater access to care.

North Dakotans have shown remarkable perseverance through the COVID-19 pandemic. As we move forward, I am working with my colleagues to ensure the people of our state have uninterrupted access to the care they need. As always, I welcome your feedback on this and other issues impacting medical care across North Dakota.



# Using Your “Most Trusted” Status to Move the Needle on COVID-19 Vaccinations

**By Greg Glasner, MD**

Chief Medical Officer  
Blue Cross Blue Shield of North Dakota (BCBSND)

**C**COVID fatigue is real. People are tired of this virus and all it entails. Evidence of that fact is in North Dakota's low COVID-19 vaccination rates.

Early vaccination trends were encouraging, but ironically, when supplies ramped up for statewide eligibility, participation plateaued. The attached chart demonstrates who is vaccinated in North Dakota and how distant we are from the important metric of herd immunity.

Especially troubling is the number of at-risk people not vaccinated. Within BCBSND membership, there are nearly 50,000 people with two or more chronic conditions. Less than half of them are vaccinated against COVID-19—a statistic we're working to change.

## What role do providers play in vaccination rates?

Apparently a big one. Even though, at the time of this writing, the vaccine distribution method limits in-office COVID-19 immunizations, research finds that's where the majority of people (63%)<sup>1</sup> want to receive it.

For the time being, while we may have limited ability to administer in-office, we can educate. Research shows personal health care providers are the most trusted source of information on COVID-19 vaccinations.<sup>2</sup> As physicians, we have a great deal of influence. The question is, how do we best use it?

## Talking to the vaccine-hesitant

Those who are already vaccinated were eager to get it. Now the real work begins—persuading the rest of North Dakotans. The Advisory Board suggests that physicians avoid a one-size-fits-all message but listen to and

specifically address patient concerns rather than what we assume are their concerns.

The unvaccinated fall into two categories: those who are passive or those who are hesitant for some reason.

## Passive vaccinators

For those who are on the fence, getting vaccinated comes down to convenience and opportunity. If the distribution model changes to include in-office vaccinations, this group will likely take it on the spot. In the meantime, we can challenge ourselves and our staffs to find locations, schedule appointments—basically anything short of driving them to a vaccination center.

## Vaccine-hesitant

The Blue Cross Blue Shield Association shared with us the most common objections to vaccination. Most are misperceptions that can be easily clarified.

**Misperception:** More than 50% are objections in the “too new” category—these include concerns about the vaccine's speed to market and its safety.

**Clarification:** While the vaccine is new, the science behind it is solid. Nothing was skipped in the process, except red tape. The benefits of vaccination far outweigh any risk.

**Misperception:** 37% of people surveyed don't trust vaccines in general.

**Clarification:** Vaccines have and will continue to minimize many public health threats. Polio, measles, diphtheria, smallpox and whooping cough were once a threat to society but are almost nonexistent today, thanks in part to vaccinations.

**Misperception:** Some people question the vaccines' efficacy.

**Clarification:** The effectiveness rate is extraordinary at 95% for the Pfizer vaccine, 94.5% for Moderna and 85.9% for Johnson & Johnson in the U.S. population.

**Misperception:** Some (27%) worry the vaccine might give them COVID-19.

**Clarification:** None of the vaccines on the market contain live virus. When people have side effects from the vaccine, it's an indication their bodies are building appropriate immunity.

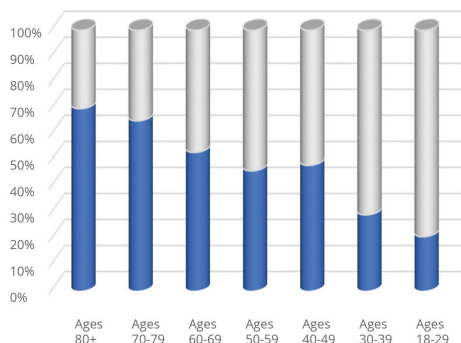
**Misperception:** The risks of COVID-19 are being exaggerated.

**Clarification:** As the COVID-19 pandemic lingers, so does its effects. Providers report people who had even mild cases



## Covid-19 Vaccinated North Dakotans as of 4/25/21

- Unvaccinated (passive or hesitant)
- Vaccinated (Eager)



Source:  
North Dakota Department of  
Health COVID Vaccine Dashboard

Continued on page 22

www.ndmed.org



# A TOUCH OF *blue*



It's about facing the future.  
And embracing it with open arms.

Living life to its fullest is easier with coverage from Blue Cross Blue Shield of North Dakota. As always, we're here with a personal touch, including the right protection for you. Get the assistance you expect, the options you need—and get back to doing what you do best.



[BCBSND.com](http://BCBSND.com)

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

# Physicians Volunteer to Serve

The North Dakota Medical Association's Doctor of the Day Program is a historic and highly successful program that provides primary care services to legislators at the capitol throughout the session.

The health care services offered by physicians are appreciated by legislators and provide physicians with significant visibility.

The following Bismarck UND Center for Family Medicine physicians are recognized for their dedicated service to providing telemedicine coverage each Wednesday, serving on behalf of NDMA:

- Shannon Sauter, MD
- Shelby Dvorak, MD
- Jeff Hostetter, MD
- Jackie Quisno, MD
- Swami Gade, MD
- Suahi Patel, MD
- Nicole Careen, MD
- Carlos Mandujano, MD

A wide representation of NDMA physicians from across the state chose to serve. The following physicians are recognized for their contributions:

- Grant Syverson, MD; Fargo
- Misty Anderson, MD; Valley City
- Tom Strinden, MD; Fargo
- Dennis Wolf, MD; Dickinson
- Gigi Goven, MD; Valley City
- Jim Brosseau, MD; Watford City
- Gary Ramage, MD; Watford City
- Madeline Luke, MD; Valley City
- Sarah Schatz, MD; Jamestown

## Continued from page 20

of the virus are now experiencing post-acute sequelae that affect cardiovascular, dermatology, endocrine, musculoskeletal, neuropsychiatric, renal or respiratory systems.

**Misperception:** 20% don't think they are at risk of getting sick from COVID-19.

**Clarification:** Even if a patient believes themselves to be at low risk, their immunization will help those who can't vaccinate because of a medical condition. Their choice will also help society reach herd immunity levels and get back on its feet.

**Misperception:** Some people still think there is a cost associated with the vaccine.

**Clarification:** The US government is providing the COVID-19 vaccine free of charge to all people living in the United States.

Other barriers to vaccination include distrust of the health care system or the government, and concerns over the role of politics in the development process. The truth is, some people just aren't going to change their minds. As providers, we can focus on those who are open to information.

**When we do so clearly and consistently, we're helping to move the needle on herd immunity.**

1. A majority of adults (63%) are most comfortable getting a vaccine at the doctor's office, followed by at a pharmacy Source: Morning Consult "Vaccine Messaging": December 2020 (N=2,200)

2. Personal health care providers are the most trusted source of information on COVID-19 vaccination Source: KFF COVID-19 Vaccine Monitor: December 2020 (N= 1,676)

## WE ARE GROWING OUR OWN HEALTH CARE PROVIDERS FOR NORTH DAKOTA

We're increasing interprofessional education, advancing research in bedside treatments, and improving health care delivery every day.

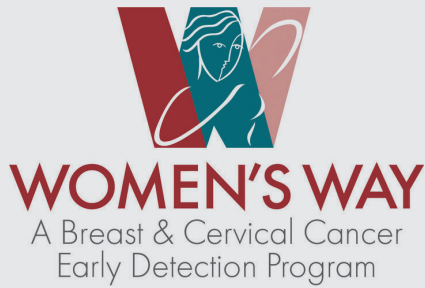


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& HEALTH SCIENCES  
UNIVERSITY OF NORTH DAKOTA







# Cancer Screenings

## You Can Make a Difference

According to the American Cancer Society (ACS), cancer screening is essential health care and a public health priority. Early detection of cancer has continued to play a critical role in the prevention and control of cancer types for which screening is available. The earlier cancer is found, the more favorable the effects of treatment.

Too many individuals for whom screening is recommended remain unseen. According to ACS, this situation has been intensified by a decline in cancer screening due to postponed elective procedures during the COVID-19 pandemic. Improving cancer screening rates is critical as there are still significant gaps to decrease the burden of cancer. For example, breast cancer remains the second leading cause of cancer death among women.

ACS market research found that 68% of people identify their personal doctors as the most trusted messengers for delivering cancer screening information. The study also shows that 62% would prefer to have a conversation about cancer screening with their health care provider above other communication channels.

You can make a difference by talking to your patients about the importance of breast and cervical cancer screenings. Patients may be reluctant to screen due to different reasons, including concerns about cost or a lack of health insurance or insurance with a high deductible. *Women's Way* can help too!

*Women's Way* is North Dakota's Breast and Cervical Cancer Early Detection Program that pays for most breast and cervical cancer screening and diagnostic services for eligible women 21 through 64 years of age. *Women's Way* is available statewide, and a woman can call 800-449-6636 (ND toll-free only) or 701-328-3398 to see if she qualifies for *Women's Way*. A health care provider can also refer a patient to *Women's Way* by going to [health.nd.gov/womens-way](https://health.nd.gov/womens-way); click on the Providers button for a referral form.

## Your recommendation makes a difference in the fight against cancer.



As a trusted information source, your recommendation increases the likelihood of patients following through with life-saving cancer screenings.



**WOMEN'S WAY**  
A Breast & Cervical Cancer  
Early Detection Program

**701-328-3398 or 800-449-6636**  
(ND service cell phone or landline only.)





Dakota Lions Sight & Health

Eye and Tissue Donation

## Antifungal Supplementation of Corneal Storage Medium Now Available

In the United States fungal infections after corneal transplantation remains a rare occurrence, but an increase of incidents has been noted over the last decade. According to the Center for Disease Control and Prevention, approximately four to seven of every 10,000 transplant patients develop a fungal eye infection.

Research from the Eye Bank Association of America found that two-thirds of all infections were due to fungi, and almost all of those were *Candida* species, including *Candida albicans*, *Candida glabrata* and *Candida parapsilosis*. While fungal infections from corneal transplantation remain rare, it still may be a concern for many surgeons due to the potential of serious postoperative complications.

Presently, the primary corneal storage media in the United States, Optisol-GS, is supplemented with antibacterial medication but does not contain antifungal medication.

The non-profit Dakota Lions Sight & Health is proactively working to mitigate this risk as much as possible by now offering surgeons the option of treating cornea grafts during preparation with Amphotericin B antifungal supplementation.

Amphotericin B deoxycholate is part of the polyene class of antifungals and has been in wide use for over 50 years for the treatment of invasive fungal infections.

On a surgeon's request, Dakota Lions Sight & Health will supplement the standard Optisol-

GS antibacterial corneal storage medium with Amphotericin B.

Marcy Dimond, Chief Executive Officer of Dakota Lions Sight & Health said, *"Our goal at Dakota Lions Sight & Health has always been to work closely with surgeons to provide transplant-ready cornea tissues prepared to their exact specifications. By now offering the option of Amphotericin B supplementation to the Optisol-GS antibacterial corneal storage medium, we provide surgeons the choice of additional protection to guard against fungal infection."*

Amphotericin B will only be added to the standard Optisol-GS antibacterial corneal storage medium when surgeons request antifungal supplementation.

Dakota Lions Sight & Health is a nonprofit organization headquartered in Sioux Falls, SD, with remote offices in Rapid City, SD, Fargo and Bismarck, ND.

Tissue recovery is conducted in the organization's state-of-the-art, 16,000 sq. ft. headquarters in northwestern Sioux Falls. The facility includes a dedicated laboratory, two surgical recovery suites, in-house instrument sterilization and office space to house all organizational activities.

Dakota Lions Sight & Health currently facilitates more than 1000 cornea transplants per year from over 850 donors. You can learn more about Dakota Lions Sight & Health at [dakotasight.org](http://dakotasight.org).

She'll give birth to one  
and hope to hundreds.



THE DAKOTA'S  
FIRST BIRTH TISSUE  
DONATION PROGRAM

Dakota Lions Sight & Health recently launched a life-changing program that is positively impacting lives throughout the region. Placenta tissue, umbilical cord and amniotic fluid are used to treat a wide variety of conditions including traumatic burns, skin cancer, difficult-to-heal wounds and neurological damage. The tissue will be gathered after Caesarean sections and poses absolutely no risk to the mother or baby.



Dakota Lions Sight & Health  
Eye and Tissue Donation

Visit [dakotasight.org](http://dakotasight.org) to see how each new life can significantly improve so many more.

# Consequences of Driving Under the Influence

SUBMITTED BY THE NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM (NDPHP)



**NORTH DAKOTA PROFESSIONAL  
HEALTH PROGRAM**

**D**riving under the influence (DUI) of alcohol or drugs is a serious crime and is often related to an underlying substance use disorder. Physicians have the same rate of substance use disorders as the general population.

## How severe are the consequences of a DUI offense for a physician?

Many physicians have little idea of the severe consequences, both criminal and/or administrative, that could be imposed should they be arrested for DUI. A physician, or any other licensed health professional, who is arrested or convicted for DUI, depending on the state and board, should know that their license and thus their career and livelihood, could be in jeopardy.

## Why should a physician with a DUI be evaluated?

The rationale for referring a physician with a DUI for an evaluation is to determine if they have an underlying substance use disorder. This makes sense because someone with a substance use disorder is likely to continue to drink alcohol excessively and have ongoing problems including a potential risk to patients.

## Professional Health Programs (PHP)

PHPs were initiated in the 1970's to promote and carry out early detection, intervention and referral to treatment for a substance use disorder. They also provide ongoing monitoring and management. PHPs exist in 48 states and the District of Columbia.

The ND Professional Health Program, Inc. (NDPHP) is a voluntary, confidential, non-disciplinary monitoring program to support licensees of the ND Board of Medicine experiencing substance use or mental health problems. The program is designed to encourage health professionals to seek a recovery program before their condition harms a patient or damages their careers. NDDHP facilitates the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and monitors their recovery.

## Conclusion

A DUI is a significant event. According to a study of 658 DUI offenders using Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, 46 percent of first-time DUI offenders had a substance use disorder. It makes sense that physicians with a first DUI should undergo an appropriate and thorough evaluation.

Contact the North Dakota Professional Health Program by visiting [www.ndphp.org](http://www.ndphp.org) or call 701-751-5090. **We are here to help.**



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## UND Recognizes Faculty for Outstanding Achievement

As part of North Dakota's health care system, North Dakota is home to roughly 1,700 physicians, and more than 1,200 make an extra effort to volunteer as clinical faculty for the UND School of Medicine.

NDMA extends a sincere thanks to its physician members for serving and being recognized for outstanding performance on their contribution to the medical school. These dedicated physicians have gone above and beyond the call of duty in giving of their time, experience, knowledge, and wisdom gained from years of caring for patients.

**The graduating medical student class chose to honor the following NDMA members as outstanding physicians-teachers:**



**James Miles, MD**  
Clinical Assistant  
Professor of Neurology  
Northeast (Grand Forks)  
Campus



**Peter White, MD**  
Clinical Professor of  
Internal Medicine  
Southwest (Bismarck)  
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# ONE Rx: Implementation Beyond Community Pharmacy

Recent research has shown that more than 70% of patients in the US and Canada fill an opioid prescription within 7 days after undergoing a surgical procedure.<sup>1</sup> Initial opioid use often occurs in the hospital setting, as opioids remain a mainstay of treatment for patients with post-surgical pain.<sup>2</sup> In order to prevent opioid-related problems, screening for opioid-related risks should strongly be considered at initiation of therapy. ONE Rx can help!

## What is ONE Rx?

ONE Rx is an evidence-based mechanism for identification of risk of opioid-related harms and takes 5 minutes. Opioid and Naloxone Education (ONE Rx) is an opioid misuse prevention program designed by North Dakota healthcare researchers that focuses on upstream prevention of opioid-related harms. ONE Rx pharmacists use the Opioid Risk Tool (ORT), which has been previously validated in pain clinics, to help identify patients at risk of opioid misuse. It involves screening of patients with an opioid prescription to identify risks of accidental overdose and misuse. Screening leads to delivery of tailored interventions by pharmacists including: medication take-back options, education, referral to community support services, naloxone prescribing and, in conjunction with the prescriber, consideration of use of the lowest effective opioid dose and/or non-opioid alternatives.

## Inpatient ONE RX Use

A recent study<sup>3</sup> implemented proactive screening of inpatients by a pharmacist to identify patients at risk for opioid misuse and accidental overdose risk and offer corresponding preventative measures based on individual patient risk. Of those screened, 93.3% had at least one risk factor for opioid overdose. All patients in the experimental group had interventions made by the pharmacist. Their risk level was discussed with the provider and non-opioid alternatives were recommended. At the 24-hour followup, 54.7% of patients in the experimental group had a decrease in the morphine milligram equivalents (MME) of their opioid dose, whereas 9% of patients in the control group had a decrease in MME. In the experimental group, 26.6% of patients had a non-opioid analgesic added or were switched to scheduled non-opioid analgesic from an asneeded order. Only 6.8% of patients in the control group had non-opioid analgesics added or changed. This study found that providers may not have all pertinent risk information available to them when writing opioid prescriptions from the EMR alone. This highlights the importance of screening patients who are inpatient in order to minimize their risks for opioid-related harms.

1. Ladha KS, Neuman MD, Broms G, et al. Opioid Prescribing After Surgery in the United States, Canada, and Sweden. JAMA Netw Open. 2019;2(9):e1910734. doi:10.1001/jamanetworkopen.2019.10734
2. Macintyre PE, Huxtable CA, Flint SLP, Dobbin MDH. Costs and Consequences: A Review of Discharge Opioid Prescribing for Ongoing Management of Acute Pain. Anaesthesia and Intensive Care. 2014;42(5):558-574. doi:10.1177/0310057X1404200504
3. Bjornson S, Grindelnd C, Werremeyer A. Implementation of a Screening Tool for Opioid Misuse and Accidental Overdose in the Inpatient Setting. Unpublished data; submitted for review with the Journal of the American College of Clinical Pharmacy.



*Opioid and Naloxone Education*



This Opioid and Naloxone Education program addresses potential opioid risks when a patient picks up their prescription from their local pharmacist.

### ONE Rx pharmacists:

- Screen patients on a voluntary basis when they pick up their opioid prescription
- Assess risk for accidental overdose or opioid misuse
- Prescribe and dispense naloxone
- Contact prescriber if concerns present
- Offer info on community support services

**3,000+** patients screened

**94%** at risk of opioid misuse or accidental overdose received critical interventions

**10%** dispensed naloxone

Find out how ONE Rx can enhance your patient care at [www.onerxnd.org](http://www.onerxnd.org)

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# Handling Unsolicited Test Results

**By Eric Zacharias, M.D.**

COPIC Department of Patient Safety and Risk Management

## SCENARIO A: Pre-existing physician-patient relationships

### CASE STUDY

*Your 47-year-old patient self-referred for a heart scan after his older brother had a myocardial infarction. You have taken care of this patient for at least 20 years and you last saw him three years ago for a routine physical exam that was unremarkable including normal labs. He also saw a cardiologist approximately five years prior to evaluate palpitations. The heart scan results revealed an Agatston score of over 300, placing the patient in the highest risk category for coronary heart disease and future myocardial infarction. Your office received a fax with the results from the walk-in heart scan clinic.*

### ANALYSIS

In this case, since there is an existing physician-patient relationship, you should assume responsibility for contacting the patient to discuss the meaning of the results and a plan of action. This could be an office appointment, a telehealth visit, or a phone conversation. Alternatively, you could refer the patient to the appropriate specialist for interpretation of the test results and determining the course of action, regardless of whether the patient self-referred for the test.

Additionally, you should not assume that the cardiologist who the patient saw before has either received the heart scan results or is acting upon them (even if the report explicitly states a copy is being sent there). Since you have direct knowledge of the at-risk test result, the best practice would be to follow up with the patient directly and not assume some other physician is following up.

Although the scenario would not warrant urgent evaluation, the test results do reveal potential risk factors for major adverse events such as heart attacks or strokes. Arranging for communication with the patient regarding results and next steps, even though you did not request the tests, ensures appropriate follow up occurs.

You may be in a physician-patient relationship that is not necessarily obvious. For example, accepting a capitated payment from a health plan on behalf of a patient may establish a

physician-patient relationship regardless of whether you've actually seen that patient. You should be aware of this potential issue in your practice setting.

## SCENARIO B: No established physician-patient relationship

If no relationship exists, you may choose whether or not to accept the patient into your practice:

- If you accept the patient, first contact the patient and assume all the obligations of interpretation, monitoring, and follow-up of the diagnostic test.
- If you choose not to enter into a physician-patient relationship, return the original test to its source or the diagnostic center responsible for it. If you do this, use a statement such as "This is not a patient in our practice. Please use your data to inform the patient for appropriate physician referral or follow-up."

This action would also be appropriate if you receive test results in error (e.g., by fax or mail). Calling the sender directly to notify them of the misdirected result has the best chance of getting the information to the patient and the proper provider for appropriate treatment and follow-up. Critical test results may require more diligence to ensure the information gets to the appropriate provider in a timely manner.

### What should you do for documentation in this scenario?

Although there is no legal duty, in the interest of patient safety, there are some suggested steps you should take in returning an unsolicited diagnostic test:

- You should keep a log that documents the date the test was received, the patient's name, the action taken in returning the test to the sender, and who the sender is.
- It is recommended that you fax the test information back so you will have documentation that the information was faxed to the appropriate test source and received.





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**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.*

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