



# Physician

Fall 2019



## Annual Meeting & Leadership Awards Recognition

October 3 & 4, 2019  
DoubleTree • West Fargo, ND



# 2019



# Physician



*The mission of the North Dakota Medical Association is to advocate for North Dakota's physicians, to advance the health, and promote the well-being of the people of North Dakota.*

## Submissions

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

## Advertising

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

ND Physician is published by the North Dakota Medical Association, 1622 East Interstate Avenue, Bismarck, ND 58503  
Phone: 701-223-9475 Fax: 701-223-9476  
E-mail: staff@ndmed.com  
Editor: Donna Thronson

Copyright 2019 North Dakota Medical Association. All rights reserved.

## North Dakota Medical Association Council

### Officers

Fadel E. Nammour, MD, President  
Misty K. Anderson, DO, Vice President  
Joshua C. Ranum, MD, Secretary-Treasurer  
Stephanie K. Dahl, MD, Speaker of the House  
Debra A. Geier, MD, Immediate Past President  
Shari L. Orser, MD, AMA Delegate  
A. Michael Booth, MD, AMA Alternate Delegate

### Councillors

Joseph E. Adducci, MD  
Neville M. Alberto, MD  
Misty K. Anderson, DO  
Joan M. Connell, MD  
Stephanie K. Dahl, MD  
Kent R. Hoerauf, MD  
Scott E. Knutson, MD  
Kevin J. Mork, MD  
Osama B. Naseer, MD  
Todd W. Schaffer, MD  
Sarah L. Schatz, MD  
Randolph E. Szlabick, MD  
Dennis E. Wolf, MD

### Commission and PAC Chairs

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

### Staff

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

# In this Issue

6

## Annual Meeting & Leadership Awards Recognition

30

## COPIC: Protecting a Physician's Online Reputation

President's Message .....	3	News from the Dean .....	18
66th ND Legislative Interim Committee Action: 2019-2020 .....	4	Sanford Paves the Way for Innovative Medicine .....	20
Annual Meeting & Leadership Awards Recognition 2019 .....	6	Renew Your Membership .....	22
New ND Eye Surgeon Sees Value in Local Eye Bank. ....	12	Congressional Corner .....	24
Why You Should Meet with a Private Banker .....	15	2019 AMA Annual Meeting Delegate Report.....	26
Getting the Colonoscopy Paid For: Eliminating a Subtle Financial Barrier .....	16	What Barriers Prevent Physicians from Seeking Mental Health Care?.....	28
Leadership Honors .....	17	COPIC: Protecting a Physician's Online Reputation .....	30

# President's Message

## Please Join Us at the 2019 Annual Meeting and Leadership Awards Recognition Luncheon



Fadel Nammour, MD  
NDMA President

It is my pleasure to invite you to the **2019 NDMA Annual Meeting and Leadership Awards Recognition Luncheon**. This year's event will be held on Friday, October 4th, 2019 at the DoubleTree by Hilton in West Fargo. Due to last year's successful event, we will once again partner with the North Dakota Chapter of the American College of Physicians to make this year's event even better.

### NDMA Thursday Night Social

To kick off the event, the First District Medical Society will host a social on Thursday, October 3rd at the Blarney Stone, right next to the DoubleTree beginning at 5:30 p.m. This is a fun opportunity to network and share a laugh or two. Spouses are welcome to attend. Guests will gather in the Board Room where beverages and plentiful hors d'oeuvres will be served.

### Educational Sessions

This year's schedule is packed with great speakers you won't want to miss. The educational sessions kick off with an update by American Medical Association Immediate Past President Barbara McAneny. She will provide an update on pressing policy issues at the Congressional level that impact the practice of medicine. Other topics being covered range from a medical marijuana update to other important health-related topics such as substance use disorders, asthma treatment, acute stroke treatment and planning and publishing clinical and translational research.

### NDMA Policy Forum

This year, instead of a House of Delegates Session, NDMA leadership will review policy through a Policy Forum. The forum, which is on a trial basis adopted at last year's annual meeting, is designed to get more interaction among NDMA membership. The leadership is excited for the opportunities this transition can bring. I encourage all NDMA members to attend the Policy Forum, which will begin immediately after the first session at 8:15 a.m. This is a great opportunity to learn more about policy issues. It's also important to know that the new structure includes a new officer position - a Policy Forum Chair and temporarily suspends the Speaker of the House leadership role.

### Leadership Awards Recognition Luncheon

The Leadership Awards Recognition Luncheon will present the 2019 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-three distinguished physicians across the state.

Other awards presented will be the 2019 Friend of Medicine Award and a first-time ever 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.

### Passing the Torch

Thank you for the opportunity to serve as your president. It is an honor and a privilege to serve. Over the past two years, NDMA leadership has invested a great deal of time on policy efforts that make a difference in how physicians and health care providers practice medicine and the care we can provide to patients. Success was gauged in two ways: either by passing policy or by taking a defensive position and preventing unfavorable policy from becoming law.

### Membership

In closing, I thank you all for being a NDMA member. Your membership gives physicians a strong, independent voice. NDMA is always on the frontlines 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. 🍷

## 66th North Dakota Legislative Interim Committee Action: 2019-2020

The North Dakota Legislature only meets every other year. In the interim years, the legislature appoints interim committees to study issues brought forward by the legislative session to be studied in more detail during the interim. NDMA will be watching and testifying as necessary, on the following studies that were chosen by Legislative Management:

### Health Insurance and Health Care Delivery:

- 1. Health insurance premium rates:** Study ways the state may be able to positively affect the current trend of health insurance premium rates increasing, with a focus on the high-risk and subsidized markets. (mandatory)
- 2. State guaranteed issue provisions for health insurance:** Study the feasibility and desirability of state guaranteed issue provisions for health insurance. The study must include consideration of protections for individuals with pre-existing conditions and consideration of whether to restructure the Comprehensive Health Association of North Dakota.
- 3. Prescription drug program in Public Employees Retirement System (PERS):** Study the feasibility and desirability of PERS entering a separate contract for prescription drug coverage under the uniform group insurance program. (mandatory)
- 4. Health care delivery:** Study the delivery of health care in the state. The study must review the needs and future challenges of the North Dakota health care delivery system, including rural access to primary health care, the use of emergency medical services, strategies to better serve residents, and the role

of health care services in the future development of the state.

### Behavioral Health:

- 5. Behavioral health system:** Study the implementation of the recommendations of the Human Services Research Institute's study of North Dakota's behavioral health system and consider options for improving access and the availability for behavioral health care.
- 6. Olmstead Commission:** Study issues related to the Olmstead Commission. The study must include consideration of the implementation of the new Olmstead Commission structure and any emerging Olmstead issues related to services for elderly individuals and individuals with behavioral health issues, physical disabilities, or intellectual disabilities.
- 7. Civil commitment laws and procedures:** Study the state's civil

commitment laws and procedures under North Dakota Century Code Chapters 25-03.1 and 25-03.2 and the behavioral health and civil justice systems to determine whether steps could be taken to prevent and to decrease the incidence of violence committed by persons who are mentally ill.

### Miscellaneous Health Care Related Issues:

- 8. Recreational marijuana:** Study the implications of the potential adoption of an initiated measure allowing the use



Courtney M. Koebele, JD  
NDMA Executive Director

of recreational marijuana. The study must consider the potential benefits and detriments of legalizing recreational marijuana.

- 9. Health facility construction and renovation:** Study the ND Department of Health licensing process for health facility construction and renovation projects, including consideration of the appropriate role of the ND Department of Health.
- 10. Alternative tax for liquid nicotine:** Study the feasibility and desirability of applying an alternative or additional tax on liquid nicotine and electronic smoking devices. The study must include consideration of the current method of taxation applied to these

products, the methods of taxation applied in other states, and the fiscal impact of applying an alternative or additional method of taxation.

Then there are the studies and issues that aren't legislative – but are important to physicians. In relation to the study of health insurance premium rates, a section was passed by the 2019 legislature that allows the insurance commissioner to request certain data regarding billing and payment information, financial information, management information,

**NDMA will be following legislative and regulator proceedings closely.**



and other information the insurance department deems necessary from hospitals in cities exceeding ten thousand people:

[SECTION 15. REPORT TO THE LEGISLATIVE MANAGEMENT - INSURANCE DEPARTMENT ANALYSIS OF HEALTH CARE - HOSPITAL REPORTING - PENALTY. During the 2019-20 interim, the insurance department shall assist the legislative management with the interim study of health insurance premium trends as approved by the sixty-sixth legislative assembly in House Bill No. 1106. During the interim, the insurance department shall conduct a detailed analysis of health care in the state and submit the report to the legislative management. During the interim, upon request of the insurance department, hospitals in cities with a population exceeding ten thousand shall provide the insurance department requested data regarding billing and payment information, financial information, management information, and other information the insurance department deems necessary to complete a detailed analysis of health care in the state. The department may not request data that include personally identifiable information and the hospitals may provide data in the aggregate. If a hospital fails, without just cause, to provide the insurance department with requested data as required under this section, the insurance commissioner may charge the hospital a civil penalty of up to one thousand dollars per day the hospital is in violation.]

One last extension from the legislative session is the administrative rule process. With all the new legislation, state agencies, including the boards and commissions, make updates to their administrative rules. For example, the ND Board of Medicine is making changes regarding the physician assistant (PA) rules, and the licensing rules, in response to the law changes during the 2019 legislative session. The IMLC (Interstate Medical Licensure Compact) became effective August 1 – and North Dakota will be issuing compact licenses soon.

NDMA will be following all legislative and regulatory proceedings very closely to determine how it impacts North Dakota patients, and physicians! 📖

 **COPIC**<sup>®</sup>  
Better Medicine • Better Lives

COPIC is a great investment. Frequency of claims among COPIC insureds is 30% less than the national average.

The North Dakota Medical Association (NDMA) is pleased to endorse COPIC as a preferred medical professional liability insurance provider for its members.

*“COPIC has a proven record that demonstrates the benefits that it can provide our members as well as the broader health care community. We believe that our missions are aligned and that puts us in a strong position to provide dedicated, trusted support in an era where health care continues to evolve.”*

— Fadel Nammour, MD, NDMA President



## TOGETHER, WE IMPROVE QUALITY OF LIFE

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



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

 **SCHOOL OF MEDICINE  
& HEALTH SCIENCES**  
UNIVERSITY OF NORTH DAKOTA 

October 3-4, 2019

# Annual Meeting & Leadership Awards Recognition 2019

**DoubleTree by Hilton • 825 E Beaton Drive • West Fargo**

This year's NDMA annual meeting is in collaboration with the North Dakota Chapter of the American College of Physicians. The combined effort allows both groups to share educational sessions and increase peer networking opportunities.

## Thursday, October 3

- 3:00 p.m. NDMA Council Meeting  
(Council members only)  
*DoubleTree by Hilton*  
825 E. Beaton Drive, West Fargo, ND
- 5:30 p.m. NDMA Annual Meeting Social;  
Hosted by First District Medical Society  
*Blarney Stone Irish Pub,*  
1910 9th Street E, West Fargo ND  
This is a quick two-minute walk from  
the DoubleTree by Hilton

## Friday, October 4

- 7:30 a.m. Breakfast with the Dean:  
Serving North Dakota Today  
and Tomorrow  
*Joshua Wynne, MD, MBA, MPH*  
UND School of Medicine & Health  
Sciences Dean; UND Interim President
- 8:15 a.m. NDMA Policy Forum
- 9:45 a.m. American Medical Association Update:  
Physician Leadership in Shaping the  
Future of Medicine  
*Barbara L. McAneny, MD*  
Immediate Past President,  
American Medical Association
- 10:30 a.m. Break - Network with Sponsors

- 10:45 a.m. Clearing the Smoke: Provider  
Concerns and Medical Marijuana  
*Tracy Vigness Kolb, JD*  
Lawyer and Partner, Meagher & Geer
- 11:45 a.m. Substance Misuse and Substance  
Use Disorders  
*Andrew McLean, MD, MPH*  
Clinical Professor and Chair, UND School  
of Medicine & Health Sciences Department  
of Psychiatry and Behavioral Science
- 12:30 p.m. Leadership Awards Recognition Luncheon
- 2:00 p.m. Asthma Treatment: Standard Therapy,  
Biologics, Bronchial Thermoplasty  
and Beyond  
*Karol Kremens, MD, FCCP*  
Pulmonologist, Essentia Health, Fargo
- 2:45 p.m. Acute Stroke Update  
*Paulina Kunecka, MD*  
Neurologist, Essentia Health, Fargo
- 3:30 p.m. Planning and Publishing Clinical and  
Translational Research  
*Marc Basson, MD, PhD, MBA*  
Senior Associate Dean of Medicine  
and Research, UND School of Medicine  
& Health Sciences
- 5:00 p.m. Adjourn



## NDMA SOCIAL

Thursday, October 3  
5:30 p.m.

Hosted by First  
District Medical Society



Blarney Stone Irish Pub • 1910 9th Street E • West Fargo  
*This is a quick two-minute walk from the DoubleTree by Hilton.*

**We encourage all NDMA Annual Meeting participants to attend this evening of networking and fun.**

To kick off the annual meeting event, the First District Medical Society will host a social on Thursday, October 3rd at the Blarney Stone, right next to the DoubleTree beginning at 5:30 p.m.

Spouses are welcome to attend.

Guests will gather in the Board Room where beverages and plentiful hors d' oeuvres will be served.

***Don't miss this opportunity to unwind, mingle and share a laugh or two.***

## Breakfast with the UND SMHS Dean: Serving North Dakota Today and Tomorrow

Friday, October 4, 7:30 a.m.



UND SMHS Dean Joshua Wynne, MD, MBA, MPH, is the University of North Dakota's vice president for health affairs and dean of the UND School of Medicine & Health Sciences. He was also appointed interim President of UND in June.

Wynne joined the UND School of Medicine & Health Sciences in 2004 and assumed his current leadership role in 2010. Under his direction, the School has intensified its focus on meeting the health care workforce needs of North Dakota. Dr. Wynne will provide an overview of changes happening at the School and review plans for the School's future, including the need for the continuing support of NDMA and its member physicians.

## Policy Forum

Friday, October 4, 8:15 a.m.

This year, instead of a House of Delegates Session, **NDMA leadership will review policy through a Policy Forum.** The forum, which is on a trial basis adopted at last year's annual meeting, is designed to get more interaction among NDMA membership. The Policy 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 annual meeting** and then encouraged to attend the Policy Forum and share in the process.

To introduce a policy issue, NDMA members are invited to submit policy issues by completing a **Policy Issue Form** and submitting it to NDMA no later than Friday, September 20th by 5:00 pm (CT).

The form can be located on our website: [www.ndmed.org](http://www.ndmed.org). If you need assistance contact NDMA at 701-223-9475.

NDMA leadership is excited for the opportunities this transition can bring. We encourage all NDMA members to attend the Policy Forum, which will begin immediately after the first session at 8:15 a.m. This is a great opportunity to learn more about policy issues.

## AMA Update: Physician Leadership In Shaping the Future of Medicine

Friday, October 4, 9:45 a.m.



Barbara L. McAneny, MD, a board-certified medical oncologist/hematologist from Albuquerque, New Mexico, became the 173rd president of the American Medical Association in June 2018 and now serves as past president. She has been a member of the AMA Board of Trustees since June 2010 serving as its chair in 2015-2016.

Dr. McAneny is a fellow and former member of the board of directors of the American Society of Clinical Oncology (ASCO) and is a past president of the following organizations: New Mexico Medical Society, the Greater Albuquerque Medical Association and the New Mexico chapter of the American College of Physicians. In addition, she has served as a member of the Community Oncology Alliance Board of Trustees and on the board of directors of the Cancer Center Business Summit. She became the delegate to the AMA from ASCO in 2002 and was elected to the AMA Council on Medical Service in 2003, serving as its chair in 2009-2010.

In her presentation, Dr. McAneny will update the audience on challenges facing physicians in the future of medicine and its impact on healthcare.

## BREAK 10:30 a.m. – 10:45 a.m.

**Show Your Support!** NDMA sponsors have gone above and beyond to support this event. Be sure to visit the booths to learn what's new and to thank them for their support.

## Clearing the Smoke: Provider Concerns and Medical Marijuana

Friday, October 4, 10:45 a.m.



Tracy Vigness Kolb, JD, is a lawyer at Meagher & Geer in Bismarck, North Dakota. She has been practicing law in North Dakota since 1995 in the private and public sector handling litigation, administrative and legislative matters and legal and regulatory compliance matters, particularly in the health care setting. Her private practice has been devoted primarily to litigation, mostly representing health care providers—hospitals, clinics, physicians, nurses, and long-term care facilities—and the defense of medical malpractice cases. Tracy has also represented providers in state regulatory licensing and disciplinary matters.

Since November 2016 when North Dakota voters approved the medical marijuana initiated measure, Tracy has been a frequent speaker before audiences of health care providers discussing and addressing the new law and the legal issues confronting providers. In her presentation, Tracy will describe the role of providers under North Dakota law and discuss the risks and legal issues raised by providers.



## Leadership Awards Recognition Luncheon • Friday, October 4, 12:30 p.m.

The Leadership Awards Recognition Luncheon will present the 2019 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-three distinguished physicians across the state.

Other awards presented will be the 2019 Friend of Medicine Award and a first-time ever 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.

### Substance Misuse and Substance Use Disorders

Friday, October 4, 11:45 a.m.



Andrew McLean, MD, MPH, is a psychiatrist in Fargo, North Dakota. He received his Bachelor of Science degree in psychology and a Medical Degree from UND School of Medicine & Health Sciences. He completed his residency in Psychiatry at the University of Wisconsin Hospital and Clinics and is board certified by the American Board of Psychiatry and Neurology.

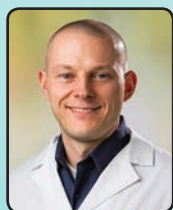
Dr. McLean serves as Clinical Professor and Chair of the UND School of Medicine & Health Sciences Department of Psychiatry and Behavioral Science.

In his 27 years of practice he has received numerous awards and honors, some of which include: American Psychiatric Association Bruno Lima Award (Outstanding Contributions to Disaster Psychiatry); UND SMHS Dean's Recognition Award for distinguished teaching of residents and medical students; and Health Care Professional of the Year - Metro Area Mayor's Committee on Employment of People with Disabilities.

Dr. McLean will describe the general criteria used in diagnosing substance use disorders and have participants understand the impact of substance misuse and substance use disorders on individual and population health.

### Asthma Treatment: Standard Therapy, Biologics Bronchial Thermoplasty & Beyond

Friday, October 4, 2:00 p.m.



Karol Kremens, MD, FCCP, is a pulmonologist in Fargo and is affiliated with Essentia Health-Fargo. Graduating with honors, he received his medical degree from Wroclaw Medical University in Poland and then completed residency at Norwalk Hospital, Norwalk, Connecticut. He specializes in General Pulmonary Medicine, Asthma and COPD, Critical

Care Medicine and Interventional Pulmonology and has been in practice for 15 years. He is certified by the American Board of Internal Medicine in internal medicine, pulmonary disease and critical care medicine.

In 2019, Dr. Kremens was awarded the UND School of Medicine & Health Sciences Dean's Special Recognition Award for Outstanding Volunteer Faculty.

Dr. Kremens will share with his audience the topic of asthma treatment. He will cover standard therapy, biologics, bronchial thermoplasty and beyond. The presentation will have participants become familiar with standard stepped approaches to asthma, as well as the therapies for moderate and severe asthma not controlled with standard therapy, along with indications and contraindications.

### Acute Stroke Update

Friday, October 4, 2:45 p.m.



Paulina Kunecka, MD, is a neurologist in Fargo, North Dakota and is affiliated with Essentia Health-Fargo. She received her medical degree from Wroclaw Medical University, completed residency at Norwalk Hospital, Norwalk, Connecticut and a fellowship at the University of Minnesota, Minneapolis, Minnesota. She is board certified by the American Board of Internal

Medicine in internal medicine; the American Board of Psychiatry and Neurology in neurology and epilepsy.

Dr. Kunecka's presentation focuses on being able to recognize signs and symptoms of stroke and review of eligibility for intravenous injection of tissue plasminogen activator (tPA) in acute ischemic stroke.

### Planning and Publishing Clinical and Translational Research

Friday, October 4, 3:30 p.m.



Marc Basson, MD, PhD, MBA, UND School of Medicine & Health Sciences Senior Associate Dean for Medicine and Research and Director of DaCCoTA Cancer Research Consortium, is a board-certified surgeon by the American Board of Surgery. He is also affiliated as a surgeon through Altru Health System in Grand Forks.

Dr. Basson specializes in clinical and research efforts related to medical students, residents and practicing physicians and holds the title of professor for the Health Sciences for the Biomedical Sciences and Surgery programs.



He received his Medical Degree at the University of Michigan, Ann Arbor, Michigan where he also received his education in Philosophy of Medicine, Biomedical Science, and Experimental Pathology, PhD. He completed his residency for general surgery in several locations: Columbia Presbyterian, New York, New York; Down State Medical School, Brooklyn, New York; and St. Mary's Hospital, Waterbury, Connecticut.

This session aims to have participants understand what makes a good research question and how to turn a good research project into a published manuscript.

## Adjourn

**Friday, October 4, 5:00 p.m.**

## Continuing Medical Education

This activity has been planned and implemented in accordance with the American College of Physicians, accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Physicians designates this live activity for a maximum of 5.5 AMA PRA Category 1 Credit(s)™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 5.5 medical knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

### Learning Objectives:

At the conclusion of this activity, the participant will be able to:

- Describe the general criteria used in diagnosing substance use disorders and understand the impact of substance misuse and substance use disorders on individual and population health.
- Be familiar with standard stepped approach to asthma, as well as the therapies for moderate and severe asthma not controlled with standard therapy, along with indications and contraindications.
- Recognize signs and symptoms of stroke and review of eligibility for intravenous TPA in acute ischemic stroke.
- Describe the role of providers under ND law regarding medical marijuana and discuss the risks and legal issues raised for providers under the law.

## NDMA Slate of Officers

This year, the 2019-20 election of officers *will be held prior to the annual meeting through an online election process*. This approach allows more NDMA members an opportunity to participate in the election process.

This year's slate of officers includes the election of a Policy Forum Chair and temporarily suspends the Speaker of the House leadership role.

In September, NDMA members will receive a ballot via email to vote on the following slate of officers:



### PRESIDENT

Misty K. Anderson, DO  
Valley City, ND  
Nominated by  
5th District Medical Society



### VICE PRESIDENT

Joshua C. Ranum, MD  
Hettinger, ND  
Nominated by  
11th District Medical Society



### POLICY FORUM CHAIR

Stephanie K. Dahl, MD  
Fargo, ND  
Nominated by  
1st District Medical Society



### SECRETARY-TREASURER

David F. Schmitz, MD  
Grand Forks, ND  
Nominated by  
3rd District Medical Society



### AMA Delegate

Shari L. Orser, MD  
Bismarck, ND  
Nominated by  
6th District Medical Society



### AMA Alternate Delegate

Michael A. Booth, MD  
Bismarck, ND  
Nominated by  
6th District Medical Society

# Register Today!

Complete the form or  
register online at **ndmed.org**



## Lodging

A block of rooms has been reserved for Thursday, October 3rd, at the DoubleTree by Hilton located at 825 E. Beaton Drive, West Fargo, ND, at the low rate of \$114.00 US, plus tax.

When making your reservation, be sure to mention that you will be attending the NDMA/ACP North Dakota Chapter meeting. The rooms are available on a first-come, first-served basis, so make your reservation as early as possible by calling the hotel directly at 701-551-0120 or using the reservation link below.

**Cancellation policy:**  
24 hours before the day of arrival.

**Reservation link:** <https://doubletree.hilton.com/en/dt/groups/personalized/B/BISWFDT-NDM-20191003/index.jhtml>

**DoubleTree  
by Hilton Hotel**  
825 E. Beaton Dr.  
West Fargo, ND 58078



## Annual Meeting Registration Form

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Guest(s) First/Last Name \_\_\_\_\_

**Registration Fee: \$50** - includes the Friday conference day breakfast, lunch and educational credit costs. Please indicate below which events you will be attending. *If you choose to participate in only the Policy Forum session, there is no registration fee.*

\_\_\_\_\_ Number attending Thursday, October 3 evening NDMA Social

\_\_\_\_\_ Number attending Friday, October 4 breakfast

\_\_\_\_\_ Number attending Friday, October 4 educational program

\_\_\_\_\_ Number attending Friday, October 4 luncheon

\_\_\_\_\_ I will ONLY attend the Policy Forum

I wish to contribute to the NDMA PAC (Suggested donation \$200) \$ \_\_\_\_\_

\_\_\_\_\_ Number attending annual meeting @ \$50 per person \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

**CONFERENCE CANCELLATION POLICY:** No refunds after October 1, 2019.

Please mail this form along with payment no later than September 30, 2019 to:

**NDMA, 1622 E. Interstate Ave., Bismarck, ND 58503-0512**

Fax credit card orders to: NDMA at 701-223-9476 \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express

Name on credit card (please print) \_\_\_\_\_

Card Number \_\_\_\_\_ CSC \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Zip Code \_\_\_\_\_

3 digit code/  
Am. Express 4 digits  
on front of card



# SPONSORS

On behalf of NDMA and its leadership, we express our sincere gratitude for the following generous sponsors to our 2019 Annual Meeting. Please take the time to visit the booths, learn what's new and thank them for their support.



# New North Dakota Eye Surgeon Sees Value in Local Eye Bank

While Dr. Paul Selid is the newest practitioner at Dakota Eye Institute, he's by no means new to North Dakota. Paul grew up in Williston and went to medical school at the University of North Dakota School of Medicine & Health Sciences in Grand Forks. After completing his residency in ophthalmology with a fellowship in cornea, external disease and refractive surgery at the University of Wisconsin, he was ready to return home to continue building his practice.



Besides his hometown ties, Dr. Selid says the fact that there is a local eye bank is a great asset for his practice and his patients. He appreciates the ability to work closely with Dakota Lions Sight & Health technicians to receive tissue that perfectly

fits his requirements. He said his patients appreciate that the donated tissue comes from local people. Being local also means he'll receive tissue quicker than if it were sourced from elsewhere.

At the Dakota Eye Institute, Dr. Selid will specialize in the treatment of cataracts, cornea transplantation and refractive eye surgery, including custom LASIK. When not working, he enjoys all the great outdoor activities North Dakota offers and spending time with his family.

Marcy Dimond, Chief Executive Officer of Dakota Lions Sight & Health said: *It's a pleasure to welcome another surgeon to our medical community. The more providers our communities have, the better it is for everyone. As with all the surgeons who utilize our services, we plan to work very closely with Dr. Selid to ensure he has the highest quality tissue to provide his patients with the life-changing gift of sight.*



Dakota Lions Sight & Health  
Eye and Tissue Donation

Dr. Selid will be based out of the Dakota Eye Institute's Bismarck location, and will also travel to other locations. He believes many of the procedures he will be performing have never been offered in these areas of the state. Reducing travel for patients and ensuring they receive the most advanced ophthalmological care will positively impact many lives.

Local people helping local people is the idea behind the non-profit Dakota Lions Sight & Health's mission. A local man returning home to care for his neighbors and improve lives with the assistance of Dakota Lions Sight & Health brings the benefits of national-quality healthcare to our communities. §



## SUPPORT NDMA PAC!

NDMA is on the front lines advocating for you and your patients on crucial issues that impact medicine, fighting on your behalf for improved insurance coverage, fair reimbursement and for prevention and wellness initiatives.

The work done by NDMA represents your interests and can't be done without your support. Your time is valuable and supporting NDMA PAC is the easiest, quickest, and most effective way to make your voice heard.

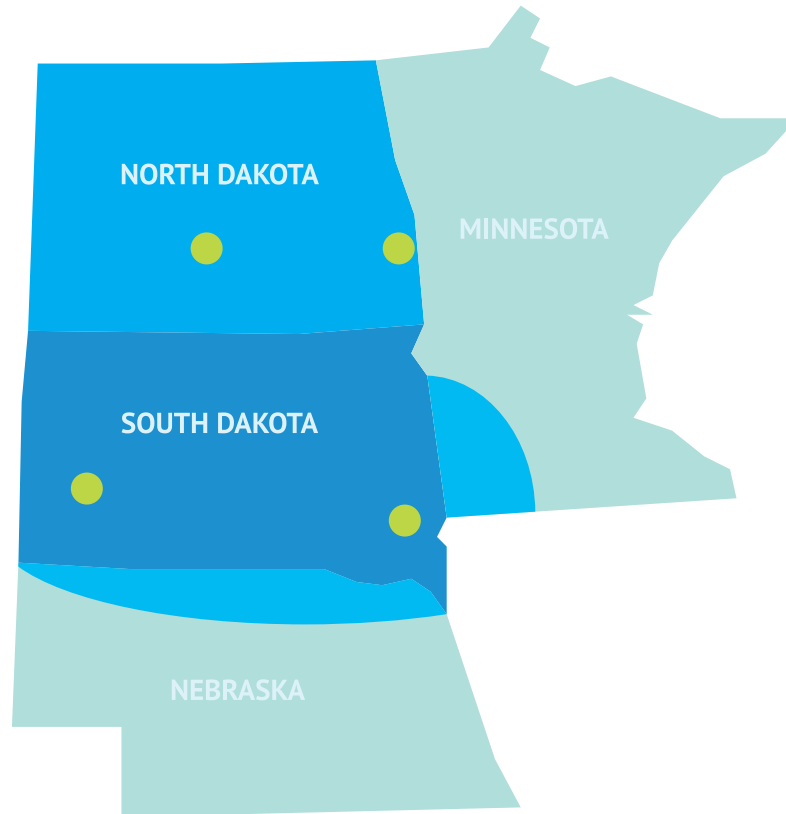
Please support your NDMA PAC with a financial gift today!

Consider making a PAC contribution by calling 701-223-9475  
All major credit cards accepted, or send to:  
NDMA PAC • 1622 East Interstate Ave • Bismarck, ND 58503-0512



# 443

# DAKOTANS SAW A MIRACLE LAST YEAR



2018 was a remarkable year for hundreds of people in North Dakota, South Dakota and the surrounding states. It was the year they regained a clearer view of their world thanks to receiving successful cornea transplants.

Your local, non-profit eye bank, Dakota Lions Sight & Health, is dedicated to providing the most viable tissue for surgeons and researchers, leading the way in the most advanced tissue preparation technologies. As a community eye bank, we provide donor family support to help ensure even more people will see something miraculous in the years to come.



Dakota Lions Sight & Health

Eye and Tissue Donation

**#CommunityEyeBank – 2018 cornea transplants**

To learn more about your local, non-profit eye bank please visit [dakotasight.com](http://dakotasight.com).

Our promise  
*you first*



FIBT.com

### Private banking. A wealth of exclusive services.

Private banking clients can expect exclusive customized benefits, a team of experts ready to assist in all areas of financial services, and expedited access to capital.

We understand that it's more than just money in your account. It's about building a trusted relationship. Your Private Banker is here to take care of your financial service needs; to build that trust, to accomplish your goals, so you can do what matters most, Live First.



**Charles Cooper**  
Private Banking Manager

(701) 499-7551  
3001 25th St, Fargo



**Renee Daffinrud**  
Private Banking Manager

(701) 751-8511  
1601 N 12th St, Bismarck





# Why You Should Meet with a Private Banker

Having a meaningful relationship with your banker is similar to having a great relationship with your medical team. People want someone they trust, that listens to their concerns and follows a disciplined process to get the desired results. All too often, banking is thought of as a transactional business; clients come in when they have a specific need and don't have an established relationship with a banker. Often when a need arises, a quick decision is necessary, and it is more of an emergency. This type of situation usually isn't the best time to start getting to know your banker. Just like having a good relationship with your physician, having an established history with your financial team is important. After our physical health and well-being, our financial health is one of the most important aspects of our life. Having a plan to keep the financial side of life on track is critical.


First International Bank & Trust (FIBT) is proud to offer Private Banking as a

concierge-style approach to customizing solutions to help our clients realize their unique goals. Our clients will enjoy unique privileges, attentive service, and a more artful approach to banking. FIBT Private Banking is designed to bring our most valued client the very best that we have to offer. It starts with a Relationship Review where we spend time getting to know each other, talking about your goals, your family, and your passions. Asking questions and gathering data to present customized solutions. Delivering efficient implementation of the chosen strategy and then monitoring progress and changing strategies should life change directions. Private bankers develop a strong relationship with their clients through trusted, honest advice and by demonstrating the highest level of service possible. Often, that means responding to client needs after standard business hours.

Private Banking clients at FIBT will have a team of specialists helping them execute their plans and stay on track with their



goals. That being said, the day-to-day needs of our clients are not overlooked but rather handled with expert guidance and personal service. Unique and exclusive products, access to senior leadership and invites to special events are benefits of being a Private Banking client.

Driven by our entrepreneurial family-owned spirit, FIBT uses collaborative thinking to find creative solutions to our client's needs. Providing world-class service is the foundation of the relationships we have with our clients. Our experienced team members put the client's goals first and work from there to create a plan that will help them stay on track for success. Looking holistically at the entire balance sheet allows FIBT Private Banking to help our clients, live first. 

*We would love to visit with you at the NDMA Annual Meeting in Fargo on October 4th. Stop by our booth!*



# Getting the Colonoscopy Paid For: Eliminating a Subtle Financial Barrier

When I first started performing colonoscopy, patients would tell me that the only way they would agree to the procedure is if it would be covered by insurance and their insurance did not cover screening procedures. A few years ago, these conversations changed to, "I am not going to have this done unless it is for screening! I have to pay a lot more if it is not for screening." What was going on?

Eliminating barriers to cancer screening is an ongoing challenge for providers and patients alike. Especially with colon cancer screening, barriers to getting patients to undergo testing can be daunting. The obvious barriers, like the invasiveness and complexity of the procedures are usually addressed by providers; however, another set of barriers, cost and insurance coverage, is more complex and difficult to navigate.

The main issue arises from competing provisions of the Affordable Care Act (ACA). The first provision is that all ACA-compliant insurance policies are supposed to cover all preventative services approved and recommended by the UPSTF with no co-pay. The second provision is that "grandfathered" policies (those that were in force before the ACA) are not required to cover recommended preventative services in this fashion. Thus, if a patient has an ACA-compliant policy, all screening services including colonoscopy, are intended to be free to the patient. If they have a grandfathered plan, then the colonoscopy does not have to be covered at all.

Back in the pre-ACA era, insurance companies were likely to pay for "diagnostic" colonoscopies and not pay for screening colonoscopies. Diagnostic colonoscopies are done to evaluate rectal bleeding. If the physician was able to document some form of rectal bleeding, even in small amounts, the procedure would be covered, but the co-pay would apply to the cost. Most plans did not cover screening colonoscopies at all, so pressure was placed on the physician to provide enough documentation to qualify the patient for a diagnostic colonoscopy, even if the main point was for colon cancer screening. After the ACA took effect, the pressure on the physician switched. If the colonoscopy could be classified as "only" for screening, then it would be 100% covered, making it much more preferable to patients to not document any symptoms that would qualify the colonoscopy as a diagnostic procedure.

The next issue that can affect the classifying of the colonoscopy as screening or diagnostic has resulted from the use of stool FOBT cards for screening. Technically, when screening for colon cancer is done with this modality, the screening is not complete until a colonoscopy is done if the FOBT stool card test is positive. The problem can arise based on how the FOBT test is coded in the chart. If the purpose of the FOBT card test is coded as colon cancer screening, and the subsequent referral for colonoscopy for a positive test is similarly coded, then the colonoscopy is a screening colonoscopy and covered 100% by an ACA-compliant plan. If the purpose of the FOBT card was to verify reported rectal bleeding, the follow-up colonoscopy would no longer be considered screening. It now becomes a diagnostic colonoscopy.

So, for the individual patient in front of the physician, how do we make sure they are getting the benefit of their insurance, and how do we make sure there are no surprises when



Jeff Hostetter, MD  
Family Medicine Program Director  
UND Center for Family Medicine Bismarck

they get the bill for the procedure? First, we should ask them about their insurance. Do they know if their policy covers preventative care? Is their policy a grandfathered plan? If they do not know, clinic staff can help them find out. Second, we should make sure the coding staff understands the nuances of coding for the purpose of the colonoscopy as described above, and make sure it gets coded the right way.

If we do these two things, we can avoid surprises, eliminate barriers, and take better care of our patients. §



The Bismarck Cancer Center provides world-class radiation therapy services to individuals with cancer.

*Exceptional cancer treatment and caring support for your body, mind and spirit.*



**BISMARCK  
CANCER CENTER**

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



# LEADERSHIP HONORS

NDMA – DEVELOPING LEADERS SINCE 1887

## Mary Aaland, MD, FACS, Appointed to ND Medicaid Drug Utilization Review Board



NDMA member Dr. Mary Aaland was appointed to the ND Medicaid Drug Utilization Review (DUR) Board by NDMA President Fadel Nammour, MD.

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

inappropriate or medically unnecessary care.

The DUR Board includes six physicians, six pharmacists, and three non-voting members as outlined by State Law and Administrative Rules.

Other NDMA members serving on the board include: A. Michael Booth, MD; Jeffrey Hostetter, MD; Michael Quast, MD; and Laura Schield, MD. Dr. Aaland will replace Dr. Jeffrey Hostetter, whose term is due to expire soon.

## Duane Glasner, MD, Receives Dakota Conference 2019 Outstanding Rural Health Career Award



Dr. Duane Glasner, a family medicine physician and lifetime NDMA member, is the 2019 recipient of the Dakota Conference 2019 Rural Health's Outstanding Rural Health Career Award recipient.

Dr. Glasner, also known as Dr. G, served the Rolla community practicing as a physician at the Rolla hospital and clinic for 40 years. He was nominated by Rolette County Public Health District, where he currently serves as the health officer.

His dedication to his patients and service to the community are unequivocally of the highest standard. His long hours of dedication reached into the community by day and night, serving healthcare to patients and delivering many babies.

## Genevieve "Gigi" Goven, MD, Accepts Position to Serve on the Federation of State Medical Board Bylaws Committee



The Federation of State Medical Boards (FSMB) leadership selected NDMA member Genevieve "Gigi" Goven, MD, a family medicine specialist with Sanford Health in Valley City, to serve a one-year term on the FSMB's Bylaws Committee.

The Federation of State Medical Boards represents the 70 state medical and osteopathic regulatory boards—commonly referred to as state medical

boards—within the United States, its territories and the District of Columbia.

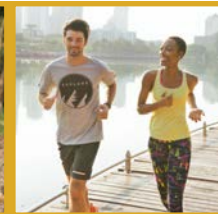
It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals.

The Bylaws Committee assesses the FSMB Bylaws each year including proposals for amendments and requests for interpretation. The Committee may make recommendations to the House of Delegates for changes, deletions, or modifications to the Bylaws.



The Bone & Joint Center  
Orthopaedic Center of Excellence

*Care That Keeps You Moving*



Reconstructive Services • Sports Injuries • Therapy • Joint Education • Osteoporosis

### The Largest Independent Private Orthopaedic Practice in North Dakota

As the largest private orthopaedic practice in North Dakota, our orthopaedic experts specialize in the diagnosis and treatment of hands, shoulders, hips, knees, ankles, and feet. Our team is made up of all board-certified orthopaedic surgeons, along with experienced therapists and a team of customer service experts that handle all your orthopedic needs. With offices throughout North Dakota, we provide the best care for our patients wherever you might need us.

Duncan B. Ackerman, MD  
Timothy J. Bopp, MD  
Chad B. Carlson, MD

Joseph W. Carlson, MD  
Derrick O. Cote, MD  
Brian P. Dahl, MD

Timothy J. Juelson, MD  
Brock A. Norrie, MD  
Troy D. Pierce, MD

1-800-424-2663 • 310 N 9th St. Bismarck, ND 58501 • [www.bone-joint.com](http://www.bone-joint.com)

# News from the Dean

## UND School of Medicine and Health Sciences



As you may know, I recently was asked to serve as the interim president of the University of North Dakota in addition to my current position as vice president for health affairs and dean of your UND School of Medicine & Health Sciences (SMHS). This unexpected development followed the rather sudden departure of then-president Mark Kennedy for the senior leadership position at the University of Colorado. I decided to accept the offer of the interim president because I believe that UND is pointed in the right direction and wouldn't benefit from any attendant instability at this point due to uncertainty about leadership. I'm now in my 10th year as vice president and dean and 15th at UND, so I arguably am the most experienced member of the University's senior leadership team. My plan for UND over the rest of this calendar year or so can be summed up quite succinctly as continuing to move the University forward while striving for excellence. There are so many good initiatives underway—like the focus on student success with an improvement in retention/graduation rates, beautification of the campus, a focus on further research development, and I hope to buttress and support that positive momentum. The UND SMHS obviously is a critical component of that positive movement. In my last column, I focused on three of our initiatives that I will discuss in more detail during the upcoming annual NDMA meeting Oct. 4. Those three initiatives are as follows:

- Redesign of the medical school curriculum with a goal of expanding clinical experiences, helping students prepare better for the national licensure exams that they all take midway through medical school, and more effectively re-introducing basic science concepts during the students' clinical experiences

- Expanding and enriching the School's clinical and translational research activities, with the ultimate goal of speeding the application of discoveries in research laboratories to clinical patient issues
- Expansion of the School's virtual health care delivery activities, where through the use of technology we can effectively bring the clinic to the patient, rather than the other way around

We're making good progress on all three of these efforts. Curricular planning is proceeding nicely, with some important changes (like shortening the preclinical curriculum to 18 months and more integration of the basic and clinical sciences throughout the curriculum) to start as early as July 2020. This will be an evolutionary process that will propagate throughout the curriculum so that our first class trained entirely in the new curriculum will graduate in May 2025. On the research front, I'm delighted to report that our epigenetics group that studies the impact of interventions that affect gene expression without direct alteration of the genome itself recently received re-funding of their foundational grant that supports many of their investigative efforts to the tune of about \$10 million over the next five years. This federally funded grant (called a CoBRE grant, for Center of Biomedical Research Excellence) is one of two that we currently have (the other one addresses host-pathogen interactions, especially by infectious agents). And in the virtual care delivery arena, we are developing curricular content to help train all of our health care students in this burgeoning method of care delivery.

All of these exciting developments are taking place against the backdrop of



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

what we've been doing successfully for the past decade and more—educating the next generation of health care providers, focusing on primary care and rural health care delivery, mitigating student expenses and debt, helping to provide the health care workforce for North Dakota, and discovering new knowledge that improves the quality of life of our citizens.

There are two “external” ingredients that are essential for the successes of the School – strong legislative financial and community support, and the dedicated and selfless educational efforts of part-time or volunteer faculty members like you. The members of the North Dakota Legislature continued its strong support of the School during the recent 66th Legislative Assembly, helping to ensure the continued impact of the Healthcare Workforce Initiative and the RuralMed program, for example.

But perhaps even more important are the many physicians and other health care providers who give generously of their time and experience while educating our students. Thanks to all of you who are clinical (“voluntary”) faculty members for all you do to help educate the next generation of health care providers. As I've mentioned before, we couldn't do it without you. Thank you most sincerely! I hope that I can thank you in person during the traditional Breakfast with the Dean at the next NDMA Annual Meeting at the DoubleTree in Fargo on Oct. 4. [§](#)





# One Loan. One Lender. One Call.

Bank of North Dakota has more than 50 years of experience servicing student loans. Our experts help you make the best decision to manage your student loans.



## One Loan

Refinancing your student loans allows you to combine all of your student loans, both federal and private, into one loan.



## 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](https://bnd.nd.gov/NDMA)



# Sanford Paves the Way for Innovative Medicine

SANFORD  
HEALTH

Just like many industries and services across the nation, Sanford Health continues to undergo fast and historic changes. While the health care system merged with the Good Samaritan Society at the beginning of the year and recently announced exploring the possibility of a merger with Iowa based UnityPoint Health there are also exciting initiatives happening in North Dakota.

In April, Sanford Health in Fargo unveiled its long-term plan for changing cancer treatment in North Dakota and across the country. The plan includes transforming the existing Roger Maris Cancer Center and the Sanford Broadway campus in Fargo into a national destination for cancer care. The new cancer center has four areas of focus:

- **Research and education.** Establishing an oncology fellowship and working closely with partners North Dakota State and the University Of North Dakota.
- **New services and innovation.** Introducing the new “Car T” cell immunotherapy and establishing a bone marrow transplant program – the first in the region.
- **Facilities.** In the next seven to 10 years, the Roger Maris Cancer Center will become the anchor of the reimagined Sanford Broadway campus through \$40 million of growth and improvements in downtown Fargo.
- **Hospice and housing.** Expansion will include a 10-bed inpatient hospice opening this fall.

With this investment in research, training and innovation, Sanford will lead the way in providing cancer care to patients across the country.

Sanford will complete another major construction project in the fall 2020, turning its South University campus into an orthopedic, rehabilitation and sports medicine center. Besides construction, the latest addition is continued investment in state of the art technology including robotics.



Architect's sketch of Sanford's downtown Fargo campus with planned investments of more than \$100 million over the next decade.




Earlier this summer, Sanford Fargo began using a robot to assist with total knee replacement surgeries. During the procedure, a surgeon guides the robotic arm based on the pre-operative plan with computer assistance. This technology allows the surgeon to remove bone, and position the knee implant with the highest level of accuracy. The best part about this new knee replacement practice – the recovery time is minimal. Sanford Fargo also recently acquired two new kinds of robots that will assist with precision during spine surgeries.

In Bismarck, Sanford is investing \$100 million in infrastructure and equipment to create additional services on the main campus in downtown Bismarck. Sanford Bismarck Medical Center recently opened a new CT/MRI unit, featuring a state-of-the-art advanced dual source technology CT machine. The machine offers ultrafast imaging for emergency, trauma and cardiac patients. The new unit also features an MRI system, which enables quieter examinations with up to 70 percent reduction in sound levels and shorter examination times for patients.

Sanford Bismarck Medical Center is also expanding its birth center. It will have a spa environment for new parents, featuring whirlpool tubs to help laboring mothers with post-partum pain. The operating room will also feature a camera system, allowing parents to be more involved in the birth of their baby.

Sanford Bismarck's neonatal intensive care unit (NICU) will also expand to enhance the accommodate more infants needing extra care the NICU in Bismarck will double in size, featuring 18 private rooms that allow parents the opportunity to stay in a room with their babies.

Technology, facilities and methods continue to change but one thing remains the same. People need access to quality, innovative health care and Sanford continues to invest making sure our physicians and staff have what they need to provide great care. The future is bright and all eyes at Sanford will be on continuing to advance medicine. 



# Cancer treatment options close to home

ONLY AT SANFORD HEALTH

Sending your patients away for care is a thing of the past. Sanford Health is investing in the latest technology and services to keep your patients closer to home and give them their best chance. Future services are set to include:

- Stem cell transplant
- Immunotherapy
- Comprehensive Hospice care
- Medical oncology fellowship program

To refer a patient, call (844) 851-1515.

**SANFORD**  
ROGER MARIS  
CANCER CENTER

[cancer.sanfordhealth.org](http://cancer.sanfordhealth.org)

031000-00461 5/19

## AHMED KASSEM, MD

*Pediatric Ophthalmologist*

Dr. Kassem joins Sanford Health as the only fellowship-trained pediatric ophthalmologist in North Dakota. He specializes in:

- Pediatric cataract surgery, glaucoma and ptosis
- Pediatric and adult eye muscle disorders
- Nasolacrimal duct obstruction

Dr. Kassem is now accepting new patients at Sanford South University Medical Center.



Call (701) 461-5100 to schedule an appointment with Ahmed Kassem, MD.

012001-00425 7/19



# How Membership Works for You

NDMA is an invaluable asset to all physicians in the state. Through advocacy, representation, professional development, and presence, NDMA resoundingly demonstrates its worth.

NDMA is the only association that represents all North Dakota physicians.

## Working Collaboratively to Keep Your Practice Strong.

**During the 2019 Legislative Session, NDMA collaborated with physicians and medical practices with remarkable success:**

- **Reauthorization of Medicaid Expansion** at existing rates: the Governor's recommendation proposed to reduce reimbursement rates which would have created a funding gap to providers of **\$220 million**.
- **Interstate Medical Licensure Compact:** expedites licensure for physicians. This creates an advantage for practices to bring physicians on board quickly. North Dakota now joins 28 other states for expedited licensure and renewal.
- **Prescribing Authority:** defeated Workforce Safety Insurance bill that would have placed prescriber day limits on opioids, benzodiazepines and muscle relaxants. These decisions are best left to the treating physician.
- **Prior Authorization on Medicaid Adult ADHD Medications:** testified against the bill, resulting in a compromised amendment for patients age 21 and over. Prior authorization is only required by prescribers for those at a rate two times higher than the rate of the top ten prescribers, minus the top prescriber.

## NDMA is involved in nearly every North Dakota private and public health-related policy committee

*NDMA's Executive Director and staff attend meetings and offer input to numerous state and national committees and agencies, including:*

- Coalition for CRC Screening
- AMA Advocacy Resource Council
- AARP
- American Medical Association
- Behavioral Health Task Force
- Bridging the Dental Gap
- Centers for Medicaid and Medicare Services (CMS)
- Health Care Advisory Council
- Honoring Choices North Dakota
- Health Care Quality Coalition
- Interstate Collaboration on Healthcare
- MSI: Healthy Vibrant Communities SHIP Steering Committee
- Medical Marijuana Advisory Taskforce
- ND Attorney General's Office
- ND Board of Medicine
- ND Dept. of Health
- ND Dept. of Human Services
- Reducing Pharmaceuticals in the Community Task Force
- State Trauma Board
- UND Medical School Advisory Board
- UND Center for Rural Health
- US Congressional Delegations from ND: Senators Hoeven and Cramer; Representative Armstrong



Keeping North Dakota  
well means knowing  
*North Dakota Well*

**Tracy Farahmand**

Customer Contact Center  
Team Leader, Blue Cross Blue  
Shield of North Dakota

**Why choose BCBSND?**

One thousand North Dakotans working for you. Whether taking member questions or making a home away from home at Ronald McDonald House, Tracy Farahmand makes North Dakota and our members a priority.

**This is health insurance, North Dakota style.**

[bcbsnd.com/NDStyle](https://bcbsnd.com/NDStyle)



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

# Congressional Corner

## An Update from North Dakota's Congressional Delegation

### Reducing the Toll of Alzheimer's Disease on North Dakotans & Their Loved Ones



By Senator John Hoeven

Families across our state and nation have lost loved ones to Alzheimer's disease, while nearly 6 million Americans continue to live with the debilitating disease every day, and that number is expected to grow to 14 million by 2050. Moreover, Medicare and Medicaid are projected to spend

more than \$195 billion on those with Alzheimer's and other forms of dementia this year alone, with the nation spending \$290 billion in total, figures which do not include the extensive unpaid costs borne by caregivers. At the local level, Alzheimer's represents the third leading cause of death in North Dakota, and our state has the fifth highest Alzheimer's death rate in the nation. Considering its broad impact on individuals, families and caregivers, it is imperative that we advance comprehensive efforts to prevent and treat Alzheimer's disease, and I am working in the U.S. Senate to do just that.

One of the most notable achievements in our efforts to combat Alzheimer's disease comes through Congress' increased support for research at the National Institutes of Health (NIH). As a member of the Senate Appropriations Committee, I helped secure an unprecedented increase of \$425 million over the previous year for Alzheimer's research. Efforts undertaken at the NIH have directly supported Alzheimer's research in our state, including at our two research institutions – North Dakota State University and the University of North Dakota. In addition, we maintained funding for state and local Alzheimer's initiatives as well as supportive services for family caregivers under the Administration for Community Living (ACL). These were bipartisan efforts, ones that we will continue to advance in the coming fiscal years.

These funding amounts help build on our other legislative efforts, including the **Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act**, bipartisan legislation that I helped pass and that was signed into law last year. This act authorizes the creation of national and regional Alzheimer's Centers of Excellence to support more effective treatment and caregiving interventions to assist those with this disease and their loved ones. The legislation better enables state health departments to promote cognitive health, as well as to collect data and report on Alzheimer's disease and cognitive decline.

I am also a cosponsor of the **Concentrating on High-value Alzheimer's Needs to Get to an End (CHANGE) Act**. This

bill would include an examination for cognitive impairment as part of the annual wellness visit under Medicare and incentivize physicians to provide timely diagnosis and referral to appropriate care planning services. This includes dementia specialists and available patient and caregiver support services in the community. Further, patients would be made aware of any appropriate clinical trials. The goal of this bill is to detect Alzheimer's disease and related dementia at an earlier stage and help ensure that patients and their caregivers receive the information they need in a timely manner.

Through the creation of Alzheimer's-focused infrastructure and systems, as well as robust research, our health care providers, communities and families will be better equipped to detect, treat and prevent this terrible disease and other forms of dementia. That means a higher quality of life not just for those directly affected by the disease, but their caregivers as well. We all have or will feel the impact of Alzheimer's during our lifetime, which is why we will continue to prioritize these and similar efforts at all levels of government and in both the public and private sectors. §

### Addressing A Public Health Crisis



By Congressman Kelly Armstrong

The relentless attention paid to the opioid addiction crisis is not unwarranted. More Americans are dying every year as a result of opioid addiction and its health complications than perished during the Vietnam War. Seemingly, a whole generation of Americans are dying from preventable

causes right before our nation's eyes.

While the epidemic continues, America woke up. Physicians like yourselves started spotting the warning signs in the individuals struggling with addiction. State, local, and tribal governments began pioneering prevention and treatment initiatives. Rules were tightened on access to prescription drugs, one of the gateways to further addiction.

The federal government also took action. In addition to convening congressional hearings to investigate the causes and appropriate responses to the epidemic, Congress invested over \$10 billion in addiction recovery in the last few years.

The funds supported state, local, and tribal governments' networks of service providers to combat opioid addiction. Everything from sober living homes, which provide alcohol- and drug-free living environments for those affected by this public health crisis, to family counseling are provided by a mixture of



government and private sector organizations that are different in every community.

However, an issue with the federal government's funding process is that it's on an annual basis. When faced with uncertain funding, organizations struggle to begin and sustain operations to achieve their mission. They need reliable, predictable funding to start and plan their operations over the course of years, not weeks and months.

To help address this issue, I co-led the introduction of a bipartisan bill to authorize funding for five years instead of one. The State Opioid Response Grant Authorization Act authorizes \$1 billion per year for five years, including \$50 million annually for grants to tribal governments. Tribal communities face unique challenges with the opioid crisis, and dedicated, reliable resources are necessary.

As you gather for your NDMA Annual Meeting this month and discuss policies that will directly benefit public health, I submit this bill as not only policy that will help Americans throughout our great state but also as an example of bipartisan cooperation. The bill was authored by me and Congressman David Trone (D, Md.). Our colleagues Congresswoman Mikie Sherill (D, N.J.) and Congressman Denver Riggleman (R, Va.) joined as original sponsors.

I began this column with grave statistics about the tens of thousands of lives taken by opioids. I want to leave you with positive news regarding our response. Earlier this summer, the Centers for Disease Control and Prevention released data that suggested that the opioid crisis may be waning. Drug overdose deaths dropped from 72,000 in 2017 to 68,000 in 2018.

This is not the time to celebrate, but to double-down on our efforts. But we can appreciate that the response to the crisis has had an impact. Lives are being saved. And that's the most important thing. §

## Committed to Fixing North Dakota's Health Care Issues



By Senator Kevin Cramer

**A**s I speak with North Dakotans, I often hear about the struggles they face caused by the rising- often insurmountable- cost of prescription drugs. Many of us are working to offer solutions that create competition which will lower costs and ensure our regulators have the proper authority to

hold drug manufacturers, pharmacy benefit managers (PBMs), and health insurers accountable.

For example, while 50,000 North Dakotans with diabetes rely on insulin as a life source, the cost of this life supporting biologic has increased astronomically. That is why Senator Tina Smith, Democrat from Minnesota and I teamed up to propose a short-

term emergency access solution, called the Emergency Access to Insulin Act, to assist those in need as we pursue a more permanent fix to this problem. It would expand access to insulin for those who cannot afford it, hold manufacturers accountable for price increases, and promote free-market competition.

Additionally, we introduced bipartisan legislation to speed up approvals of lower-cost, generic, and "follow-on" insulin products. More generic insulin in the market means lower costs for those in need. The Affordable Insulin Approvals Now Act encourages competition and free market solutions to the rising cost of this life-saving drug.

We are also working with the administration. Senators Durbin, Smith, and Cassidy joined me in writing to the FDA in support of a smooth transition of insulin from a small molecule drug to a biologic regulatory pathway. This ensures that pending biosimilar applications are approved promptly and brought to the market quickly, resulting in a lower insulin list price.

Most recently, I joined Senators Shaheen, Collins, and Carper for the introduction of the Insulin Price Reduction Act, which holds PBMs, pharmaceutical companies, and insurers responsible for surging insulin prices by incentivizing reductions in list prices.

Further legislation I support includes the CREATES Act, which targets delay tactics being used to block the development of generic medicine; the Preserve Access to Affordable Generics and Biosimilars Act, which stops the "pay-for-delay" scheme of brand name drug companies compensating generic drug companies to delay entry of a generic drug into the market; and the REMEDY Act, which prohibits the practices by brand name drug companies who manipulate the system by filing numerous additional patents to their product in an attempt to forestall generic competition.

This summer, we began to see progress on these ideas. In June, the Senate HELP Committee voted 20-3 to advance the Lower Health Care Costs Act. This bill- which contains legislative proposals from 36 Democrats and 29 Republicans, including the CREATES Act- aims to end surprise billing, increase transparency, and promote competition.

I am committed to fixing this problem. Solutions exist to lowering the costs of life-saving drugs. Each day, I advocate for these legislative fixes with my colleagues; and I will continue to do so until we see real results. §

# 2019 AMA Annual Meeting Delegate Report



By Shari Orser, MD and Michael Booth, MD

**N**DMA American Medical Association (AMA) Delegate Shari Orser, Alternate Delegate Michael Booth, former AMA Delegate Dennis Wolf, MD, along with NDMA Executive Director Courtney Koebele, joined physicians from around the country in Chicago to attend the 2019 AMA Annual Meeting.

Susan R. Bailey, MD, won the office of AMA president-elect. The Fort Worth, Texas, allergist and immunologist is the third woman in a row to hold the office. Following a year-long term as president-elect, Dr. Bailey will assume the office of AMA president in June 2020. She will be the third woman in a row to hold the position.

AMA Immediate Past President Barbara L. McAneny, MD, and AMA President Patrice A. Harris, MD, MA, preceded Dr. Bailey in the office of AMA president-elect.

"It is a deep honor and privilege to be named president-elect of an organization that is committed to helping the medical profession and the patients we serve," Dr. Bailey said during her acceptance speech. "Challenging times remain for the health care system and as AMA president-elect, I pledge to serve as a strong voice and dedicated advocate for patients and physicians on the pressing health care issues confronting our nation."

Here is an overview of some of the policies adopted at the meeting:

## Health Care Consolidation

To protect patients and physicians from the potential negative effects of consolidation, delegates adopted new policy to:

- Affirm that antitrust relief for physicians remains a top AMA priority and that health care entity mergers should be examined individually, taking into account case-specific variables of market power and patient needs.
- Support rigorous review and scrutiny of proposed mergers to determine their effects on patients and physicians.
- Continue to support actions that promote competition and choice, including: eliminating state certificate of need laws; repealing the ban on physician-owned hospitals; reducing administrative burdens that make it difficult for physician practices to compete; and achieving meaningful price transparency.

## Physician Burnout

To further the Association's work in combating physician burnout, delegates modified AMA policy to:

- Encourage state medical societies to collaborate with the state medical boards to develop strategies to destigmatize physician burnout and encourage physicians to participate in the state's physician health program without fear of loss of license or employment.
- Encourage medical staffs or organizational leadership to anonymously survey physicians to identify local factors that may lead to physician demoralization.
- Continue to address the institutional causes of physician demoralization and burnout, such as the burden of documentation requirements, inefficient workflows and regulatory oversight; and develop and promote mechanisms by which physicians in all practice settings can reduce the risk and effects of demoralization and burnout, including implementing targeted practice-transformation interventions, validated assessment tools, and promoting a culture of well-being.

## Pain Management

The AMA House of Delegates (HOD) adopted new policy to:

- Advocate for state legislatures and other policymakers, health insurance companies and pharmaceutical benefit management companies to remove barriers, including prior authorization, to nonopioid pain care.
- Oppose health insurance company and pharmacy benefit management company utilization-management policies, including prior authorization, that restrict access to post-operative pain care, including opioid analgesics, if those policies are not based upon sound clinical evidence, data and emerging research.
- Support balanced opioid-sparing policies that are not based on hard thresholds, but on patient individuality, and help ensure safe prescribing practices, minimize workflow disruption, and ensure patients have access to their medications in a timely manner, without additional, cumbersome documentation requirements.
- The AMA was also directed to incorporate into its advocacy that clinical practice guidelines specific to cancer treatment,



palliative care, and end of life care be used in lieu of the CDC's Guideline for Prescribing Opioids for Chronic Pain as per the CDC's clarifying recommendation.

- A separate resolution notes there is a “pain treatment gap” because pharmacy benefit plans will not cover medications that could serve as alternatives to opioids for treatment of pain.

## Physician Suicide

How often do physicians and medical students die of suicide? Two in five physicians screen positive for depression and mental health issues and burnout and other stressors are prominent across the continuum of physician education and practice. Medical students, meanwhile, are three times likelier to die of suicide than their counterparts in the general population. The AMA is seeking a clearer picture of the issue to direct effective action and save lives.

The AMA will:

- Explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies.
- Monitor progress by the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education to collect data on medical student and resident or

fellow suicides to identify patterns that could predict such events.

- Support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and support access to free, confidential, and immediately available stigma-free mental health and substance use disorder services.

## Graduate Medical Education (GME) Funding

Delegates modified AMA policy to “encourage the Secretary of the U.S. Department of Health and Human Services to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems and health centers with residency programs are utilizing these financial resources to meet the nation's health care workforce needs.”

“This includes,” the policy adds, “information on payment amounts by the type of training programs supported, resident training costs and revenue generation, output or outcomes related to health workforce planning (i.e., percentage of primary care residents that went on to practice in rural or medically underserved areas), and measures related to resident competency and educational quality offered by GME training programs.”



**Fadel Nammour**  
M.D. FACP FACP



**Stephanie Uselman**  
PA-C



**FOR A GOOD GUT FEELING**

**We're an independently owned clinic of expert professionals who want to get to the bottom of your digestive issues in a relaxing atmosphere.**

**COLONOSCOPY SCREENING • HEMORRHOID BANDING • NON SURGICAL WEIGHT LOSS PROCEDURE**



701.356.1001 | 5049 33rd Ave S, Fargo, ND | Hours: Mon-Fri 7:30am-4:30pm | dakotagi.com

# What Barriers Prevent Physicians from Seeking Mental Health Care?

Submitted by North Dakota Professional Health Program (NDPHP)

Although physicians should recognize the value of obtaining treatment, they often are the most reluctant to access medical care and frequently receive poorer care than other patients (e.g., fewer laboratory tests, less rigorous medical evaluations). Some physicians simply may not interpret their symptoms as indicative of distress. Instead, they attribute their feelings to general stress or burnout, which they may view as typical among their colleagues and thus unworthy of intervention. This further underscores the need for widespread education about physician suicide and its warning signs. Among physicians, risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. This can lead to a tragic outcome.



In other cases, physicians recognize their distress but fail to seek care through a conscious choice, often influenced by a variety of factors, including:

- Privacy and confidentiality concerns
- Stigma
- Fear of losing or having restrictions placed on their medical license or other practice privileges
- Concerns about losing health, life, disability and professional liability insurance



- Concerns about permanent documentation on their work or student records
- Concerns about subsequent professional advancement
- Lack of a primary care provider
- Lack of time
- Self-treatment

- Unaddressed mental health conditions, in the long run, are more likely to have a negative impact on a physician's professional reputation and practice than reaching out for help early.

- The truth is that physicians who proactively address their mental health are better able to optimally care for patients and sustain their resilience in the face of stress.

- Mental health problems are best addressed by combining healthy self-care strategies (which should not include self-medicating) along with effective treatment for mental health conditions.

- Take the first step toward healing and wholeness by visiting [www.ndphp.org](http://www.ndphp.org) or calling 701-751-5090. §

---

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

---

**Opportunity for a board certified surgeon to utilize a AAAASF accredited 20 ft x 21 ft second floor operating room with windows. Elevator access available. This is a state of the art facility with the option to also lease the clinic space on certain days of the week. Located in Bismarck, ND.**

**Please contact the Practice Administrator, Candace Doerr at 701-530-8455 for more information.**



**Advanced Surgical Arts Center**  
D'ARCY A. HONEYCUTT, M.D., F.A.C.S





# Go Beyond Coverage

**Take your health plan further with Sanford Health Plan.**

Let the team at Sanford Health Plan help you navigate the ins and outs of health insurance for your business. Through both focused and broad network designs, we provide access to the region's leading health care providers and specialties.

**Our small and large employer plans give you access to:**

- COBRA administration included at no cost
- Savings on dental, vision and hearing services\*
- Monthly \$20 fitness reimbursements for employees
- HRA, HSA, FSA services
- Up to 60% savings on Profile by Sanford®
- Local service every step of the way

**Call (888) 535-4831 or visit [sanfordhealthplan.com](http://sanfordhealthplan.com) to learn more.**

\*At participating providers only; certain restrictions may apply.



**SANFORD®**  
HEALTH PLAN

# Protecting a Physician's Online Reputation

**P**atient complaints often share one common denominator—a breakdown in the physician-patient relationship. When the breakdown is more business oriented, a negative online comment can occur. The best options, therefore, for protecting your online reputation should be directed at repairing and preserving relationships with your patients.

Ignoring a negative comment looks like you do not care or agree the comment is valid. Hiding or removing negative reviews may result in a re-post of the comment on multiple sites, pointing out your efforts to “hide the truth.” Attacking the commenter is dangerous and often results in more malicious or derisive comments.

What should a doctor do, then? Recognize that you have an unhappy patient. Respond to the complaint in a positive manner. React based on a full and objective assessment of the situation.

## Recognize

Recognizing that the patient is unhappy is difficult when you are feeling attacked. Negative comments invoke defensive reactions and fears that the physician's reputation and practice may be seriously harmed. Despite these normal reactions, the patient's concerns must be addressed in a professional and appropriate manner. Whether the patient's complaints are justified or not, the patient is unhappy enough to make his or her complaints known to the world at large. Remember that this is only one of many patients in the practice, most of whom are very happy. While action is often prudent, it needs to be measured and appropriate to the context.

## Respond positively

Acknowledge that the patient is not satisfied, that patient satisfaction is important, and ask to take the conversation offline to address the issue. The written response should be tailored to the specific complaint. If a patient is unhappy about waiting too long for an appointment, an appropriate response might be: “Thank you for taking the time to comment. While we try to respect each patient's time, sometimes the number of people who need our help causes unexpected delays, especially when emergencies arise. If there is anything we can do, please give us a call at the office. Your satisfaction is important to us.” If the patient does not call, contact him or her. People will often say things online that they would never say face-to-face. A phone call provides a better chance of connecting with the patient and solving the problem. Before responding, cool off. Let it sit overnight and ask a trusted colleague to review it before posting. Also, be careful about HIPAA. Do not include treatment or payment information or provide patient names or identifying information in your response.

## React appropriately

Sometimes patients are right. Maybe the physician was just having a bad day. An explanation and an apology is usually all that it takes to resolve this situation. Maybe the payment policy for “no shows” should not be absolute and it can be waived for the mom who missed her appointment because she had to pick up her sick kid from school. Maybe the problem really is a rude front desk person and corrective action should be taken. Take this opportunity to evaluate the practice and improve it.



Dean McConnell, JD, Senior  
Legal Counsel  
COPIC Legal Department

Sometimes patients are wrong. Nevertheless, they are still patients. Maybe they were having a bad day. Maybe this patient is just not the right fit for your practice and you can provide them with a referral to a colleague that might be a better fit. In resolving these issues, communication with the patient is critical. Try to understand the situation from their perspective and consider whether there is some concession you can live with. Perhaps an explanation of how “no shows” affect the practice, a one-time waiver of the fee, and a clear communication that future “no shows” will be charged. A good, long-term patient might be saved for the price of an office visit. Patients who have been heard will sometimes remove their own negative comment or, better yet, post a positive one extolling how the doctor cares about patients and was willing to listen and address the problem.

## Rally the Troops

Build a following of good patients online. Post a short blog on a health topic of interest. Ask patients to post reviews. These activities build a positive presence online. A negative comment will look like an outlier and provoke positive responses from your followers. For the most serious violations, and as the last resort, consult an attorney about bringing a defamation claim. §



# A TRUSTED PARTNER WITH PROVEN EXPERIENCE

COPIC is a better option for medical liability coverage that offers more. Our industry-leading programs support physicians, medical professionals, group practices, hospitals, and medical facilities to deliver improved patient care. And having a proven partner means you can focus on what matters most—better medicine and better lives.

COPIC benefits include:

- **Physician-led company** recognized for its patient safety and risk management programs.
- **A 24/7 risk management hotline staffed by physicians** for guidance in urgent situations.
- **An array of educational activities** that include in-person seminars, on-demand courses, and multi-day conferences.
- **Frequency of claims among COPIC insureds is 30% less than the national average.**
- **20+ years of experience with communication and resolution programs** that address patients' needs and work toward a resolution after an unexpected outcome.
- **On-site reviews that identify high-risk areas** and best practices to address these.



Better Medicine • Better Lives

[www.callcopic.com](http://www.callcopic.com)

For more information, please contact  
Jerry O'Connell at [joconnell@copic.com](mailto:joconnell@copic.com)  
or (844) 858-1411.

*COPIC is the endorsed carrier of the:*



Colorado Hospital Association	Minnesota Medical Association
Colorado Medical Society	Nebraska Medical Association
Iowa Medical Society	South Dakota State Medical Assoc.
Utah Medical Association	



North Dakota Medical Association  
1622 E. Interstate Avenue  
Bismarck, ND 58503-0512

PRESORT STANDARD  
US POSTAGE  
**PAID**  
Bismarck, ND 58501  
Permit No. 433



# North Dakota Professional Health Program



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

919 S. 7<sup>th</sup> St., Suite 305  
Bismarck, ND 58504  
701.751.5090

Visit [www.NDPHP.org](http://www.NDPHP.org) to learn more.