North Dakota Physician

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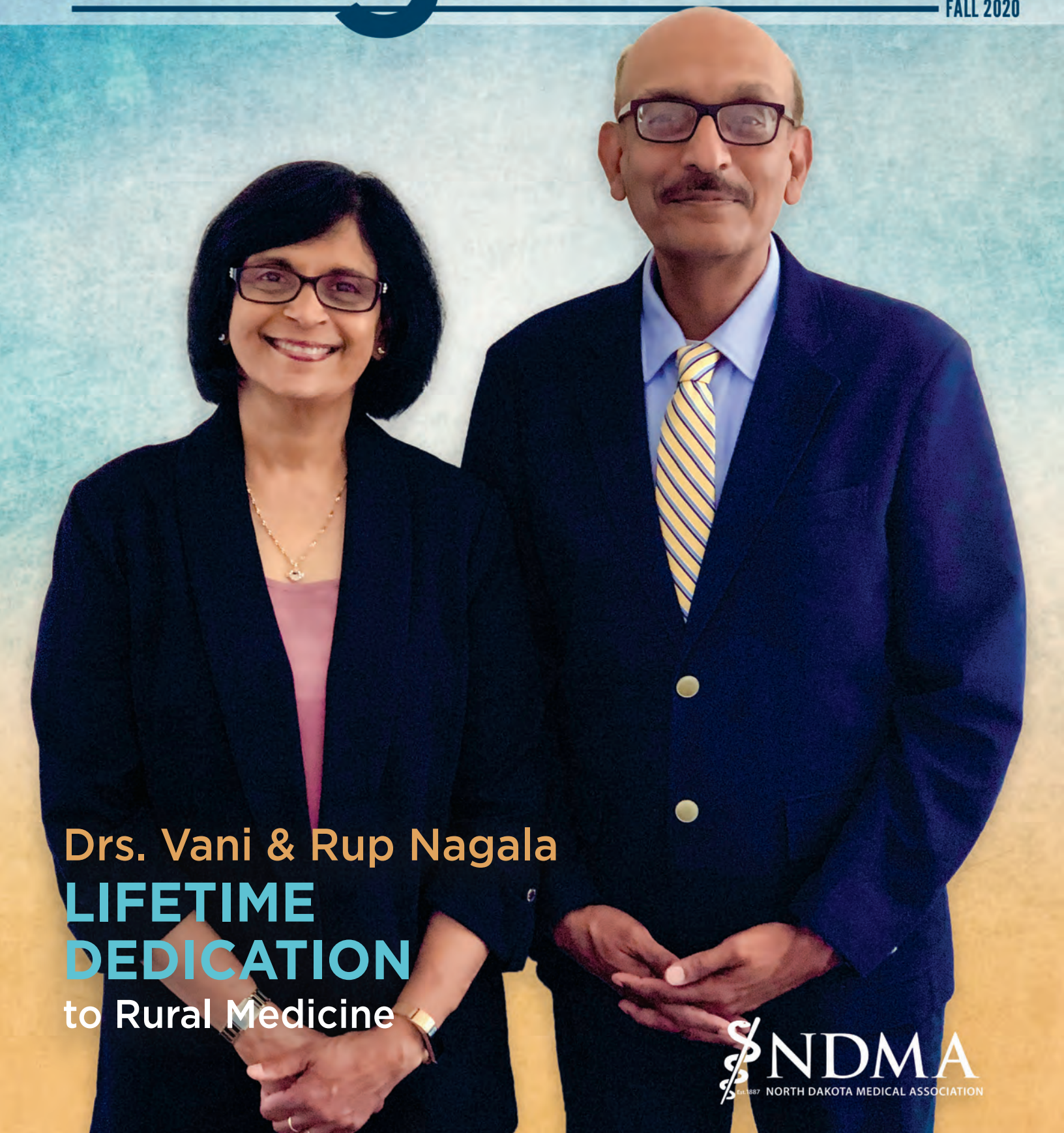

Drs. Vani & Rup Nagala

LIFETIME DEDICATION

to Rural Medicine

NDMA
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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.

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Misty Anderson, DO
NDMA PRESIDENT

It is with Great Pleasure I Invite You to Attend the NDMA Annual Meeting

It is my pleasure to invite you to the NDMA 2020 Annual meeting. Like so many things, the meeting will be a little different this year and will be held online. We will host a congressional panel on Tuesday, October 6th, via Zoom with Senator Hoeven, Senator Cramer, and Representative Armstrong. On Tuesday, October 13, we will have our virtual meeting and policy forum. These meetings will take place in the early evening so I hope you will all be able to join. Although the format is new, the content is very pertinent.

This year's congressional panel will provide updates on legislation being worked on at the national level that directly impacts healthcare. The policy forum will include discussions regarding COVID-19 liability and telemedicine. Currently, several states are working on such protections for healthcare providers, but a federal plan would be more ideal to protect physicians from unreasonable claims during this unprecedented time. In the past six months, telemedicine has become a larger part of many physicians' practices, but payment for these visits varies significantly based on the type of technology used. However, many residents lack either the access or knowledge on how to complete a video visit, which shifted the telemedicine visit to using audio only. We have been advocating for payment parity for telemedicine since the beginning and hope that virtual visits will continue to help patients who previously had to travel long distances for care.

Awards recipients recognized this year include the Physician Community & Professional Services award. The award is recognized as North Dakota's most prestigious physician award and since its inception in 1977, has been awarded to forty-four distinguished physicians across the state. Other awards presented will be the 2020 Friend of Medicine award, 40 Years of Service awards, and for the second year in a row, the COPIC Humanitarian award.

Over the last several months NDMA has been sponsoring Wednesday Webinars with local experts discussing multiple topics. Ongoing discussions continue about personal protective equipment, testing, returning to school and holding athletic events. Updates from physicians caring for COVID-19 patients and administrators preparing for an influx of patients are also discussed.

Through this pandemic, we must not overlook the health of our physicians, many of whom work the front lines fighting COVID-19. The health care environment—with packed workdays, demanding pressures, and emotional intensity—can put physicians at high risk for burnout. To assist in this arena, NDMA has been invited to participate in the Bounce Back conference with the Minnesota Medical Association and other midwestern states. The Bounce Back Project was born out of loss when two highly respected and loved Buffalo Hospital physicians died in 2014. These deaths caused the project's founders to pause and ask some important questions – not only about how fragile life is, but the choices made every day.

One of NDMA's top priorities is to support professional satisfaction and partnering with the Bounce Back Project to expand and extend their groundbreaking work is an ideal opportunity for NDMA, our members and everyone in health care.

I thank you all for the opportunity to serve as your president this past year. It is an honor and a privilege to serve. NDMA leadership continues to invest a great deal of time and effort on policies that make a difference in how physicians practice medicine and provide care to patients. Policies are decided upon at our state and national level, which affect the work we do as physicians on a daily basis. In January, NDMA will continue our efforts at North Dakota's 67th legislative assembly. Now more than ever, we need to promote and advocate for the practice of medicine.

In closing, thank you all for being a NDMA member. Your membership gives physicians a strong, independent voice. NDMA is always on the front lines to address issues that impact all physicians and their patients, such as fighting for fair reimbursement from Medicaid, Medicare and private insurers, building the future of our health system infrastructure and working to improve public health. NDMA is the heartbeat of effective policy and your membership keeps this organization strong. Again, thank you.

Courtney M. Koebele, JD
NDMA EXECUTIVE DIRECTOR

2021 Legislative Session Looms with a Dose of COVID-19

In these historic times, life goes on, and so does the North Dakota Legislature. Unlike so many states across the nation, North Dakota did not have a special session. That means North Dakota has had limited legislative involvement throughout the pandemic. This session appears it will be quite frenetic, with COVID-19 policy issues, COVID-19 logistics issues, and a tighter budget outlook. Legislators and lobbyists are anxious about how the session will look with the pandemic, and how policy will be accomplished.

As I write this, one staff member of legislative council tested positive, which set off cancellations of nine interim committee hearings over a two-week period. The legislature has a committee to review and decide how the 2021 session will be conducted, which will certainly involve remote meetings and voting, sure to make lobbying and educating legislators more difficult with no access.

The budget outlook is not as poor as expected, in fact, we are 3.4% ahead of the forecast. Despite that neutral outlook, Governor Doug Burgum gave state agencies directions to submit 85% budgets – cutting budgets from 2019 by 15%. This is not easy for large state agencies like the ND Department of Human Services where Medicaid is the major portion of their budget. And the only way to cut Medicaid is to cut provider payments. NDMA has long fought against further cuts to an already low reimbursement program and will do so again in 2021.

NDMA's legislative agenda is addressed by the NDMA Commission on Legislation, chaired by Dr. Sarah Schatz. The 2021 agenda includes the usual priorities of Medicaid and Medicaid Expansion and support for UND School of Medicine and Health Sciences budget. Behavioral health will continue to be an issue championed by NDMA. Surveys of the communities across North Dakota place behavioral health as one of North Dakotan's top concerns, so each session the legislature strives to support behavioral health with policy and funding.

There are other issues that arose during the interim. Prior to the pandemic, NDMA began assisting the ND Maternal Mortality Review Committee (MMRC) with developing legislation to bring the MMRC into statute, which would allow an easier comparison of data with other states and align better with data requirements of the Centers for Disease Control and Prevention (CDC). Legislation has been developed and NDMA has been in discussions with various stakeholder groups such as the ND Department of Health and the UND School of Medicine and Health Sciences to bring the MMRC into century code.

There are two major issues that developed during COVID-19 that may resurface during the legislative session: liability protection and expansion of our telemedicine law.
First issue is liability. Through the course of treating COVID-19, other liability risks have emerged for physicians, health care professionals, and facilities. There is a need for liability protection for physicians and other health care professionals who are forced to practice outside of their normal specialty certification or normal practice scope.

In addition, since this was a new disease with no established treatment protocols, medical professionals have been utilizing treatment options based on incomplete data, uncertain side effects, and must treat quickly with what is available when resources and choices are restricted or limited. Many solutions seem promising but with protocols that are changing day to day, liability issues arise from these efforts in desperate times. Another consideration is the delay in treatment that occurred during the early months of the pandemic when in-person visits and elective procedures were suspended.

NDMA joined with the North Dakota Hospital Association and the North Dakota Long Term Care Association to request an executive order from Governor Burgum to address these concerns. Many states had special sessions to pass liability protections for health care professionals. The governor declined to issue an order, deferring that decision to the state legislature. The issue of liability protection may also be addressed on the federal level in the next COVID relief package.

This an important issue worth pursuing – providing liability protections will help mitigate mental health concerns and burnout felt by physicians and other healthcare professionals from the stress of treating the virus.

The other issue that came to the forefront is telemedicine payment parity. Although telemedicine has been growing in popularity, interest in and implementation of telemedicine has expanded rapidly during the crisis, as policymakers, insurers and physicians have looked for ways to deliver care to patients in their homes to limit transmission of COVID-19.

The federal government has focused on loosening restrictions on telemedicine in the Medicare program, including allowing beneficiaries from any geographic location to access services from their homes. The U.S. Department of Health & Human Services (HHS) has waived enforcement of HIPAA for telemedicine, while the U.S. Drug Enforcement Administration (DEA) has loosened requirements on e-prescribing of controlled substances. The Centers for Medicare & Medicaid Services (CMS) extended several telemedicine flexibilities during the current pandemic. Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19. Physicians may utilize telehealth for both new and established patients.

In 2017, the North Dakota legislature passed coverage parity of telemedicine. This requires insurance companies to cover telemedicine if the service is covered in person. However, the statute allows for the insurance company to negotiate with the healthcare entity for reimbursement. In some instances, telemedicine is reimbursed the same as in person. However, in some instances a site of service differential is applied, and telemedicine is reimbursed lower even though it costs the same, if not more, for the physician.

During a time when providers around the nation are trying to ensure patients have timely access to health care services without traveling to a healthcare facility, the issue of reimbursement to make the model sustainable should be looked at carefully. By doing so, North Dakota would align its telehealth reimbursement policies with CMS and neighboring states of Minnesota and South Dakota.

There is one thing I know for sure – this legislative session will be one for the books – stay tuned for updates in our e-physician and our Wednesday Webinars.

UND School of Medicine & Health Sciences

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

We are about five months into the pandemic, and while life goes on, it certainly has changed. Activities at the UND School of Medicine & Health Sciences evolved since March, and we are getting back to a "new normal" as part of the North Dakota University System (NDUS) Smart Restart plan to return students to campus and an in-person educational experience to the extent that's feasible. NDUS Chancellor Mark Hagerott asked me to chair the NDUS Smart Restart Task Force that has been coordinating the reentry activities at all 11 NDUS campuses. So what is the current status of operations at the School? In the initial phase of the pandemic, while the School remained open, many activities were virtual. Students, faculty and staff were encouraged to stay home and carry out their obligations virtually. Since the beginning of August, certain faculty and staff have been invited back to campus, although our goal remains to minimize the density of individuals in our campus buildings.

Here are some specifics regarding the School's operations:

- Many classes that transitioned to online experiences for undergraduate, graduate and professional students planned to resume face-to-face instruction on Aug. 24, 2020.
- Most clinical students (like third- and fourth-year medical students) are allowed to transition back to those clinical sites (clinics and hospital settings).
- UND Summer Commencement activities earlier in August were all virtual.
- Most research projects have continued, but many projects required the implementation of a mitigation plan to lessen the risk of COVID-19 transmission and spread.
- Service activities of the SMHS to the people of North Dakota have ramped up to a heightened level in view of the COVID-19 pandemic. The School has been providing logistical, intellectual and laboratory support to the ND Dept. of Health and the state's newly formed COVID-19 Unified Command. And as indicated, I've been chairing the NDUS Smart Restart Task Force.

One other major responsibility that Governor Burgum asked me to assume is that as the state's Chief Health Strategist. As was the case when I functioned as UND's interim President, I continue in my role as UND Vice President for Health Affairs and Dean of the UND School of Medicine & Health Sciences. This is a temporary appointment (through Jan. 31, 2021), and our leadership group hopes to develop a strategic plan for health that will result in North Dakotans becoming the healthiest people in the country. Quite an audacious goal to be sure – but we are looking forward to the challenge!

Finally, I have a request – would you be willing to help advise a medical student regarding their career options? One barometer that we use to judge how effectively we are educating medical students is the feedback that we get from a questionnaire distributed to graduating seniors before departing for residency training. The questionnaire is a standardized one distributed by the Association of American Medical Colleges (AAMC) to all graduating medical students in the U.S. The feedback received from our own students is compared by the AAMC with collated national data. We just got our 2020 results back and are quite pleased with the feedback. However, one area where we did not fare well is when students are asked about their satisfaction with the career counseling they received. It turns out that students across the country tend to be relatively unhappy with this experience, but our students are particularly dissatisfied. We have instituted actions to address this shortcoming, but we could use your help.

As a physician, might you be willing to volunteer to chat with a student about career options and tradeoffs? Students value advice and mentorship tremendously, and we would be grateful if you would consider helping. If so, visit med.und.edu/student-affairs-admissions/mentor to enter your contact information and your clinical practice area. Or, consider participating in the School's Adopt-A-Med-Student program, which offers first-year students a mentoring experience. We would especially appreciate volunteers who practice in specialty areas that are less well-represented, but welcome everyone. We are fortunate that many physicians practicing in North Dakota volunteered to be clinical faculty members at the UND School of Medicine & Health Sciences. Of the roughly 1,800 practicing physicians in the state, more than 1,200 are UND clinical (voluntary) faculty members – a higher proportion than any other state in the country. We truly couldn't do it without you. Our students will be most grateful!

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2020 VIRTUAL ANNUAL MEETING

OCTOBER 6, 2020 | OCTOBER 13, 2020

In response to the evolving COVID-19 pandemic, the North Dakota Medical Association Council chose to hold this year's annual meeting entirely virtual.

It is my pleasure to invite you to the NDMA 2020 Annual Meeting and Policy Forum. Like so many things the meeting will be a little different this year since the health and safety of our physicians and staff remain our top priority. While we will not meet in person this fall, I am pleased that we are still able to band together using virtual technology to continue our important work. These virtual online meetings will take place in the early evening so I hope that you will all be able to join.

NDMA President Misty Anderson

Council Meeting *(council members only)*
Tuesday, September 29, 2020
5:30 – 7:00 pm
The council convenes to discuss the association's business matters, to consider policy proposals and revise any issues prior to the policy forum.

Congressional Forum
Tuesday, October 6, 2020
5:15 pm – 6:00 pm
Special guests for this year's annual meeting are North Dakota's congressional delegates. The congressional panel will enlighten members on important health care related issues taking place on the hill in Washington, D.C.


Senator John Hoeven


Senator Kevin Cramer


Representative Kelly Armstrong

Questions and Discussion
6:00 pm – 6:30 pm
Participants will have an opportunity to interact with congressional delegates.

Meeting and Policy Forum
Tuesday, October 13, 2020
5:00 pm – 5:15 pm

Welcome and Presidential Address
Misty Anderson, DO

NDMA Executive Director Address
Courtney Koebele

Awards
5:15 pm – 5:45 pm
The Leadership Awards Recognition presentation will feature the 2020 Physician Community and Professional Services Award. The award is recognized as North Dakota's most prestigious physician award and since its inception in 1977, has been awarded to forty-four distinguished physicians across the state.

Other awards presented will be the 2020 Friend of Medicine Award and a humanitarian award provided by COPIC – NDMA's endorsed medical professional liability insurance provider.

The COPIC Humanitarian Award will be presented to a physician for volunteer medical services and contributions to the community and provides a $10,000 grant to a health-related nonprofit organization of the recipient's choosing.

In addition, physicians serving in the field of medicine for forty years will be recognized.
Awards:

- Physician Community and Professional Services
- Friend of Medicine
- COPIC Humanitarian
- 40 Year Service

COPIC
Better Medicine • Better Lives

Policy Forum

5:45 pm – 7:00 pm

This will be the second year using the new policy forum format in place of the House of Delegates session. The forum will discuss and consider policy relevant to your physician practice and care of patients. All NDMA members are invited to submit policy issues prior to the forum.

NDMA members are invited to submit policy issues by completing a Policy Issue Form and submitting it to NDMA. The form can be located at www.ndmed.org

NDMA leadership is excited for the opportunities this transition can bring and encourages all NDMA members to participate.

NDMA OFFICER ELECTIONS

Each year, NDMA officer positions are chosen based on a vote consisting of NDMA membership. Members will receive an online ballot via email and asked to choose from the following slate of officers:

President
Misty K. Anderson, DO
Valley City, ND

Vice President
Joshua C. Ranum, MD
Hettinger, ND

Policy Forum Chair
Stephanie K. Dahl, MD
Fargo, ND

Secretary-Treasurer
David F. Schmitz, MD
Grand Forks, ND

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REGISTER TO PARTICIPATE at www.ndmed.org

The 2020 Annual Meeting platform will be held through Zoom video conferencing. There are several options for accessing Zoom. You may choose to use full video conferencing, which will allow you to see speaker visuals; if you choose to only use audio, you may call in directly using your phone.

zoom

NDMA encourages pre-registration.

Navigating COVID-19 in the Workplace

KrisAnn Norby-Jahner

VOGEL Law Firm

In addition to navigating COVID-19 with patient care, employers in the healthcare industry have to navigate numerous issues with its workforce. These are the top five issues healthcare employers may encounter during the pandemic.

1. Do we have to offer paid sick leave under the Families First Coronavirus Response Act (FFCRA)?

As an expansion of the Family Medical Leave Act (FMLA), the FFCRA applies to all employers with 500 or fewer employees and provides paid sick leave related to COVID-19 under certain qualifying conditions. However, employers of emergency responders or health care providers (which is defined expansively as any employee employed "at any doctor's office, hospital, health care center, clinic…nursing facility, retirement facility, nursing home, home health care provider," etc.) may elect to exclude those employees from FFCRA requirements.

2. Should we implement travel policies in the workplace?

Although the ND Human Rights Act does prohibit employers from discriminating against employees for lawful activity off the employer's premises during non-working hours, many employers argue exception to the law because traveling to certain locations during a global pandemic is in direct conflict with the essential business-related interests of the employer in ensuring that workplaces stay open, safe, healthy, and COVID-free. Travel policies often address revised processes for time-off requests; prior notification of certain travel in-state, out-of-state, or on an airplane; quarantine procedures before returning to the workplace after certain types of travel; and reinforcement of federal and state orders and guidelines on social distancing, masking, sanitizing, etc.

3. Should we implement mandatory testing policies in the workplace?

The Equal Employment Opportunity Commission (EEOC) has been clear that required testing in the workplace for COVID-19 is allowed under the Americans with Disabilities Act (ADA), while required testing for COVID-19 antibodies is prohibited. Any mandatory testing policies or practices should be reviewed with legal counsel and in compliance with the EEOC and the Center for Disease Control (CDC) testing guidelines.

4. What should we do if an employee tests positive for COVID-19?

Cooperation with the ND Department of Health and any trace testing requirements should be followed. The ND Department of Health recommends exclusion of employees testing positive for COVID-19 until at least 10 days have passed, and fever-free for 24-hours without medication, and improvement of symptoms. The Department no longer recommends the alternative of two negative tests before returning to work except when advised by a healthcare provider. In addition, the Occupational Safety and Health Administration (OSHA) requires employers to conduct an investigation into the employee's activities, possible exposure, and work environment to determine if COVID-19 was likely contracted in the workplace. Communication to other employees regarding a positive COVID-19 occurrence should be carefully crafted in order to maintain the confidentiality of protected health information, while also ensuring health and safety in the workplace.

5. Where can I go for resources related to COVID-19 and the workplace?

Employers are encouraged to work with professionals, including employment lawyers, when navigating COVID-19 issues in the workplace. Other resources include:

- **ND Smart Restart Protocols:** https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/ND_Smart_Restart_Workplace_Screening_and_Guidance_for_Employees.pdf.
- **Equal Employment Opportunity Commission (EEOC) advice regarding the ADA, the Rehabilitation Act, EEO laws, and pandemic preparedness in the workplace:** https://www.eeoc.gov/coronavirus.
- **US. DOL Regulations for the FFCRA:** https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-07237.pdf.
- **U.S. DOL FFCRA Questions and Answers page:** https://www.dol.gov/agencies/whd/pandemic/ffcra-questions (providing a wide range of guidance, including how to calculate an employee's "regular rate" for payment of FFCRA benefits, how and when to use paid leave benefits under internal policy, recordkeeping, intermittent leave considerations, telework options, recertification of EFMLEA benefits when the school year ends, etc.).

Lisa Edison-Smith KrisAnn Norby-Jahner Vanessa Lystad

KEEP YOUR WORKPLACE SAFE AND COMPLIANT

Vogel Law Firm offers a team of experienced employment and labor lawyers to help medical professionals navigate COVID-19 in the workplace. Utilize our expertise to assist with:

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- // Policy Drafting
- // Provider Contracts
- // Safety Regulations
- // CARES Act
- // Union Negotiations
- // General Counsel
- // IRS Regulations

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Physician Team Dedicates a Lifetime to Serving a Rural Community

By Donna Thronson
NDMA Communications Director

This feature is a modest attempt to recognize two outstanding physicians who have dedicated their lives to rural medicine, whose selfless efforts go unsurpassed. This physician team – Doctors Rup and Vani Nagala — has been part of the Oakes, North Dakota, community since 1978 where they continue to march to the beat of rural medicine today.

The duo has endured many challenges making a medical practice succeed in rural North Dakota. According to long-time philosopher Albert Schweitzer, if you love what you are doing, you will be successful. It is without a doubt that the Nagala team has achieved the goal of success through their over-the-top dedication and passion for medicine and providing patient care.

It all began in 1978 while Dr. Rup Nagala was completing a UND School of Medicine family practice residency in Minot when he was recruited by the Oakes community. A group of civic-minded individuals from Oakes traveled to Minot to convince him to be part of the Oakes health care system. Apparently, the team had some powerful negotiating skills. Dr. Rup Nagala made the leap of faith and quickly became part of the heart and soul of the community. After a few years in practice, the demand for local health care expanded. It became evident that there was a need to bring in another physician to help with the workload. He was joined by another top-notch physician in 1984, Dr. Vani Nagala, who just completed her residency through the UND School of Medicine Internal Medicine program in Fargo.

The husband and wife team were the only physicians in Oakes until 1993, when they watched a health-care crisis hitting rural medicine. Small town hospitals and clinics were closing, and patients were needing to travel greater distances across the state for health care. At the same time, there were fewer physicians willing to practice in a rural community with long on-call hours and varied caseloads.

Rural Health Care Expansion

The Nagalas could see the writing on the wall and knew what had to be done. It took a colossal effort, but with a great deal of community support, they were able to build a network of satellite clinics. The outcome of this effort, then known as the Southeast Medical Center, consisted of a network of seven community clinics operating throughout the region. The first satellite clinic opened in 1991 and soon led to clinics in Forman, Gwinner, Lidgerwood, Ellendale, LaMoure, Hankinson and Edgeley.

Overcoming obstacles of staffing clinics with practitioners was done creatively by working close to home. Because small towns have challenges retaining high-quality patient care, it was important to recruit a skilled set of medical professionals willing to stay, once trained. When it came to physician assistants, the Nagalas were creative in overcoming the barriers by recruiting local nurses to be part of the team, then paying them to go back to college to become physician assistants.

Dr. Vani said that they sought out talented registered nurses from surrounding communities with permanent ties, then paid for their education through the UND School of Medicine while being preceptors as they went through the Physician Assistant program. "Upon graduation, they joined our practice at Oakes and the surrounding communities, said Vani. "These providers have been an integral part of the success of our rural health system to this day."

By paring physicians with physician assistants, clinics could provide more patient care during a critical time when recruiting physicians in a rural community was nearly impossible. During the early 90s, the concept of a physician and physician assistant team was a novel approach that proved to be a perfect fit for rural health care. This was also the first rural network in North Dakota to utilize the J1 Visa Waiver program, now called the Conrad 30 Waiver program.

The Nagalas had faith in their commitment to the motto: you learn, you earn and you return – and the return was paying off by having access to a dedicated highly-trained medical work force.

"Using these approaches to overcoming provider challenges was a 'first' for our region," said Dr. Rup. "Since then, the concept has been emulated by many other clinics and regions."

With Dr. Rup at the helm leading the health care renovation, the community, including patients could see the transformation. A patient wrote: "I have had the privilege of not only hearing Dr. Rup's vision of health care in southeast North Dakota, but to see it unfold before me. Dr. Rup is responsible for giving us a gift most small communities do not have the privilege of ever receiving: state-of-the-art health care dispensed in a caring and highly skilled clinic system."

When the Nagalas reflect on their most memorable accomplishments, establishing a successful rural health system that continues to provide access to quality health care for rural residents of southeast North Dakota rises to the top.

Rural Health Care Challenges

According to the Nagalas, the greatest challenge to rural health care will always be the recruitment of physicians to the region. Advanced practice providers

Dr. Vani finds the shared office space very accessible.

have helped bridge the gap and played a vital role in the establishment of the rural clinics, but training and recruiting advanced practice providers committed to rural areas will also be an ongoing challenge.

"Our transition from Southeast Medical Center to Sanford Health in 2010 further ensures that in spite of rural health practitioner shortages, resources are available to continue that quality care well into the future," said Dr. Rup.

Expanding a Rural Community

The Nagalas continued to see opportunity in rural health care and didn't stop at hospitals and clinics. They spearheaded building the first assisted living facility in the region, the Royal Oakes Assisted Living center. The assisted living facility is now part of the Good Samaritan Society where Dr. Rup serves as the medical director.

They also helped establish the area's first dialysis center working with DaVita. After functioning for ten years, sadly this was closed by DaVita late last year. Despite extraordinary efforts by the local communities, the attempt to acquire and reopen the facility did not materialize.

The Oakes Community Hospital, which does business as Catholic Health Initiatives (CHI) Oakes Hospital, took on an endeavor

in 2007 to replace the 50-year-old building. Of course, the Nagalas would not be bystanders. They dug in by contributing to the initiative to build a brand-new hospital. The hospital now serves as a critical access facility and is also a 24-hour Emergency Level V Trauma Center.

It is without a doubt that the Nagala team possesses exceptional leadership ability, but they are quick to credit the many community members and local organizations who believed these visions–these out-of-the-box possibilities–could make their community even better.

"I am particularly thankful to the members of the Oakes Chamber of Commerce who have been continuously supportive of our medical careers throughout the years," said Dr. Rup.

Dr. Rup also credits his passion for choosing to never settle for mediocrity to his mentors, some of which are family. His father was a surgeon and medical officer and his mother was a distinguished professor of OB-GYN and dean of a large medical school in India.

"The clinics we started were based upon a 'hub and spoke' model that existed in India that I learnt under the direction of my father," said Dr. Rup. "In addition, I am grateful to the many visiting specialists in surgery, urology and orthopedics who served as my mentors and from whom I learnt so much."

Dr. Vani feels that her mentors played a critical role in helping shape her career and passion for community. "When I came to the U.S. in 1980, Dr. Richard Olafson, the Dean of Medical Education at UND, helped me obtain my internship at the Fargo VA hospital," said Vani. "My mentors during my Internal Medicine residency in Fargo were Drs. Roald Nelson, Robert Tight and Jack Crary, who were always a source of encouragement."

Practicing Medicine

Vani and Rup continue to practice medicine and presently provide services for patients through the Sanford Oakes Clinic and CHI Oakes Hospital.

Dr. Rup specializes in family and sports medicine, and pain management. He also serves as the health officer for Dickey and Sargent counties and serves for the Oakes Volunteer Ambulance Service and the Forman Volunteer Ambulance Service. He is American Board certified in Family Medicine, Geriatrics,

Dr. Rup with Oakes Community Hospital co-workers.

Sports Medicine, Venous & Lymphatic Medicine, Phlebology, and Interventional Pain Management. He has served as presidents of the ND Academies of Family Medicine, OB-GYN, and Interventional Pain Management. He also serves as Chair of the North Dakota Board of Medicine.

Dr. Vani focuses on incorporating integrative health and lifestyle changes that impact patients' health. She also serves as the medical director for the Four Seasons Nursing Home in Forman, ND; the St. Rose Care Center in LaMoure, ND; and the Prince of Peace Care Center in Ellendale, ND. Vani is also a member of the LaMoure County Health Department and LaMoure County Ambulance Service. She is certified through the American Board of Internal Medicine and American Board of Family Medicine, Geriatrics.

Dr. Scott Harris, a physician who had the privilege of working along-side Dr. Vani, said this: "Vani has demonstrated an encyclopedic fund of knowledge and was always available to me for any advice or consultation, any time of the day, any day of the year, including times when she and her husband were on vacation. One thing that has always struck me is her breadth of experience and expertise in many areas, including geriatric medicine, as well as a number of sub-specialties."

The Vani and Rup team has a dynamic that arises from each having unique qualities that blend to form a perfect chemistry – a chemistry that many teams are in awe of achieving. They both share common goals and enjoy working together, in fact they have shared the same office for the last 41 years.

"It is most fun to come up with an idea and then get it to fruition," said Dr. Vani. "Rup was always the 'visionary' and I was the 'implementer' so we work well as a team."

Service Recognition

Through the years, the Nagalas have received many awards that have recognized their accomplishments and ability to improve the lives of others. They have done this by listening to others and for them each view allows them to understand a different point of view and draw on the expertise around them.

"I must humbly admit that we have received several awards throughout our careers in North Dakota," said Dr. Rup. "The ones that we covet the most are the community service awards and the North Dakota Medical Association awards."

"As for myself, I never dreamt that I would be the recipient of two national awards," said Rup.

Dr. Rup was the American Academy of Family Physicians "Family Physician of the Year" runner up and the recipient of the National Rural Practitioner of the Year award; and received the Pioneer Award by Sanford Health.

The Nagalas were both recipients of NDMA's Physician Community & Professional Services Award - Dr. Vani in 2012; and Dr. Rup in 2003. Both have dedicated time to NDMA. Vani served as Speaker of the House in 1998-1999 and as the 5th District Alternate Delegate to NDMA for numerous years. Rup served on the NDMA Council from 2005-2012 as the 5th District Councillor.

Throughout their dedication to medicine, they were both appointed to serve as members of the North Dakota Board of Medicine. Although serving at different times, they were the first and only husband and wife team to have served on the board.

Family

Through this union, Vani and Rup have four children: two daughters and twin sons. The oldest daughter, Sarala, is an assistant U.S. attorney in Hartford, Connecticut. Sonia is the chief operating officer (COO) of wikiHow following the sale of a successful start-up internet company. Jay is the financial officer for Hospitality Partners in Summerlin, Nevada, and Vik is a marketing consultant in Los Angeles, California. In addition, the Nagalas are very proud to be grandparents to five lovely grandchildren, who give them great joy and a purpose for traveling.

Navigating the Pandemic

Practicing medicine in a rural community through COVID-19 has completely changed the medical practices at their clinics. Dr. Rup said in the beginning we only used telehealth audio and video visits, but now the clinics are seeing a steady increase of in-person visits.

"Fortunately, the infection has not proved to be as big a problem for us, as it has been in the major cities," said Dr. Rup. "I attribute this to the strict precautions taken by members of our clinic, our long-term care centers and citizens in general."

Rup and Vani hope and pray that this continues to be a trend nationally, until such time as a vaccine or a better cure is found, or the virus attenuates itself.

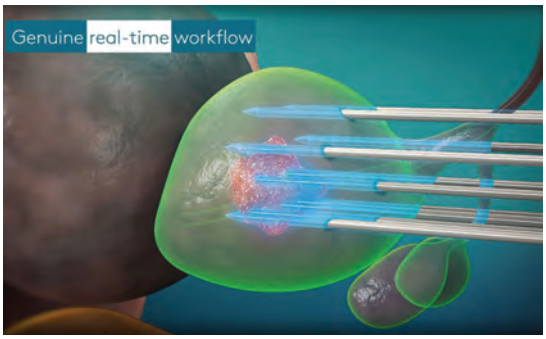
The Nagalas have witnessed a great deal of change through their years of practice and their resiliency continues to shine brighter with each hurdle. NDMA is pleased to have the Nagalas as life-long members. They exemplify what it takes to be embedded into a rural community, giving not only of their time to medicine and patient care, but going above and beyond to serve a community and make it better.

NDMA extends a sincere thank you to the Nagalas for their contributions to medicine, patient care and leadership in a rural community. Well done.

The Nagalas are blessed with five grandchildren – life's most precious gifts!

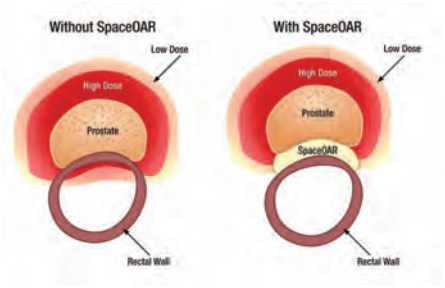
BISMARCK CANCER CENTER

Prostate Cancer Options at the Bismarck Cancer Center



The Bismarck Cancer Center's goal over the last 20 years is to allow every patient that walks through the doors access to cutting-edge, life-saving equipment and technology. In radiation oncology, improvement means giving the most radiation possible to achieve the best possible outcome, while reducing or eliminating the amount of collateral damage to the healthy tissue. With this goal in mind, the Bismarck Cancer Center acquired the ***HDR Prostate Brachytherapy*** to improve the way radiation is delivered to the prostate. This procedure involves using a radiation source that is delivered from a chamber through a series of catheters that are temporarily placed within the prostate transperineally using ultrasound guidance, while the patient is sedated. The physician is then able to deliver a higher radiation dose to the prostate area without affecting the tissue around it. This provides a very precise high dose treatment given over a shorter period of time with minimal side effects. We are confident this new prostate treatment will be instrumental in improving the way we treat cancer and ultimately create better patient outcomes.

Here's how it works: 1. There will be a procedure to place the needles into the prostate. This will be done under anesthesia. 2. Patients receive 1 or 2 treatments depending on the prostate cancer. The treatment is done right after the needle placement procedure and radiation is delivered to the area where it's needed the most. After treatment, the needles are immediately removed and individuals go home the same day as the treatment. The benefits of HDR Brachytherapy are: Radiation to healthy tissue is minimized, reducing the potential for side effects, the procedure is done on an outpatient basis and no hospital stay is necessary. And, the patient is not radioactive after treatment, therefore no exposure to family or pets.



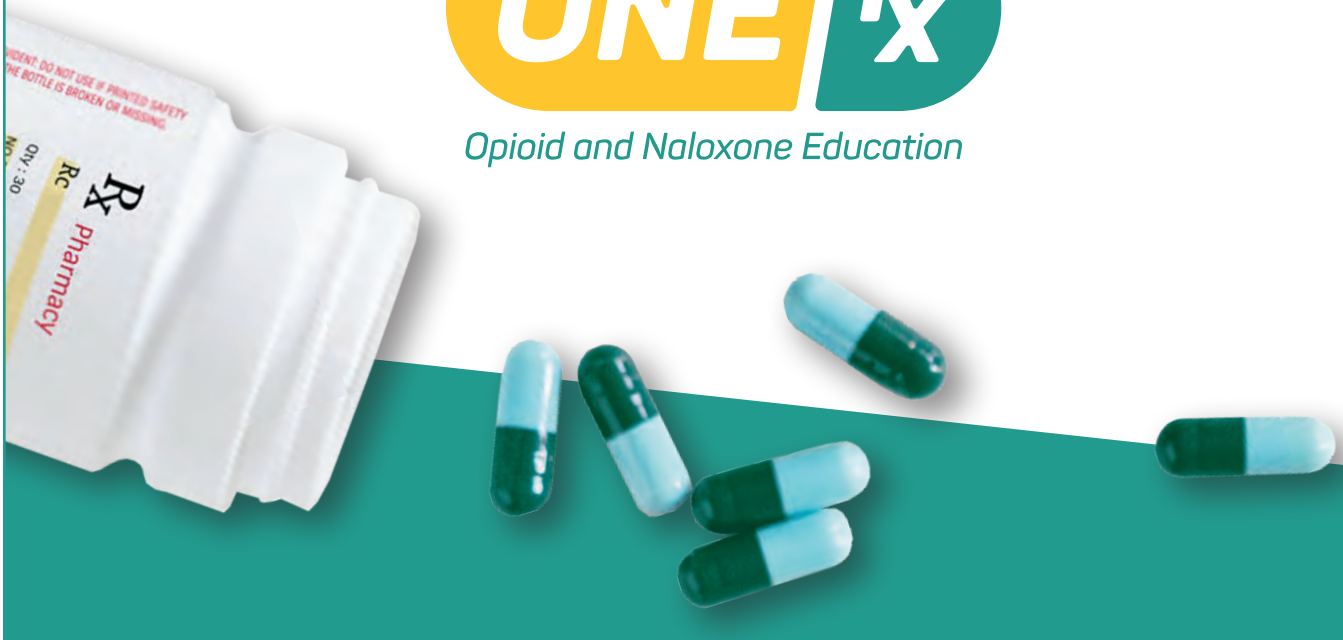
SpaceOAR Hydrogel is another prostate procedure the Bismarck Cancer Center is now utilizing to help reduce damage to the surrounding health tissue for prostate patients. Due to the proximity, prostate radiation therapy can unintentionally cause damage to the rectum, which can lead to issues with bowel function. SpaceOAR Hydrogel is injected as a liquid through a needle inserted between the rectum and the prostate. The SpaceOAR Hydrogel is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is excreted through the urine usually by around 6 months.

The hydrogel consists of mostly water (90%) and polyethylene glycol, that when combined form a soft gel material. It pushes the rectum away from the prostate, decreasing rectal injury during prostate radiation therapy.

Our patient satisfaction has been overwhelmingly positive for both the HDR Prostate Brachytherapy and the SpaceOAR. For more information or questions on these procedures, call the Bismarck Cancer Center at 701-222-6100.

ONE Rx

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

5,000+ patients screened

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

18% dispensed naloxone

Find out how ONE Rx can enhance your patient care at www.onerxnd.org

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BND's refinancing option allows you to refinance all student loans, including federal student loans, into one monthly payment. If you have lived at a physical address in North Dakota for the past six months, you are eligible to participate in the program if you meet the loan criteria.

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Visit bnd.nd.gov/refinance today to learn more about this great opportunity.

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One Loan

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One Lender

Switching from multiple lenders to one local, experienced lender makes managing your student loans easier.

One Call

Your schedule is already busy. Email us any time at **bnd@nd.gov** or call us Monday-Friday, 8 a.m. to 5 p.m. at 701.328.5660.

Get started at **bnd.nd.gov/NDMA**

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COVID-19 Pandemic Calls for Swift Action on Policies to Advance Telehealth

By Congressman Kelly Armstrong

While COVID-19 has brought unimaginable adversity, our response has driven a dramatic overhaul of how the medical system delivers care. Chief among these is the rapid expansion of telehealth services. Telehealth is an invaluable tool that offers a convenient and cost-effective delivery option in our quest to provide quality healthcare. This is particularly true in rural communities where 129 rural hospitals have closed over the past decade.

As COVID-19 reached the U.S., the Federal Government quickly implemented numerous policies that set the table for a rapid expansion of telehealth services. With my support, Congress enacted the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which included several provisions authorizing the Secretary of Health and Human Services to waive existing telehealth requirements. These waivers allow for a patient's home to satisfy geographic and originating site requirements, permit a patient to receive telehealth services from a provider even if they haven't received care from that provider within the last three years, and expand the ability of Federally Qualified Health Centers and Rural Health Clinics to provide distant site telehealth.

In addition to the statutory relief provided by Congress, the Trump Administration took executive action to further support the expansion of telehealth services. The Centers for Medicare and Medicaid Services (CMS) issued several 'Section 1135' waivers to provide additional telehealth flexibilities for providers and patients, including allowing for the diagnosis and treatment of COVID-19 cases. CMS also expanded the types of providers that are eligible to provide telehealth services, including physical therapists and occupational therapists. Finally, CMS provided flexibility to allow for certain services like behavioral therapy to be provided by telephone.

The results of these policies have been a rapid expansion of telehealth services. CMS found that there were nearly 1.7 million telehealth visits for beneficiaries during the final week of April, compared to an average of 14,000 per week before COVID-19. According to FAIR Health, private insurers have received a 4,347 percent increase in telehealth claims this year. These telehealth visits have allowed patients to receive quality care in a virtual setting while helping to mitigate the spread of COVID-19.

As an acknowledgement of this success, President Trump recently issued an executive order to reinforce the federal government's commitment to expanding telehealth. The executive order seeks to permanently authorize the most useful telehealth provisions implemented during COVID-19 and identify further reforms. It also initiates a nationwide strategy for investing in physical telecommunications infrastructure, which will form the technical backbone for further telehealth expansion. Fortunately, North Dakota invested heavily in broadband in recent years, allowing our state to seize the opportunity for continued expansion.

While we have made considerable advances during COVID-19, there are important policies that need to be enacted into law to further advance telehealth. First, the CMS telehealth waivers should be permanently implemented. Second, Congress should pass the CONNECT for Health Act. Some of the CONNECT Act's provisions were enacted on a temporary basis in the CARES Act. We need to ensure that these policies are made permanent, including eliminating geographic and originating site restrictions, as well as expanding the types of providers and services eligible for telehealth. Third, Congress needs to substantially increase access and funding for mental health services offered through telehealth. Finally, we need increased data on telehealth services to determine disparities in health outcomes, utilization, and other relevant information. Data will help to identify shortfalls and drive improvements.

COVID-19 has resulted in immense hardship; however, I am optimistic that the successful expansion of telehealth over recent months will result in this method of care delivery becoming a permanent fixture of our healthcare system. Telehealth will continue to allow for patients to receive preventative and regular care without unnecessary exposure to COVID-19, which is particularly beneficial for high-risk patients. After COVID-19, it offers an alternative method of healthcare delivery that is particularly efficient for the 57 million Americans living in rural areas. Healthcare providers will undoubtedly continue to provide excellent care, regardless of the circumstance. It is incumbent upon government to empower those providers with tools like telehealth so that they may offer that care in the most effective manner possible.

Please feel free to contact me about telehealth or the federal response to COVID-19 at armstrong.house.gov. Thank you and stay safe.

Supporting Our Everyday Heroes in the Health Care Industry

By Senator John Hoeven

As our nation has worked to combat the coronavirus disease 2019 (COVID-19) pandemic, there are many everyday heroes who deserve recognition, with health care workers standing out as a strong example of diligence and dedication in the midst of this public health emergency. The work of North Dakota's doctors, nurses and other health care professionals has been essential to combatting the spread of COVID-19 and treating those affected by this disease. These efforts warrant our respect and gratitude, which is why I recently took to the Senate floor to honor some of our everyday heroes in North Dakota, individuals who have been highlighted by their colleagues in recent discussions I've held over the past several months with local health care professionals.

This includes physicians like Dr. Chris Pribula, a graduate of the University of North Dakota, who worked with a team to set up the COVID Care Unit at Sanford Hospital in Fargo. Dr. Pribula was on duty when the first COVID patient arrived at the hospital and remained on duty for the next 18 days straight to make sure that staff and patients had everything they needed.

Dr. Karol Kremens, a critical care physician at Essentia Health, is another individual who has been recognized for his tremendous work, having intubated and managed multiple critically ill patients at once. Dr. Kremens' efforts illustrate the good work of the many intensive care and emergency department physicians and nurses who continue to fight on the front lines of the pandemic.

With examples like these in mind, supporting our health care workers remains a top priority as we move forward with the next phase of the legislative response to COVID-19. We're working to build on the funding we secured in the first three phases of coronavirus relief bills. For instance, the Health, Economic Assistance, Liability Protection and Schools (HEALS) Act, which we've introduced in the Senate, includes an additional $25 billion for the Provider Relief Fund we previously established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act to assist hospitals and health care providers.

At the same time, the HEALS Act helps ensure health care access for underserved populations through funding for Community Health Centers and Rural Health Clinics. We are also continuing to invest in testing and the development of vaccines and treatments for COVID-19, while also supporting the critical work of the National Institutes of Health and the Centers for Disease Control and Prevention, among others.

These are just some of the priorities we continue to advance to aid our medical professionals, who were already an essential part of our communities and have truly stepped up to meet the challenges of this public health emergency. We owe them our gratitude and support. That's why we will continue working to find agreement and provide the relief they deserve.

Addressing Mental Health During The COVID-19 Pandemic

By Senator Kevin Cramer

Since the COVID-19 pandemic began, North Dakotans have done an exemplary job of staying safe and exercising common sense. We have kept our percentage of case numbers low. Our health care workers have served with great courage and compassion. Our communities have come together to support each other. We took abrupt changes to our lives in stride and we continue to move forward with our classic can-do spirit.

There is, however, an often-overlooked threat of this pandemic – mental health. As medical professionals, you know how social isolation can increase loneliness and depression. COVID-19 is a new disease, and ever-changing information has been emotionally overwhelming. Months of social distancing, coupled with a national conversation driven by fear, have negatively affected mental health and brought broader implications to North Dakota's public health.

The well-established correlation between mental health and drug abuse and concerns about drug overdoses are issues North Dakota and the nation must confront. After a historic decline in 2018, drug overdose deaths reached a record high last year with a total of 70,980 fatalities. Of the 37 states with an increase in deaths in 2019, North Dakota was the third highest with 25 percent more.

These drug overdose deaths make it more urgent than ever to prioritize the mental health of our citizens. This starts by staying optimistic and looking out for those around us. Normalcy will return as we kick-start our economy, and at the same time, provide access to the necessary care for those at risk.

The COVID-19 federal relief bills have provided needed support to the state's hospitals, clinics, and medical providers. At the same time, Congress and the President are working to help communities strengthen their response to drug overdoses. President Trump has taken steps to improve transparency in health care prices, encourage competition, and lower costs. We have prioritized telehealth to increase access to care when in-person visits are constrained. In July I, cosponsored the NOPAIN Act, which reforms the Medicare reimbursement rates for non-opioid alternatives to encourage their use as an alternative to pain management in hospitals.

North Dakota has shown the nation how common sense and compassion can combat COVID-19 and sustain our economy. We have been resilient through tough times, and we must do all we can to ensure this pandemic does not also become a crisis of mental health. We must not recover from one crisis only to start another.

With your continued wise counsel, I will do all I can to ensure our state's medical community gets the support it needs, and mental health treatment and services are widely available. As always, I welcome your feedback on this and other issues impacting medical care across North Dakota.

Cornea Donations During the Coronavirus Crisis

Chad Hohwieler
Dakota Lions Sight & Health's Community Outreach Coordinator

While the world continues to adjust to the new normal caused by the onset of coronavirus, Dakota Lions Sight & Health has also had to adapt.

A big part of Dakota Lions Sight & Health's mission is to provide donor education to various partners. This involves outreach to both medical professionals and to the general public to inform and encourage eye and tissue donations.

Before the COVID-19 crisis hit our country, Dakota Lions Sight & Health sent representatives to hospitals, schools, driver education classes and to other venues in South Dakota, North Dakota, Minnesota, and Northern Nebraska, to provide education on the importance and need for organ, eye and tissue donation. These in-person meetings have a direct impact on the availability of corneas and other tissues for transplantation.

When many facilities were shut down or operations were modified to limit building access to essential workers, these face-to-face meetings became impossible. But the need for corneas for transplantation did not stop. Dakota Lions Sight & Health quickly pivoted to adjust to the new restrictions in a variety of ways.

As most schools shifted to online learning, Dakota Lions Sight & Health followed by creating pre-recorded presentations and also by offering web-based, live presentations on a wide variety of digital platforms, such as Zoom, Skype, Go-To-Meeting and others.

This digital approach was also utilized for driver education classes throughout our region. By continuing these outreach efforts, Dakota Lions Sight and Health helped ensure that cornea donations would be available now and, just as importantly, well into the future.

Another important audience for Dakota Lions Sight & Health is nurses. They are vital in identifying potential donors and also in understanding the cornea donation process. Due to hospital security and privacy protocols, Dakota Lions Sight & Health primarily used the secure virtual meeting platform called Webex to host virtual presentations. Participating nurses also qualified for required continuing education credits by attending these virtual trainings.

Chad Hohwieler, Dakota Lions Sight & Health's Community Outreach Coordinator, said, "We are committed to using whatever means necessary to ensure this important information about cornea donation and an understanding of our mission reach the right people."

Today, as pandemic protocols continue to change, Dakota Lions Sight & Health's community outreach has shifted to a combination of in-person presentations and online presentations, based on the organization's preference.

It's this commitment to their mission that has allowed Dakota Lions Sight & Health to realize a new record of restoring sight to nearly 1100 individuals through cornea transplantation during their fiscal year of July 2019 to June 2020.

You can learn more about Dakota Lions Sight & Health or request a presentation for your group at dakotasight.org.

We are committed to using whatever means necessary to ensure this important information about cornea donation and an understanding of our mission reach the right people.

Dakota Lions Sight & Health
Eye and Tissue Donation

The right cornea tissue.

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So nothing is ever left to chance.

By working hand-in-hand

with eye surgeons, Dakota Lions Sight & Health delivers cornea grafts to meet every patient's exact needs.

We offer the most advanced preparations, including **DMEK Pre-Cut Cornea, Pre-Loaded DMEK, DSAEK, PKP and FLAK** to the most exacting standards.

Visit dakotasight.org to learn more about your local, nonprofit eye bank that is committed to helping doctors **see better outcomes.**

Dakota Lions Sight & Health

Eye and Tissue Donation

dakotasight.org

The Village's Intensive Outpatient Program for Mental Health Provides *Healing, Growth and Emotional Stability*

Years of emotional, verbal, and sexual abuse had made Nikki a prisoner in her own bedroom. Her kids worried about her, taking on a parental role for their own mother. Through The Village Family Service Center's Psychiatric Intensive Outpatient Program (IOP), she learned skills to cope with the trauma she'd endured all her life. She gained the support needed to find strength and hope in the future. Finally, she could look in the mirror and say she liked what she saw.

Joshua first attempted suicide in the sixth grade. After he lost his dad, his home, and his marriage all within two years, he knew he needed to do something to keep off that dangerous path. The IOP at The Village taught him it's OK to not be perfect. He gained an individualized skillset to face life's challenges.

IOP helped Laura deal with crippling test anxiety, allowing her to graduate from college. Through the group, she found her self-worth, increased her self-esteem and learned to love herself. She even got a tattoo inspired by the encouragement a fellow IOP member offered her.

In 2019, The Village Psychiatric Intensive Outpatient Program helped more than 100 clients in their journey to mental health wellness. Participants say they were able to grow, heal, and learn new ways to take care of their mental health.

"Group therapy can be intimidating but it can also be the catalyst needed for growth and emotional stability," says JoDee Knipfer, IOP program supervisor. "IOP can assist with building healthy connections while gaining insight and strength to manage mental health symptoms. IOP is more than a group program; it is an opportunity for clients to be vulnerable, heal, and move forward in their lives."

IOP helps patients stabilize mental health symptoms in a less restrictive environment. In the program, clients learn problem-solving and coping skills, self-compassion, healthy self-talk, and strategies to improve their overall life.

Participants attend group therapy three hours a day, four days a week, as well as weekly individual therapy sessions, at The Village, 2701 12th Ave. S., Fargo. Family sessions are available as needed.

Individualized treatment plans focus on the "whole person" – not just a diagnosis. The length of programming varies based on each person's needs; average attendance is 12 weeks.

The program consists of three hourlong groups – Psychotherapy, Psycho-Education and Skills – facilitated by compassionate, licensed therapists. Clients have the opportunity to build healthy relationships, learn new ways to cope with mental health concerns, and gain educational knowledge to assist in promoting wellness. Being able to connect with others enduring the same mental health challenges stimulates the healing process and fosters mental health growth.

"With the correct level of mental health support, I firmly believe that anyone can improve on their emotional stability, find moments of joy, and learn to live life on their own terms," Knipfer says.

Referrals are not required but are welcomed. No-charge screening appointments are available

To learn more, visit **www.TheVillageFamily.org/IOP** or call 701-451-4900.

The Village Family Service Center strengthens adults and children across North Dakota and Minnesota through behavioral health services, including mental health counseling, in-home family therapy, addiction treatment, debt management, pregnancy options counseling, and more. More information about locations and services is available at TheVillageFamily.org.

JoDee Knipfer, M.Ed., LAPC, LAC, MAC
Outpatient Program Supervisor and Licensed Professional Counselor

Katie Figuerres, MA, LPC, LPCC
Licensed Professional Counselor

Lynae Hemming, Ph.D., LAPCD, NCC
Licensed Professional Counselor

"With the correct level of mental health support, I firmly believe that anyone can improve on their emotional stability, find moments of joy, and learn to live life on their own terms,"

JoDee Knipfer, Outpatient Program Supervisor

Dr. Sather Appointed to American Heart Association Board of Directors

Jeffrey Sather, MD
Chief of Staff Trinity Health, Minot

Dr. Jeffrey Sather, chief of staff at Trinity Health in Minot, has been appointed to the board of directors of the American Heart Association, Midwest Region, for a two-year term.

The American Heart Association is the world's leading voluntary health organization devoted to fighting cardiovascular disease.

"Dr. Sather will be a tremendous asset to our board of directors. He has a wealth of knowledge to lend our organization, and I look forward to working with him to advance the mission of the American Heart Association and improve the lives of people across the Midwest," said Kevin Harker, executive vice president of the association's Midwest region.

Sather earned a psychology degree from Minot State University and his medical degree from the University of North Dakota. He also has a master's in business administration from the University of Tennessee and completed emergency medicine residency training at St. Vincent Mercy Medical Center, Toledo, Ohio. He is board certified in emergency medicine and a Fellow in the American College of Emergency Physicians.

Sather has been active in the healthcare industry at various levels since 1980. He has been employed at Trinity Health since 1992, holding many leadership positions. In addition to serving as chief of staff, he is medical director of the Emergency Trauma Center.

Dakota GERIATRICS

FREE CME

Project ECHO
University of North Dakota
School of Medicine and Health Sciences

About Us

A program funded by Health Resources & Services Administration (HRSA) called the Geriatric Workforce Enhancement Program was awarded to UND Geriatrics as a five-year, $3.75M contract to strengthen Geriatrics Education and create Age-Friendly Health Care in the Dakotas.

Dakota Geriatrics supports:

- On-line curriculum leading to Digital Badging, CME and Certification in Geriatrics
- Tele-mentoring through Project ECHO-Geriatrics
- Certification of health care systems as an Institute for Healthcare Improvement (IHI)-accredited Age-Friendly Health

Join a learning community every 2nd Tuesday at 12 noon (CT) via Zoom video conferencing

- Learn about the Geriatrics 4Ms
- Learn more or SIGN UP HERE: https://ruralhealth.und.edu/projects/project-echo

Schedule:

- **October 13, 2020—**Depression in Older Adults—with Robin Arends, DNP, South Dakota State University
- **November 10, 2020—**Decisional Making Capacity in Older Adults—with Jason Karlawish, MD, University of Pennsylvania

Project ECHO is short for Extension for Community Healthcare Outcomes, a clinical model created in 2003 at the University of New Mexico to bring specialty medical care to underserved populations via primary care practices. The platform basically supports tele-mentoring, often with an inter-professional panel of healthcare experts. Through generous HRSA funding, the UND Geriatrics program created Project Echo Geriatrics in order to strengthen Geriatrics expertise in a state that needs at least 40 more Geriatricians.

UND – based Project ECHO Geriatrics provides monthly and flash-scheduled Zoom meetings to strengthen knowledge and skills around the Geriatric 4Ms. Clinical research shows that health systems and providers who routinely apply the Geriatric 4Ms in their clinical assessment and management plans achieve higher quality care at lower costs. The four 4M's entail 1) What Matters, 2) Medications, 3) Mentation, and 4) Mobility. Each month one of the 4Ms is highlighted with an inter-professional team of faculty trained in Geriatrics.

The format entails a brief power point presentation, case studies provide an ice breaker and then open discussion ensues. Attendees learn about atypical presentation of disease in older adults, medical management of dementia, prescriptions for functional longevity and over 72 competencies aligned with ABIM certification of Geriatrics expertise. To complement ECHO Geriatrics, participants can enroll in the Dakota Geriatrics on-line curriculum and work towards a Certificate of Added Qualification in Geriatrics. For further information and to sign up, see https://ruralhealth.und.edu/projects/project-echo or www.dakotageriatrics.org

The Dakota Geriatric Workforce Enhancement Program (GWEP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3.75M with 15 % percentage 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.

www.dakotageriatrics.org ● DakotaGeriatrics@und.edu ● 701-777-6936

The Importance of Achieving Work-Life Balance

SUBMITTED BY THE NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM (NDPHP)

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

Yes, work-life balance is possible in medicine. That is the good news. You can have a personal life and a fulfilling career simultaneously. You went into this career to help people. Perhaps for that reason, it is so easy to let work consume all your waking hours.

The American Medical Association report dated January 21, 2020, indicates an overall physician burnout rate of 42 percent, which is down from 46 percent five years ago. A physician who walks in at 8:30 am, takes a half-hour for lunch, and walks out at 5 pm can lead a normal life and balance it with work, but you know this is not the norm. A physician's day may start at 8:30 am, but probably skips lunch and often works after clinic. Hospital work gets done before or after clinic or during lunch. And then you face call, which you forget to count when you talk about your total weekly time commitment.

Having a demanding and stressful career requires an equally relaxing and rejuvenating time away from work to achieve balance.

Work-life balance is the flexibility to enjoy life outside of medicine. To be there for your family, to be there for personal events, to pursue interests outside of work, while still having the opportunity to take good care of your patients.

Some things you can do to destress are:

- Schedule "Self-Care" time to take care of your physical, mental, and emotional health.
- Take breaks.
- Engage in healthy activities.
- Take a few moments each day to remind yourself about the incredible work you do.

Dealing with work stresses everyday can sometimes make you forget why you chose this demanding profession in the first place. Sometimes you may need to stop and remind yourself that you are in fact helping people live better lives. Appreciate the incredible work you are doing. Think about the last patient who thanked you for all you do.

A demanding and stressful career requires an equally relaxing and rejuvenating time away from work to achieve balance.

NDPHP is a program designed to facilitate the rehabilitation of healthcare providers with physical or mental conditions that could compromise public safety.

DEALING WITH POTENTIALLY DANGEROUS PATIENTS

By Michael Victoroff, MD
COPIC Patient Safety and Risk Management

Health care providers regularly deal with patients under stress and are exposed to the risk or threat of violence in the workplace at higher rates than most other professions. Unfortunately, the nature of the profession makes it necessary for providers sometimes to care for, manage, or defend themselves from a person who is acting out violently.

RISK FACTORS FOR VIOLENCE IN PATIENTS

The strongest risk factor for violence is a history of violence. Other risk factors include:

- Intoxication
- Delirium and delusional states
- Suicidal intent
- Fear, anger, and revenge
- Explosive or antisocial personality traits
- Communication barriers, like language, sensory or intellectual impediments

AWARENESS OF SIGNS IN PATIENT BEHAVIOR

Violence can be impulsive and unpredictable. But, there are signals that give a sense of when an assault may be impending. Many of these are intuitively apparent, including head shaking, jaw tightening, eyes diverted, and impingement on interpersonal space. Verbal signals like shouting and threatening are familiar. The important goal is neither to disregard these behaviors, nor to escalate them by overreacting. It is hard to be non-judgmental in the face of an assault, but training and experience can help people remain composed and professional in situations that can be deflected or de-escalated.

OSHA requires employers to provide their workers with "a workplace free from recognized hazards." Facilities should implement comprehensive plans addressing violence prevention, warning signal recognition, threat assessment, verbal and physical de-escalation, and other topics. These and other valuable tips are outlined in "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," which can be downloaded at https://www.osha.gov/Publications/osha3148.pdf

CONSIDERATIONS FOR ADDRESSING TENSE SITUATIONS

A delicate judgment needs to be made sometimes between confronting a belligerent person with threats (e.g., "You're making me very uncomfortable. If you continue to act like this, I'm going to call security.") versus attempting to bond with them by being accommodating (e.g., "I definitely get why that's bothering you. Let me see if I can do something to help."). Unfortunately, there is no fixed rule for when to apply one tactic or the other.

The practitioners who are most talented in this art tend to be those with experience. One important point about verbal confrontation is that high stress levels can generate a state of "auditory exclusion," in which any party might actually not be able to hear questions, instructions, or commands. Besides offering training, facilities and practices need to assure adequate staffing for safety. They can support their staff with policies that encourage personnel to take unobtrusive, protective steps at an early stage of discomfort. Some of these include involving chaperones or asking a colleague to join a tense discussion, maintaining interpersonal space, not leaning/reaching across the patient's body, or not allowing a patient to block the way out of a room. In some cases, it might be better to avoid giving a patient the sense of being physically or emotionally "cornered."

Physical and technological measures are available that can be useful. Some of these are flags in the patient chart about a past history of violence or delirium, a coded flag on the patient's door or stretcher, color-coded patient gowns or wristbands, "panic buttons" in patient care areas or even wireless alarms carried as ID badges. Appropriate physical barriers (such as reception desks) and clear pathways within the facility are common sense measures. Visible video cameras may have a deterrent effect (and recordings can help defend providers, when their actions are proper.)

Finally, it should be remembered that people who have been subjected to violence may carry a bit of latent PTSD. The very training and policy discussions intended to improve safety can be experienced as stressful by some trainees. Some people don't have the temperament to intervene in a violent encounter, and it is not reasonable to build this duty into everyone's job requirement.

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