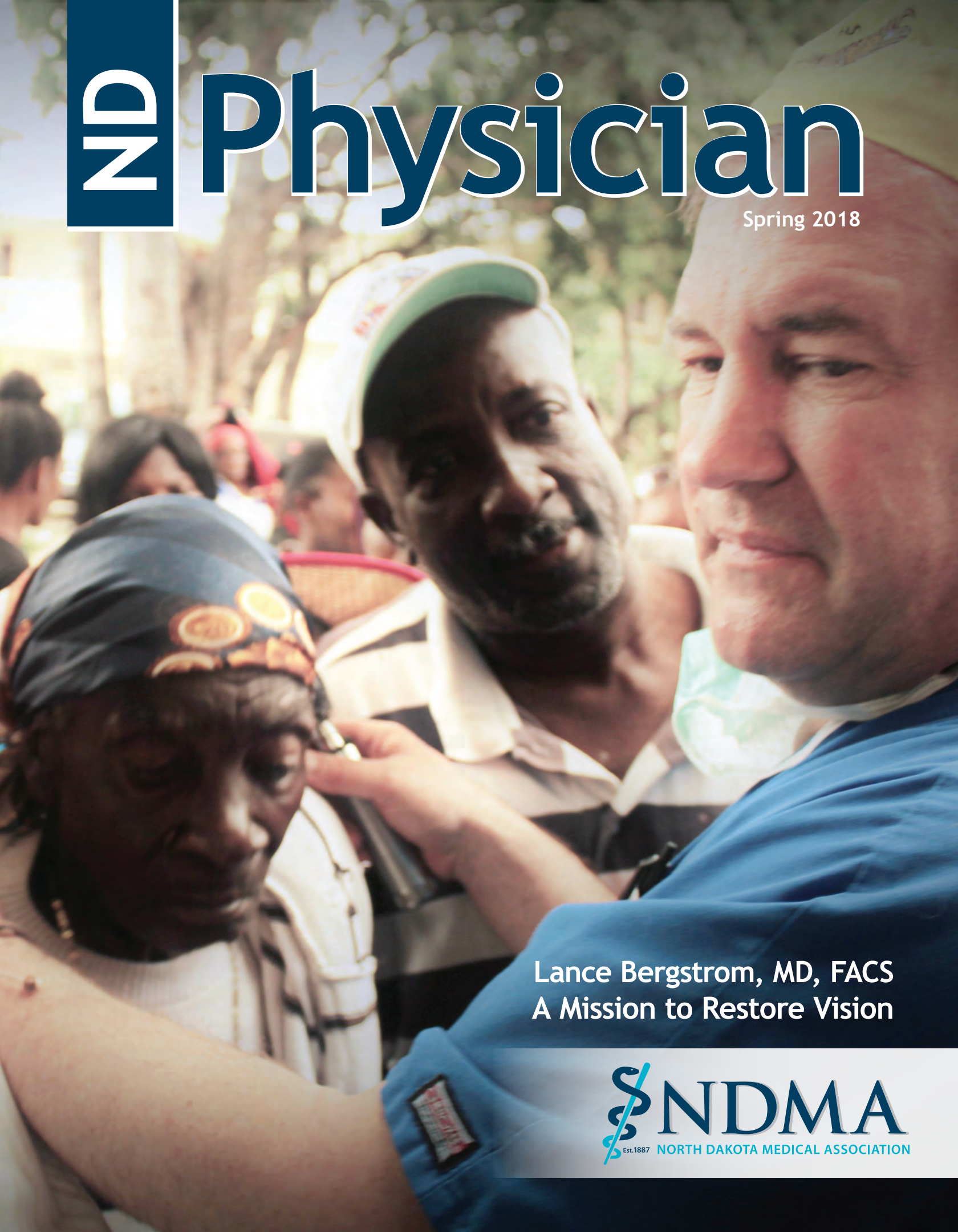
ND Physician

Spring 2018



Lance Bergstrom, MD, FACS
A Mission to Restore Vision

NDMA
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ND Physician

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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.

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

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Prevention in Healthcare

Fadel Nammour, MD
NDMA President

Benjamin Franklin's statement, "An ounce of prevention is worth a pound of cure," originally used while addressing fire safety, is a well-known concept in the healthcare community. At the start of medical school, most of us take the Hippocratic Oath which includes the statement, "I will prevent disease whenever I can, for prevention is preferable to cure." Although we like to think prevention is a standard healthcare professionals strive to attain, but do we realistically live by it?

From the beginning of the 20th century, with the publication of the Flexner report, the United States healthcare system has been viewed by some as more skewed towards acute care and curative treatment rather than prevention. Even in 1977 Benjamin Freedman said, "it is more praiseworthy to save a life than to preserve health" and continued stating, "in a closed system providing health services a relative primacy should be given to health care over preventive medicine." While the focus on acute care may have been appropriate in the 20th Century, it also might be part of the reason why our current healthcare is so costly without the desired outcomes. Since curative care is more profitable, the most innovative technology, pharmaceutical research, and medical devices are directed more at treatment rather than prevention. In addition, insurance coverage for preventive therapies or intervention are only included when they are mandated by government regulations.

An article titled, *From Sick Care to Health Care – Reengineering Prevention into the US System*, by Farshad Fani Marvasti and Randall Stafford, in the Perspective section of the New England Journal of Medicine in 2012, caught my attention because it calls for a transformative change not to eliminate disease, but to "compress complications and the symptom burden into a limited period of our life preceding death." This can only be achieved by shifting our focus to preventive medicine at all levels of education and care. Even for us, as healthcare professionals, curative therapy seems more exciting and rewarding because we can provide immediate relief and see its short-term effect (the surgical mindset). On the other hand, prevention is a slower process and takes a lot of effort from both health care professionals and patients (the medical mindset), consequently implying a change in patients' lifestyle and behavior.

It's not easy to convince somebody to do something when they are feeling well and are without symptoms. In my practice, this is most evident with colorectal cancer (CRC) screening. CRC is responsible for around 140 deaths a year in ND. These are preventable deaths especially in the population aged 50-75. With appropriate screening tools, insurance coverage and follow up tests we can reach the national goal of 80% screened and decrease the incidence and mortality rate from colorectal cancer. There is a consensus in the medical community, which doesn't happen very often, about the value of CRC screening. Although, I believe colonoscopy is the preferred method, realistically we don't have the capacity to screen everyone with colonoscopies; therefore, we should not lose sight of our purpose and be stuck on the how. Studies have shown offering different screening options, like stool-based testing, helps people choose what is comfortable and works for them. In the end, "the best test is the one that gets done."

This is not to confuse the average risk screening with patients with symptoms or family history who need a colonoscopy. Unfortunately, the incidence of CRC in younger population is also increasing, and we don't know why. It may be a combination of factors including obesity, lack of activity, diet, and genetics. Whatever the cause, these patients need our full attention and symptoms should not be dismissed.

Finally, thank you for being members of NDMA and I would again encourage you to be involved with our different committees and invite your fellow physicians to be members of NDMA. This is your state association and your main advocacy conduit.

American Medical Association National Advocacy Conference 2018

Courtney M. Koebele, JD
NDMA Executive Director

In March, NDMA President Fadel Nammour, Vice President Misty Anderson and I attended the American Medical Association National Advocacy Conference in Washington, DC. NDMA has regular contact with our congressional members throughout the year, but this conference offers NDMA the opportunity to meet with the congressional representatives right in Washington, DC, bringing both state and national issues to the table. The meeting also allows us to meet with leaders of other medical societies and brainstorm on mutual issues faced by other medical associations.

The American Medical Association provides advocacy education on major congressional issues, but it is the responsibility of each medical association to build on those issues, bringing each state's own perspective on the developing landscape. Some of this year's issues include:

The NDMA delegation meets with U.S. Senator for North Dakota John Hoeven.

From left to right: NDMA Vice-President Misty K. Anderson, DO; U.S. Representative for North Dakota Kevin Cramer; NDMA Executive Director Courtney Koebele; NDMA President Fadel Nammour, MD.

1. Increasing treatment capacity

When Medicaid was created, coverage of treatment was excluded at Institutions for Mental Diseases (IMD) with more than 15 psychiatric beds. The well-meaning provision was intended to discourage the "warehousing" of patients with mental disorders in state hospitals and nursing homes. However, the provision now serves as an obstacle to access treatment. There are currently two congressional bipartisan pieces of legislation within the Medicaid Coverage for Addiction Recovery Expansion Act that seek to address this barrier: H.R. 2687 and S. 1169. The proposed changes would allow for Medicaid coverage in facilities with up to 40 beds. All three of our congressional leaders are very interested in the behavioral health issues affecting our state.

2. Accelerated use of e-Prescribing for controlled substances

The over-regulation of the practice of medicine has been an overarching theme to most of our visits throughout the years. For instance, take-up rates of electronic prescribing of controlled substances (EPCS) have been very low, largely due to barriers imposed by the Drug Enforcement Administration (DEA). In 2010, the DEA established requirements for the type of biometrics used for EPCS. At the time, biometrics was a relatively new method of authentication and the DEA established an unnecessarily high bar. Since 2010, biometrics has significantly advanced and the DEA's regulation has not caught up with technology. To accelerate the use of EPCS and help address the opioid epidemic, we urged our leaders to contact the DEA to allow lower-cost, high-performing biometric devices—such as fingerprint readers on laptop computers and mobile phones—to be used for authentication.

3. CREATES Act

One issue that NDMA brought to the congressional members is the CREATES Act. We are continuing to explore new ways to keep costs down for your patients. Prescription drug prices are inhibiting many patients across all levels of care from getting the treatment they need. The CREATES Act will work to drive down drug prices by allowing generic prescription medications to enter the marketplace and encouraging competition. The CREATES Act is intended to provide an efficient, tailored path for generic drug manufacturers to obtain relief so they can continue working to bring their lower-cost product to market. The Congressional Budget Office estimates that the bill would result in a $3.3 billion net decrease in the federal deficit. It also ensures patient safety by requiring FDA authorization on any generic samples. NDMA continues to seek out ways to bring issues and solutions to our congressional delegation.

As always, NDMA continues to maintain dialogue with all three congressional offices, along with their legislative staff. Physician views on proposed legislation are very important to them, and NDMA communications on various issues are well-regarded. This reminds me again of the common phrase I hear from policy makers every time I meet with them – "What do the doctors think of this?"

"What do the doctors think of this?"

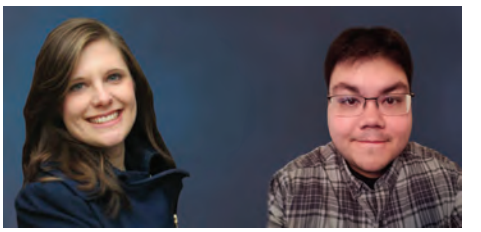
From left to right: NDMA Executive Director Courtney Koebele; U.S. Senator for North Dakota Heidi Heitkamp; NDMA Vice-President Misty K. Anderson, DO; NDMA President Fadel Nammour, MD.

The AMA National Advocacy Conference allowed NDMA's delegation to meet with other medical associations to discuss mutual issues faced by each state. Pictured above, center, is Idaho Medical Association President Paul Brooke, MD, of Idaho Falls, ID.

North Dakota: Making Strides in Colorectal Cancer Screening

An Update on 80% by 2018

80% by 2018 is a National Colorectal Cancer Roundtable (NCCRT) initiative that began in 2014, bringing together more than 1,500 organizations committed to a shared goal of ***80 percent of adults aged 50 and older being regularly screened for colorectal cancer (CRC) by 2018.*** This update reflects on the four-year progress, examines the role of stool-based testing in increasing CRC screening, and looks ahead to the future beyond 2018.



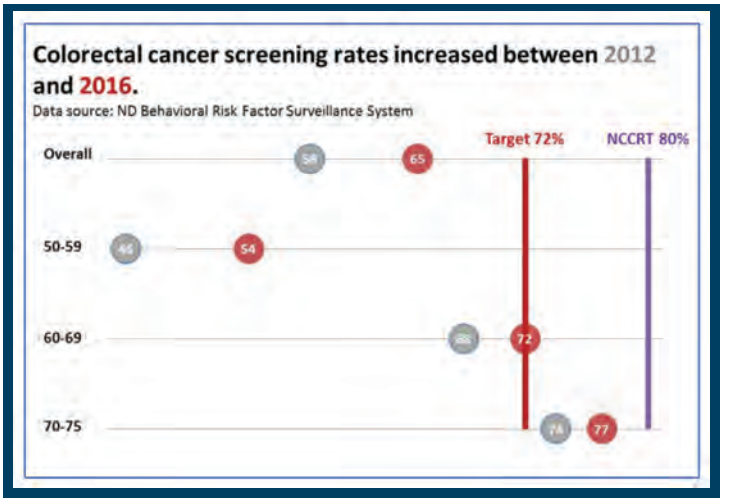
Shannon Bacon, MSW, Health Systems Manager, American Cancer Society (ND) and
Dr. Jesse Tran, PhD, Program Director, Comprehensive Cancer Prevention and Control Program, North Dakota Department of Health

The Goal of Reaching 80% by 2018

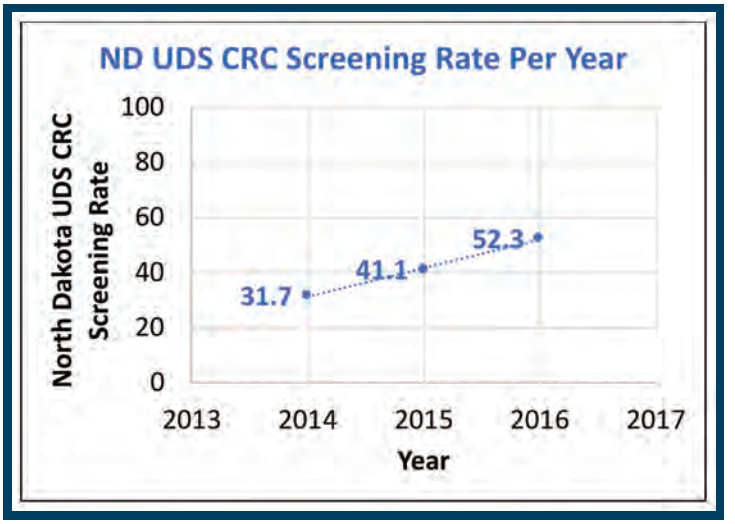
As 2018 is in full swing, many people are wondering if we will reach the 80 percent screening rate goal nationwide. While we won't have a definitive answer until 2020, we do know that the *80% by 2018 effort has been a huge success.* Over 1,500 partners have signed the pledge nationwide, and health organizations across ND have prioritized CRC screening. When the 80% by 2018 pledge was first introduced in 2014, screening rates had plateaued nationwide. Today, the numbers are steadily increasing! The CRC screening increase seen in the National Health Interview Survey (NHIS) through 2015 means an additional 3,785,600 adults (>50 years) were screened in 2015 alone. In addition, CRC screening rates in community health centers (UDS data) have jumped more than five percentage points nationally since the 80% by 2018 launch in 2014.

North Dakota has formed a particularly strong movement centered around the 80% by 2018 initiative. The North Dakota Colorectal Cancer Roundtable (NDCCRT), co-founded and co-led by the American Cancer Society and the North Dakota Department of Health, has energized a diverse group of stakeholders to increase the use of proven CRC screening tests among eligible adults through coordinated leadership and strategic planning. The NDCCRT, chaired by Fargo Gastroenterologist Dr. Fadel Nammour, is implementing activities related to provider education, access to care, and public awareness. These efforts are making a difference. 2016 North Dakota Behavioral Risk Factor Surveillance System (ND BRFSS) data reveals a *seven-point increase in CRC screening in ND between 2012 and 2016.*

Congratulations to the many partners across North Dakota who have contributed to these improvements!



Federally Qualified Health Centers (FQHCs) in North Dakota have demonstrated a particularly rapid improvement in CRC screening rates. As seen in the graphic below, statewide Uniform Data System (UDS) data shows a *greater than 20-point jump in CRC screening for ND FQHC's between 2014 and 2016:*



Stool-Based Tests for Colorectal Cancer Screening

As efforts move forward with the 80% by 2018 initiative, we often receive questions about the role and evidence of stool-based tests in CRC screening. Guidelines from the American Cancer Society and US Preventive Service Task Force recommend Fecal Immunochemical Tests (FIT), High-Sensitivity Guaiac-Based Fecal Occult Blood Tests (HS-gFOBT) and FIT-DNA tests as options for CRC screening in men and women at average risk for developing colorectal cancer. The following factors, as outlined in the American Cancer Society's Clinician's Reference on Stool-Based Tests for CRC Screening, make stool tests a good option for colorectal cancer screening:

- Colorectal cancer screening with guaiac-based FOBT has been shown to *decrease both incidence and mortality in randomized controlled trials.*
- Modeling studies *suggest that lives saved through a high-quality stool-based screening program are nearly the same as with a high-quality colonoscopy-based screening program* when strict adherence to screening and needed follow-up occurs at recommended intervals over a lifetime.

Patients should be aware that stool tests are a recommended screening option, along with exams like colonoscopy. When given a choice, a significant number of patients prefer stool tests. In addition, access to colonoscopy and other invasive tests may be limited or non-existent for many patients.

The *Clinicians Reference* points to key factors for successful implementation of a high-quality stool-based screening program:

- Use stool tests *only for average risk* patients (no personal or family history of CRC, adenomas, or genetic syndromes). High-risk patients should have colonoscopy screening.
- Use only high-sensitivity fecal immunochemical tests (FIT), high-sensitivity guaiac-based FOBTs (such as Hemoccult II Sensa), or FIT-DNA tests. Hemoccult II and generic guaiac-based tests are far less sensitive and should not be used for CRC screening.
- Stool samples obtained by digital rectal exam (DRE) have low sensitivity for cancer (missing 19 of 21 cancers in one study with guaic-based FOBT) and should never be used for CRC screening.
- *All patients who have an abnormal stool test must follow up with a colonoscopy.*
- Use reminder and recall systems for health care providers and EHRs to improve delivery of CRC screening.
- High-sensitivity gFOBT and FIT should be repeated annually; FIT-DNA tests should be repeated every three years based on current screening guidelines.

You can access the full Clinicians Reference at *http:/nccrt.org/wp-content/uploads/IssueBrief_FOBT_CliniciansRef-Draft-15.pdf*

Beyond 2018: The Work Continues

After 2018, the American Cancer Society and National Colorectal Cancer Roundtable will transition to a new campaign which will continue building on the incredible work and infrastructure developed over the past several years. We always knew that our efforts would not end in 2018. Even with an 80 percent screening rate nationwide, disparities and challenges would still exist, and efforts to increase screening need to grow in focus and sophistication. Additionally, since the beginning of the initiative, new challenges have emerged, such as increasing incidence and mortality among men and women under age 55. The more partners that pledged and worked toward our shared goal, the more we learned about the real barriers and challenges facing organizations and individuals across the country. Thus, our sense of urgency to continue is arguably stronger today than it was in 2014. With the momentum, resources, and infrastructure created with 80% by 2018, we have an opportunity to make a long-lasting and lifesaving impact by continuing our commitment.

You can share your feedback on what the next phase of this work should like by taking the Beyond 2018 survey at *https://www.surveymonkey.com/r/Beyond2018.*

What You Can Do: Share Your Organization's Success

- **Share a success video:** The National Colorectal Cancer Roundtable is asking for videos about your 80% by 2018 Success! Email your 30-second YouTube video describing your successes to *nccrt@cancer.org*, and *Shannon.bacon@cancer.org*, with "80% by 2018 Success" in the subject line.

Learn More

- National Colorectal Cancer Roundtable: *http://nccrt.org/*
- North Dakota Colorectal Cancer Roundtable: *http://www.ndhealth.gov/compcancer/cancer-programs-and-projects/80-by-2018/*
- **Questions or Comments?** Contact *shannon.bacon@cancer.org* or 701-433-7593

The authors wish to acknowledge the National Colorectal Cancer Roundtable for allowing the use of content, including content from the Clinicians Reference: Stool-Based Tests for Colorectal Cancer Screening, and their Beyond 2018 – Frequently Asked Questions.

Sanford Health's Commitment to Exceeding CRC Roundtable Goal of 80% by 2018

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States and has become a national public health initiative. For this reason, Sanford Health took participating in the National Colorectal Cancer Roundtable goal of 80% by 2018 seriously. Improvements in our national and statewide screening rates is largely attributed to the shared goal and collaboration between health systems, cancer coalitions, public health, government agencies, cancer centers, payers, medical professional societies and many more. And it's paying off. According to the Behavioral Risk Factor Surveillance System (BRFSS), screening rates in North Dakota have increased from 58% in 2012 to 65% in 2016.

Sanford Health has been an active participant in the North Dakota Cancer Coalition and the Colorectal Cancer Roundtable over the past few years. Sanford's dedication to improving the health of the populations it serves has led to a system-wide initiative to increase colorectal cancer screening rates.

According to Dr. Doug Griffin, Vice President, Medical Officer for Sanford in Fargo, a single approach does not work. "We recognized that to improve our screening a one-size-fits-all approach wouldn't work. So we sought ways to use nursing and other care staff beyond physicians to improve our screening rates."

In addition Griffin said more flexibility was needed for patients, so multiple screening methods were offered to meet patients' needs. "The goal was simply to get more people screened and make the largest impact we could to detect colorectal cancer and ultimately save lives."

The initiative included the following improvement strategies: reducing structural barriers for patients, improving patient and clinical team reminders, utilizing a recall system, and assessing provider and feedback initiatives.

The organization has made a commitment to optimizing the tools their care teams use to promote up-to-date colorectal cancer screening. Sanford's electronic medical record system has built-in health maintenance reminders to alert clinic staff and patients that they are overdue for preventative screenings, including CRC screening. Completion of a take home stool test (FIT or FIT-DNA) or a colonoscopy at Sanford automatically updates the health records. Reporting workbench registries allow clinic teams to identify patients outside of the four walls of the clinic who are overdue for screening and allow for improved efficiency in patient outreach via letter, phone call, or MyChart message. Sanford's self-referal MyChart system also reduces structural barriers by allowing active patients to request a colorectal cancer screen from the convenience of their home.

In addition, Sanford has partnered with employee health to offer CRC screening options during flu shot clinics. Implementing quality data transparency was essential in the spread of best practices and improvement strategies throughout the entire system. Primary care physicians and advanced practice providers use validated measurements for internal reporting on quality measures. To keep everyone engaged, the Sanford team posts physician, clinic, regional and system-level performance data internally for comparison and friendly competition.

As of January 2018, thirteen of Sanford Health's primary care clinics are *exceeding the 80% screening goal.* As a system, Sanford Health is moving closer to the 80% goal with a system wide screening rate of 73.6%, up 4.9% from 2015. This percentage reflects over 99,000 patients up-to-date with CRC screening, an increase of over 15,000 patients receiving screening since 2015.

In recognition of Sanford Health's exemplary efforts to increase colorectal cancer screening, the organization is the inaugural recipient of the Organization of the Year for the 2018 North Dakota Colorectal Cancer Screening Achievement Awards given by the North Dakota Colorectal Cancer Roundtable.

Congratulations to the 2018 North Dakota CRC Screening Achievement Award Recipients

The North Dakota Colorectal Cancer (CRC) Roundtable awarded four ND CRC Screening Achievement Awards to celebrate successes and improvements in screening. Twenty nominations were received in this inaugural year of the awards. Congratulations to the 2018 recipients!

CHAMPION OF THE YEAR

Amanda Houston, Colorectal Cancer Survivor

A colorectal cancer survivor, Amanda Houston, is a passionate advocate for screening and uses her experience to educate others on the importance of early detection and prevention. To voice her support, Amanda made multiple trips to Washington DC and met with North Dakota's congressional delegates to discuss the importance of access to screening.

INNOVATORS IN COLORECTAL CANCER SCREENING AWARD

Family HealthCare

Family HealthCare, a community health center in Fargo, received this award for their innovative approach to addressing language barriers among the population they serve. The team at Family HealthCare translated FIT instructions into 15 languages through a creative videography project. This effort is now being featured as a best practice in local presentations.

ORGANIZATION OF THE YEAR

Sanford Health

Sanford Health has implemented several changes to increase CRC screening, including reminder systems and workflow improvements. Thirteen of Sanford's primary care clinics are currently exceeding the 80% screening rate goal. Sanford Health has also been a key partner in the North Dakota Colorectal Cancer Roundtable, frequently sharing best practices and tools with statewide partners, contributing to the development of Roundtable materials, and providing presentations to partner organizations.

HONORABLE MENTION

Turtle Mountain Band of Chippewa Tribal Health Education & Indian Health Service Public Health Nursing

The Turtle Mountain Tribal Health Education program and the Indian Health Service Public Health Nurses have teamed up to promote colorectal cancer screening within their community. They have hosted community awareness and screening events, visited worksites, developed screening reminder systems, and successfully implemented FluFIT. Over the past three years, these efforts have led to a 10% increase in colorectal cancer screening.

Congratulations to the award recipients, and thank you to EVERY organization working hard to save more North Dakota lives from colorectal cancer!

Finding Calm in the Storm:

Exploring Proven Stress Management Tools for Ourselves and Our Patients

Melanie Carvell, PT

The stress of an over-booked, busy life can have serious effects on mental and physical health and is a contributing cause to more than eighty percent of all disease. Over the past few years multiple forms of mindfulness and meditation have become recognized as an answer to stress. From chief executives and professional athletes to schools and corporations, many have found that regular meditation can be an incredibly helpful tool. The good news is that it is not complicated and need not be time consuming. Simply setting down our juggling balls for a moment and taking a few deep, diaphragmatic breaths can reset our nervous system and improve our well-being.

Early on in my physical therapy career I learned that taking a few moments to teach a post-surgical patient how to deep breathe gave them a quick, valuable tool to manage pain and anxiety. Because our breath is intricately tied to our nervous system we can quiet our sympathetic (fight or flight) nervous system while activating our parasympathetic (rest and restore) nervous system with just a few minutes of relaxed deep breathing. Our heart rate drops, blood pressure falls, respiration slows and deepens, pupils shrink and muscles relax. Research shows that if patients begin to meditate regularly, they may need less medication for depression, anxiety, pain, and blood pressure control. Meditation is powerful medicine!

Mindfulness is also a powerful tool. Being mindful is simply staying in the present moment, giving your attention to where you are right now, without judgement and without trying to control the situation. We often speed through life worrying about what's coming tomorrow and ruminating over what happened yesterday. Practicing mindfulness helps us enjoy life while it's happening, instead of missing out because of worry, anxiety, and busyness. Mindful people are less likely to be reactive or take things too personally. They are fully present when listening without trying to control, judge, or get in the last word. In this stressed-out, divisive world, we could all benefit from a mindfulness/meditation practice.

"Everything will work again if you unplug it for a few minutes, including you."

Meditation benefits include:

- Reduced inflammation and stress hormone levels
- Improved sleep
- Decreased acute and chronic pain
- Improved focus and attention
- Decreased symptoms of depression/anxiety
- Improved social connections, emotional intelligence
- Decreased markers of aging
- Improved heart health and wound healing
- Decreased blood pressure
- Increased brain activation of the pre-frontal cortex resulting in improved emotion regulation, self-control, focus and attention

Meditation Myths and Reality

- It's complicated. Hardly. Meditation is easy to learn. Anyone can do it!
- You need to do it an hour a day. Actually, benefits can follow even a one-minute meditation.
- You need to chant in a foreign language and sit in an uncomfortable position. No to both. You can practice meditation in any comfortable position.
- You need to empty your mind completely. It is impossible to "empty" our mind. When thoughts or worries come up we recognize them, let them go, and return to our breath.

Melanie Carvell is an inspirational speaker whose compelling presentations energize her audience with practical solutions, humor, and storytelling. She is a six-time All-American triathlete, a physical therapist, certified Worksite Wellness consultant, and author of Running with the Antelope; Lessons of Life, Fitness and Grit on the Northern Plains. Melanie was named Sanford Health's "Manager of the Year" in 2016 and just recently named one of the state's "Leading Ladies" by the North Dakota Women's Center for Technology and Business.

- You need to have a dedicated time and complete peace and quiet. Having a dedicated quiet time would be great but is not required. We can fit meditation in anywhere, anytime.
- It is a weird religious activity and strange things will happen. No weirdness involved. Most benefits occur after the meditation – bringing more peace to our day, leaving us less likely to be over-reactive and stressed.

Basic Meditation:

- Choose a time when distractions are limited.
- Sit in a comfortable position, ideally in a quiet space.
- Breathe out through your mouth while drawing your belly in and breathe in through your nose while allowing your belly to expand. Imagine a balloon deflating and inflating.
- Allow your breath to settle into its natural rhythm, noticing the rise and fall of your abdomen with each breath.
- If thoughts or worries arise, notice them and then let them go – returning to your breathing.
- Start with one minute and gradually increase the duration.

Concerned that you simply don't have time to meditate? Keep in mind connecting with your breath anytime throughout your day will bring benefits. Rather than reaching for your phone the next time you are waiting in line at the grocery store or coffee shop, connect with your breath. Sitting at a red light or stuck in traffic? Keep your phone out of sight and use the moment to inhale slowly for a count of four, and exhale slowly for a count of five. Even short meditations give our brain a place of rest and a chance to "reset" to a more balanced, calm place.

Need a little extra help and guidance? Phone apps like **Insight Timer, Breathe2Relax, Calm**, and **Meditation for Fidgety Skeptics** are some of the many options that can provide inspiration and helpful structure to your meditation practice.

Meditation is a wonderful tool that we can easily use ourselves and share with those we care for. Given the chance, our brains are designed to return to a more balanced and restored state. Author Anne Lamott wisely sums it up with her quote: ***"Everything will work again if you unplug it for a few minutes, including you."***

Just Breathe!

How Healthy is Your Life Portfolio?

Cody Schoonover, Starion Investment Services Wealth Advisor

As medical professionals, you understand better than many the importance of being well-rounded mentally, physically, spiritually and emotionally. You likely take initiative in each area to ensure proper balance is maintained so you function effectively in your occupation. But what about taking care of your financial health or your "life portfolio?" What I'm referring to are the three most important parts of a household's finances – your income, debt/expenses and assets – and then looking at how they collectively reflect your financial well-being. If we can put a finger on the pulse of your life portfolio, I can better guide how you're doing, where you want to be and how you can get there. Evaluating the life portfolio through the different stages of your profession will reveal different strategies and financial needs.

EDUCATION (RESIDENCY)

The main goal should be setting yourself up for post-residency success. You're likely living on a low-to-average income and making it work. Remember this ability! Set up a budget that is detailed and manageable *but not daunting.* You don't want to lose interest because of the time involved with overly-detailed budgeting. You want to establish your financial protection. Get term insurance (at least $1 million) and disability income insurance ($3,000 per month minimum) before you transition to practice. Protect, protect and protect some more! Finally, understand the different student loan repayment options depending on your career, Pay-As-You-Earn (PAYE), Income-Based Repayment (IBR), Public Service Loan Forgiveness (PSLF) and refinancing your loans.

TRANSITION (PRACTICE)

Congratulations! You've successfully finished your residency. One of the key points we made earlier is to remember how you lived during residency. You were previously able to make it work on a small wage so don't bury yourself in debt immediately. It doesn't matter how much you earn, it matters how much you spend! To stay on track, utilize a financial advisor who understands the complexities involved with physicians. Save systematically and max out your retirement. As your financial advisor, I will educate you on additional methods of saving as a high income earner.

Another key to financial freedom is being debt free. If you can pay off your debt sooner by not purchasing expensive items, you will position yourself well on the road to retirement. Housing is a separate debt item that has a priority, especially for those with families. Starion Bank specializes in financing for physicians and has a talented and dedicated Private Banking Team in Bismarck and Fargo that can guide you through the mortgage process and all of your banking needs. This team and I work closely to understand and manage of all your financial needs.

ACCUMULATION

Once you reach mid- to late-thirties you should be well established and have your debts down to a minimum (with the exception of a mortgage). If you haven't paid off your student loans, you should have a strict loan repayment strategy in place with an emphasis on wealth accumulation. If you haven't been maximizing your retirement plan contributions –it's not too late. Take advantage of the tax deduction and fully fund your retirement plan. As your financial advisor I will continue educating you on alternative saving methods to have tax-free money in retirement. Having a solid financial plan in place can help ensure your vision is on track and can be met. This means you will need to have numbers in mind. What can or do you want to live on? Will you be funding your children's education? Second home or new vehicle in retirement? Travel plans? Give yourself time to plan so your vision succeeds!

I welcome the opportunity to join you on your journey to financial freedom. Please contact me at Starion Investment Services for a free consultation: 701-250-1577 or codys@starionbank.com. Together we can make each stage of your career a financial success!

Guidance from your TRUSTED ADVISORS

Mike Daffinrud
Wealth Advisor
701-250-1572

Cody Schoonover
Wealth Advisor
701-250-1577

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Quality Assessment in Healthcare: Process vs. Outcome

News from the Dean of the UND SMHS

One of the challenging issues in healthcare—whether on the educational or care delivery side—revolves around quality assessment, both how it is done and what the assessments actually mean. No one would—or should—argue with the need for us to critically assess how we are doing and whether we are holding up our social contract with society to provide the best possible care. But the devil is in the details, as they say, and there are extant concerns about assessment processes.

The assessment issue was especially in the forefront of my thoughts recently after I attended the February meeting of the Liaison Committee on Medical Education (LCME), the national accreditation body for medicals schools in the U.S. and Canada. I am a member of the LCME, and I and my colleagues, on behalf of the LCME, evaluated various reports and determined the accreditation status of about four dozen medical schools. One of the issues that we and other accrediting bodies struggle with is how to balance a school's educational processes—the pedagogical effort a school makes—with the school's actual outcomes (especially regarding the production of competent, caring, compassionate healthcare providers).

Reduction in readmission rates due to coding.

The importance of trying to balance the assessment of process vs. outcomes was highlighted by an article by Dr. Ashish Jha in a recent edition of the *Journal of the American Medical Association*. Dr. Jha, an internist at the Veterans Affairs Boston Healthcare System and the Harvard T.H. Chen School of Public Health, analyzed the Hospital Readmissions Reduction Program (HRRP) that is part of the Affordable Care Act. Many of you likely are familiar with the program through your local hospital. The HRRP was designed to reduce the frequency with which Medicare patients were readmitted within 30 days after an initial hospital admission for certain specified conditions (like heart failure). The premise underlying the program was simple—if patients got better care during their initial hospitalization, they'd be less likely to be readmitted subsequently. And the initial data appeared to show a significant reduction in 30-day readmission rates shortly after the program was initiated about five years ago. However, further analysis suggested that about two-thirds of the apparent reduction in readmission rates simply was due to a change in how the admissions were coded—the real reduction in readmission rates was considerably smaller than first thought. Regardless, there appears to have been an unintended consequence of the HRRP focus on readmission rates: Overall mortality rates of patients in the program appear to have increased since the inception of the program!

Thus, the HRRP may be a cautionary tale regarding the interdependence of process and outcome measures. The HRRP focused on improving the process of care, but perhaps the single most important outcome measure (patient survival) actually may be worse. So whether we're discussing medical schools' accreditation or providers' actual healthcare delivery, *how* you do something is important, but *what* you achieve is even more so. Accordingly, I think that it's important that we—whether healthcare educators or providers—continue to be actively involved in the assessment process and strive to make it even better. We fail to do so at our own peril—and more importantly, at the peril of our patients.

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

Don't lose sight of the value of *local* eye banks

The gift of sight

The restoration of an individual's sight is one of the most meaningful, altruistic gifts a person can give. Today over 68% of people living in North and South Dakota have registered as a donor and over 95% of Americans support organ donation. They do this because they **care** about their neighbors and believe in the good their gift can do.

The importance of your local eye bank

For decades, all U.S.-based eye banks operated as local **non-profit** programs primarily focused on serving a small geographic location. But recent developments in the industry signal a departure from this model. Dakota Lions Sight & Health is concerned about the devastating impact this could have on donations and the ability of local eye banks to meet the needs of their communities.

Dakota Lions Sight & Health has been serving the Dakotas for over 25 years. Our focus is on our North and South Dakota communities and providing surgeons the tissue they need to help others. Dakota Lions Sight & Health is the only dedicated non-profit actually located in the Dakotas. Because we recover, prepare and deliver corneas locally, we provide tissue in its most viable state for transplant. Dakota Lions Sight & Health also supplies tissue for important research projects that the alternative model may not. And perhaps one of our most important services is offering meaningful and ongoing support for the **families** of donors.

What we lose if we lose local eye banks

The damage of turning cornea donations into big business will be wide reaching. Loss of the public's belief that donations are a gift could result in dramatically reduced tissue availability. The loss of tissue available to researchers may mean important medical discoveries are delayed or never happen. Close **collaboration** between local eye banks and surgeons will be lost. Grieving and coping support for local donor families may be a need that goes unfulfilled and may also lead to fewer donors in the future.

We need your support

Local, non-profit eye banks are a vital link in providing the best care to patients. Please let your local hospitals know that you support Dakota Lions Sight & Health and believe cornea donations should remain a **gift** of sight.

Dakota Lions Sight & Health

Eye and Tissue Donation

dakotasight.org

A Mission to Restore Vision


Afflicted with bilateral congenital cataracts, a 4-year-old Haitian boy receives the gift of sight.

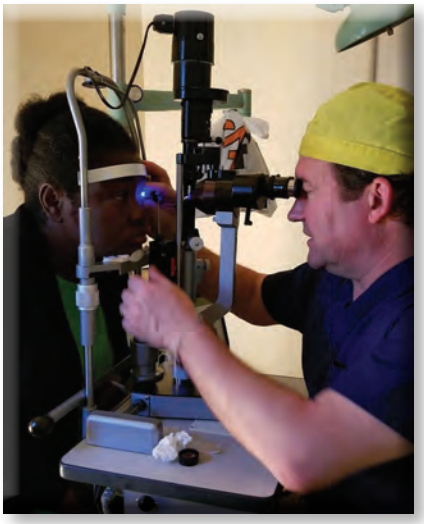
Behavioral scientists have been fascinated for decades about why people contribute to charitable causes making it their mission to help others. At first glance, charitable contributions of time and money defy the laws of financial logic, but for some it's a reward that reaches far beyond any monetary benefit.

For eye surgeon Lance Bergstrom, MD, the reason to pay it forward is easy and requires no research. Dr. Bergstrom, owner of Bergstrom Eye Clinic in Fargo, has a longstanding interest in medical mission work. Through the years, he has done mission trips to Africa, Indonesia, and more recently to Haiti.

Dr. Bergstrom says that we live in a world where we have become self-absorbed and it's easy to forget why we went into medical practice.

"As a physician, it's easy to become distracted in our modern medicine world of electronic records and forget why we became physicians," said Dr. Bergstrom. "For me, mission work instills the passion of why I became a medical doctor in the first place, and the need for medical services in these countries is tremendous."

Since 2013, Dr. Bergstrom and his Dream Team – a team of 20 plus – charter with Mission Flights International and head to Haiti for a ten-day annual mission to treat eye diseases in the poorest country in the Northern hemisphere.


Dr. Bergstrom conducting an eye examination.

Due to genetics, Haiti's population of 10 million is predisposed to eye disease such as glaucoma and cataracts and is in desperate need of eye care. In fact, Dr. Bergstrom said the percentage of Haitians afflicted with cataracts averages 10 to 20 percent – considerably higher than the United States rate of three percent.

The country's high unemployment rate of more than 80 percent leaves most unable to afford medical treatment. When eye disease strikes and vision is compromised, so are opportunities for gainful employment. This is when Dr. Bergstrom's Dream Team kicks into high gear – to help those who need it most. When word gets out that the Dream Team is in town, Haitians of all ages walk or bike miles to receive treatment for an eye disease that does not discriminate. Many arrive at the mission's surgery headquarters blind or nearly blind, but have a glimmer of hope that they will once again be able to see. Many times, the damage is beyond repair.

But that is what the Dream Team does best – restores vision and brings back hope – a miracle in no other words.


The Dream Team arrives in Haiti.


The Dream Team receives help from local Haitians to unload hundreds of boxes of donated medical supplies.

"More often than not, we can help," Dr. Bergstrom added.

Treating eye diseases in Haiti requires frequent customization. Techniques typically used to treat cataracts in the United States are not an option because of the extreme density of the cataracts. "Cataracts in Haiti are typically much more severe and dense than what you find in the United States and specialized procedures must be used," said Dr. Bergstrom. "In many cases, the cataract must be broken into two pieces so that we are able to extract it from the eye."

Years of research have gone into developing special equipment and procedures to help people all over the world regain their sight. In 2011, "By focusing on one country, we can be more efficient and help more people," said Dr. Bergstrom.

For example, to maximize time spent treating patients, they've established a permanent clinic in Pignon, Haiti, which reduces setup time, allowing more time to treat patients. In fact, just this year a full-time Haitian optometrist will provide year-round services for the clinic.

Haitians patiently waiting for Dr. Bergstrom and the team to remove eye patches.

"As a physician, it's easy to become distracted in our modern medicine world of electronic records and forget why we became physicians."

Dr. Bergstrom spent time in Kenya building a sustainable eye care program through the Himalayan Cataract Project, where he taught an advanced cataract surgery technique known as phacoemulsification to Kenyan doctors. Working with the project is also where Dr. Bergstrom learned how to treat and help those with the most extreme, dense cataracts: a procedure known as Manual Small Incision Cataract Surgery (MSICS).

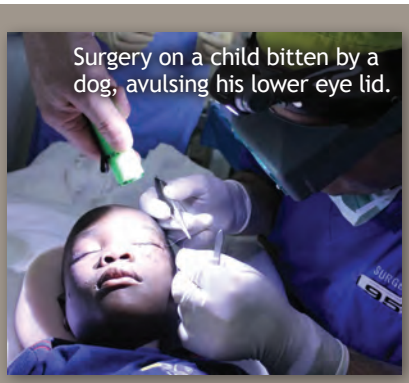
Dr. Bergstrom's goal of restoring vision in underserved populations has reached into many countries, but he feels that to be most effective, efforts are best focused on a single location.

The other benefit to having a permanent facility is that when the Dream Team can't be there, other medical teams can move in to help. In fact, the generator-powered hospital is used by ten medical teams that rotate through to treat Haitians for other diseases.

The Dream Team's most recent trip in February 2018 continues to make a difference by bringing the gift of sight and preventative eye care. Final totals report that the team saw 1,135 patients, performed 100 surgeries, provided over 1,000 pairs of glasses and treated over 400 patients for glaucoma and other eye diseases. In addition, over a half million dollars' worth of donated medicines were distributed.

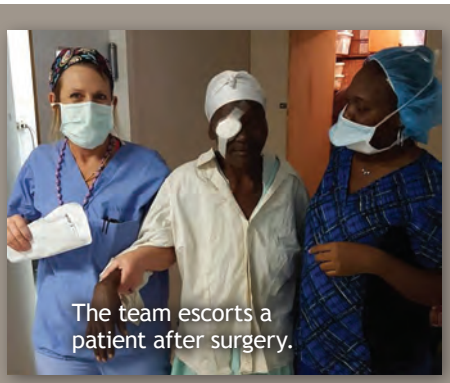
Dr. Bergstrom plans to continue this work and is looking forward to next February. In fact, it is his vision to send a missionary team every six months.

If you find it in your heart that you would like to contribute to the ongoing work in Haiti, you can donation to **Bergstrom Eye and Laser Clinic, c/o Haiti Eye Mission:** 2601 University Drive South, Fargo, ND 58103 or donate online at *bergstromeye.com/donate/*.



Surgery on a child bitten by a dog, avulsing his lower eye lid.

Crowds grow to enormous proportions as the word of eye treatment spreads among the community.



The team escorts a patient after surgery.

An Update on the North Dakota Health Information Network

Sheldon H. Wolf, Director
ND Health Information Technology

The North Dakota Health Information Technology Advisory Committee (HITAC), in collaboration with the North Dakota Information Technology Division, is charged with expanding the secure exchange of health information in North Dakota. To meet this charge, the HITAC established the North Dakota Health Information Network (NDHIN) to provide a secure, online network that connects providers and shares electronic health records. The goal of the NDHIN is to make information available to providers anywhere at any time with a goal of improving healthcare.

Current functionality of the NDHIN includes Direct Secure Messaging, known as Communicate, and query-based services with health information displayed in the NDHIN Clinical Portal. To improve healthcare, a provider can search for additional patient data in the clinical portal to augment their existing patient health information. Patient information available through the clinical portal includes: patient demographics, encounter history, allergies, diagnosis, lab results, procedures, imaging studies with links to the actual image and other clinical documents.

Additional funding was received to continue to build NDHIN infrastructure through the Center for Medicare and Medicaid Services (CMS). The plan includes the following:

- Upgrading the current NDHIN infrastructure to the Amadeus platform to allow for better data management, data analytics and population health reporting.
- Continuing to connect hospitals, clinics and physician providers to the NDHIN platform. This will include bringing in additional information from providers such as medical documents, images, EKGs and other notes that are important to other providers. In addition, the NDHIN plans to expand connections to other providers such as dental, optometric, chiropractic, home health, long term care, public health units, behavioral health providers, etc.
- Working with a vendor to collect and report medication data in the clinical portal to help providers complete drug reconciliations and compliance.
- Continuing to connect to more states' and federal partners' health information exchanges (HIE), allowing providers to query providers in other states. The plan includes connecting to partners like the Veteran's Administration, Indian Health Services and the Department of Defense.
- Continuing to connect providers electronically to registries, such as the immunization registry and look to expand into other registries such as the cancer registry. This reduces or eliminates the need for providers to report manually.
- Continuing to work with providers and our vendor to build ways on becoming more efficient and faster, by reducing administrative processes in information sharing. For example, work is being done with a provider on a process to order labs and receive results electronically – a system that can replace what is currently being done by mail and fax.
- Completing and rolling out the advance directive repository.

Currently, NDHIN is in the process of completing contract negotiations with our vendor, Orion Health. We've completed the Request for Proposals (RFP) for Subject Matter Experts (SME) and Provider Education and Technical Support (PETS) and are in the process of completing contracts for these two proposals.

The SMEs will provide expertise in health information technology and health information exchange and guide the deployment of the NDHIN business plan.

The PETS vendor will assist with conducting environmental scans of Electronic Health Records (EHR) and information systems utilized by stakeholders, educate stakeholders on the NDHIN and assist with the contracting process.

Additionally, the PETS vendor will assist with stakeholder training , assist with assessing workflow processes and assist stakeholders with integrating the NDHIN services into their daily work flow to accommodate patient centered operations.

Additional information about the NDHIN and to register for training sessions can be obtained at *www.ndhin.org.*

Repaying Medical School Loans

In most instances, medical student loan payments are due following a six-month, post-graduation grace period. Understanding the type of debt and the company you're financing with and what you want your career to look like can help you manage your debt level once loans become payable.

Look into loan forgiveness

Standard loan-repayment plans amortize over 10 years. If a student accrues $300,000 in loan debt and repays on a standard plan, monthly payments could approach or upward of $3,000.

That sum is an unrealistic figure for most residents, but there are ways to reduce it and even have a chunk of your loan debt forgiven.

To assist, the Office of the U.S. Department of Education, Federal Student Aid division (studentaid.gov) offers several options. The Public Service Loan Forgiveness (PSLF) program is a viable option for many residents. It is available to physicians with federal loans who work at nonprofit institutions. To qualify, borrowers must make 120 on-time payments over 10 years. If those payments are made, the remaining principal and interest are forgiven, and the forgiven sum is untaxed.

Look into loan forgiveness

For medical students, it is not uncommon to have a debt load that exceeds income at the beginning of residency. To assist, the Federal Student Aid division also offers several repayment options that are income driven - a type of repayment plan for federal student loans that can help make monthly loan payments more affordable by basing them on income, instead of on how much is owed.

In addition, the state of North Dakota offers a physician loan repayment program for those willing to provide services in areas of the state that have a need. Providers working full time (40 hours/week) can enter into an agreement for up to five years and be eligible to receive the following loan repayment:

	Total State Payment	Total Community Match	Total Possible Award
Physician	$100,000	$ 50,000	$150,000

Each year, applications for this program are due by March 15. Once the ND Dept. of Health receives the applications, they are forwarded to the State Health Council for consideration at the April or May meeting. To learn more about North Dakota's loan repayment program, go to *www.ndhealth.gov/pco/hcps.asp.*

Portions of this update are extracted from the AMA news wire, staff writer Brendan Murphy.

Remember the last milestone you achieved?

That success spilled over into other dimensions of your life—your health, your relationships, your work. Your total well-being is the inspiration behind two new initiatives: An expanded health and wellness platform, BlueElements; and a deeper partnership with providers, Blue Alliance.

THIS IS HEALTH CARE— North Dakota Style

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Welcome
Renee Daffinrud
Private Banker

Renee Daffinrud, a leader in private banking and active Bismarck-Mandan community member, has joined First International Bank & Trust as our new Private Banker in Bismarck.

Renee's 35 years of financial services experience and personalized approach will help you achieve your Live First goals.

Give Renee a call at (701) 751-8511 to discuss your financial future.

NMLS #814596

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13 Telltale Signs of Physician Burnout

The North Dakota Professional Health Program is dedicated to facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.

A physician's life is the perfect recipe for burnout. As an already high performer, your limits are tested every day with virtually impossible time and performance demands.

How can you tell if you or a colleague is burned out? Here's a checklist of important signs to look for:

1. **Just can't recharge:** Between shifts or after a vacation, you come back to work still drained.
2. **Expressed feelings of dread:** You frequently describe the workload as insurmountable.
3. **Forgetful or inattentive:** Your poor focus impacts job performance and makes you more prone to accidents and injuries.
4. **Insomnia:** Even though you're emotionally exhausted, you don't sleep well. You're "wired, but tired."
5. **Prone to illness:** Because of a suppressed immune system, you suffer illnesses more frequently or develop a chronic condition.
6. **Become cynical:** You lack enthusiasm and enjoyment. You're anxious or pessimistic.
7. **Resentment or indifferent toward patients:** "Compassion fatigue" sets in and you start to complain about patients in a callous way.
8. **Trust issues:** You become unwilling to collaborate, and you don't share information as much.
9. **Become socially isolated:** You may opt out of office lunches or parties. Or you habitually arrive late (or early) to avoid having to interact with others.
10. **Short-tempered, irritable, angry:** Your professional demeanor starts to go by the wayside.
11. **Poor decision making:** You neglect to consider all diagnostic or treatment options, impairing patient outcomes.
12. **Lack of motivation:** You forego taking important steps toward career advancement.
13. **Divorce or breakup:** Burnout may be one of the underlying culprits in a divorce or broken relationships.

What to Do?

The good news is that burnout is preventable. One of the most important steps you can take is to refer you or a colleague to our program who you believe is burned out.

Visit *www.NDPHP.org* to complete our online referral form, or call us at 701-751-5090.

NDMA Physicians Recognized for Outstanding Performance

Dr. Joshua Ranum Receives Emerging Rural Leader Award

Joshua C. Ranum, MD, a physician with West River Health Services in Hettinger, ND is the recipient of a prestigious award recognizing emerging rural leaders.

The 2018 Emerging Rural Health Leader Award will be presented to Dr. Ranum at the Dakota Conference on Rural and Public Health on June 14 at the Alerus Center in Grand Forks. The award recognizes a new professional who has demonstrated tremendous promise for and commitment to improving the health of rural North Dakota residents.

NDMA congratulates Dr. Ranum for a job well done! Dr. Ranum is an active NDMA member and presently serves on the NDMA Council as Secretary/Treasurer.

Submitted by West River Health Services - Doctor Joshua Ranum has been making an impact as an internal medicine specialist at West River Health Services in Hettinger since 2012. Dr. Ranum grew up in Scranton, North Dakota in the southwestern part of the state. He attended the UND School of Medicine and Health Sciences at Grand Forks, and did residencies in various hospitals around the country, before coming back home to southwest North Dakota. In addition to being board certified in internal medicine, Dr. Ranum has special interests in critical care, nutrition, medical education, and medical economics. Having grown up in a rural area, he understands the challenges that face rural medicine and actively promotes, educates and mentors young medical students who come to Hettinger for internal medicine clerkships. Dr. Ranum is also involved in a life of service outside of his medical practice. He serves on a number of boards, plays in the local community band, and is a football referee. He leads by example, dedicates himself to his patients, students and community and he still finds the time for his family.

Dr. Kent Hoerauf Receives 2018 Rural Health Practitioner of the Year Award

Kent Hoerauf, MD, FACP, CMD, is the recipient of the National Rural Health Association's 2018 Rural Health Practitioner of the Year Award.

The award recognizes a direct service provider for leadership in bringing health services to rural populations. This award is inclusive of all health disciplines, including the demonstration of providing outstanding care, involvement in the community, and lasting contributions to the health care system.

Dr. Hoerauf will be presented the award at the 41st Annual Rural Health Conference in New Orleans on May 10th.

Dr. Hoerauf is an Internal Medicine Specialist at West River Health Services in Hettinger, ND. He graduated with honors from University Of North Dakota School of Medicine in 1981. Dr. Hoerauf has more than 37 years of diverse experiences and specializes in internal medicine and geriatric medicine.

NDMA Congratulates Dr. Hoerauf for a job well done! Dr. Hoerauf is an active NDMA member and presently serves as the 11th District Councilor.

Renew Your NDMA Membership and Become Part of North Dakota's Largest Physician Organization

Dear Colleagues,

As president of NDMA, I am asking for your continued support to keep our statewide physician organization strong.

NDMA is the largest physician-based organization in North Dakota – representing all physician practices – and serving as the umbrella organization for the NDMA district medical societies, as well as your specialty society.

There is strength in numbers. A strong membership base allows NDMA to be an effective advocate on behalf of you and your healthcare system at the state and federal levels on high-impact issues, such as scope of practice, transparency, regulatory burdens, maintenance of certification, Medicaid reimbursement and more.

During the 2017 Legislative Session, NDMA successfully:

- Opposed legislation that would have expanded naturopaths' scope of practice to include prescribing, office procedures and midwifery
- Opposed duplicative, unnecessary discharge planning laws
- Endorsed legislation providing enhanced protection for health care workers
- Endorsed reauthorization of the Medicaid Expansion program for our patients

More recently, we urged support from our congressional delegation on the CREATES Act to make cheaper drugs more readily available to patients.

If you have already renewed your membership, THANK YOU FOR YOUR SUPPORT. If you have not, I strongly encourage you to renew today to keep our organization strong.

For questions, please contact 701-223-9475.

I look forward to your NDMA membership.

Sincerely,

Fadel Nammour, MD
President, NDMA

NDMA
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If you have not renewed your NDMA membership, you can renew online: *www.ndmed.org/membership/payndmadues/*

2018 Events Calendar

April 28, 2018

ND Society of Anesthesiologists
UND School of Medicine
Grand Forks, ND

May 14, 2018

UND SMHS Graduation
Grand Forks, ND

August 17-18, 2018

ND Society of Obstetrics and Gynecology
Community Center – Medora, ND

October 4-5, 2018

North Dakota Medical Association
Annual Meeting
Bismarck Events Center – Bismarck, ND

January 21-25, 2019

ND Academy of Family Physicians Annual Big Sky Conference
Big Sky, MT

If you would like more information on any of these events, please visit NDMA's website at www.ndmed.org

When Physicians Need a Hand

MMIC's Clinician Peer Support Program Offer Help Through Difficult Times

Anne Geske, Healthcare Freelance Writer

Physicians are aware that the practice of medicine carries risk, and that adverse outcomes can and do happen to patients. Patients have risk factors that can increase the likelihood of complications, and medical procedures have their own inherent risks. Physicians know this. But when something goes wrong for patients, it can be devastating to physicians because they care deeply about their patients.

"A physician's work is interwoven into their sense of self. It's our profession, our calling—not just a job. If we think we played a role in harming our patients, we question our value, our competency. We might feel a profound sense of failure and grief when we're a part of something that went wrong," says Laurie Drill-Mellum, MD, an emergency medicine physician and chief medical officer of Constellation in Minneapolis, Minnesota. Left unaddressed, these feelings can lead to isolation, depression and dysfunctional communication.

Dr. Drill-Mellum knows firsthand how it feels. "When I was sued," she says, "I was filled with self-doubt—an underlying fear that I might make a mistake." Dr. Drill-Mellum now leads MMIC's Clinician Peer Support program, which is comprised of a team of physicians trained to listen and provide emotional support to doctors and other clinicians who have experienced adverse events or are facing litigation.

If one is feeling anxiety, anger and shame, these things impact communication and confidence. Errors do increase under the cloud of a lawsuit.

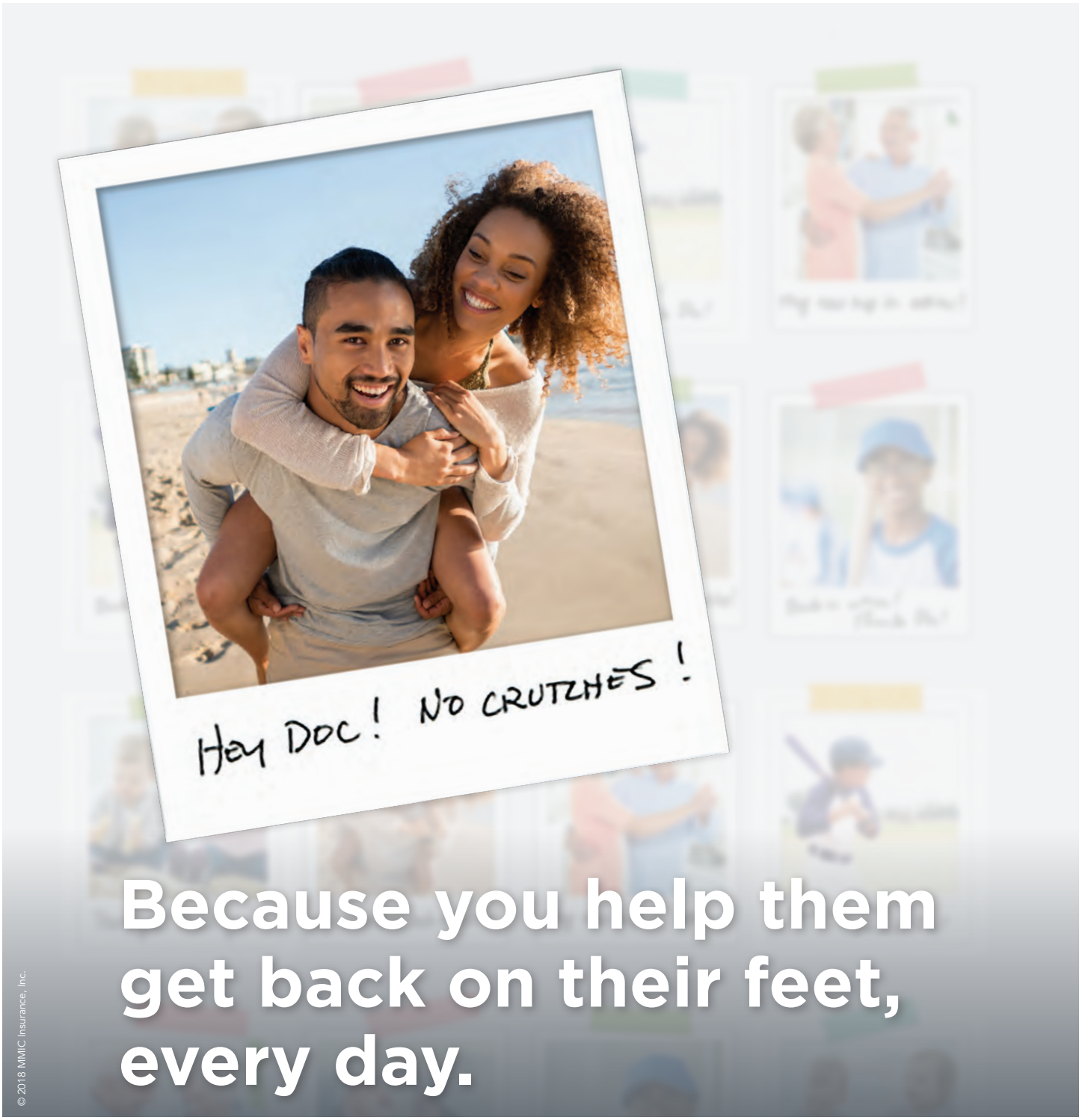
"Many physicians tend toward introversion, and when they're feeling doubt or anxiety their tendency is to withdraw," says Dr. Drill-Mellum. In the past, when physicians got notice of a lawsuit through their insurance company, there was a number to call. But they didn't access this program. "They feel too embarrassed and don't ask for help—or they think asking for help is a sign of weakness. We found we need to reach out to physicians, because we know they won't reach out themselves."

Now, as a matter of course during a claim or lawsuit, physicians get a call from a trained peer. MMIC has received overwhelming feedback from physicians and health care administrators alike that the program is of great value.

For administrators, finding ways to reduce errors and prevent highly trained physicians from leaving the practice over stressful events is not only good for physicians and patients, but a smart business move. After a claim is filed against a physician, the likelihood of a subsequent claim triples for two years. "If one is feeling anxiety, anger and shame, these things impact communication and confidence. Errors do increase under the cloud of a lawsuit," explains Dr. Drill-Mellum. Stress management can decrease the chances that this will happen, as well as increase physician retention and patient satisfaction.

"We're trying to normalize what physicians are feeling," says Dr. Drill-Mellum. "That's number one. We help them move from shame to embarrassment to self-acceptance. The Clinician Peer Support program is a service where experienced peers help colleagues walk through these difficult times."

For more information about the services MMIC provides to physicians, clinicians, hospitals and health systems, visit MMICgroup.com.



Because you help them get back on their feet, every day.

MMIC

At MMIC, we make it our practice to protect your practice. That's why we've built a responsive team of experts—to help you minimize clinical risks, stay current in the ever-changing health care industry, and keep your practice thriving. And, in the event of a claim, we're here for you. Because you're here for them, every day.

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