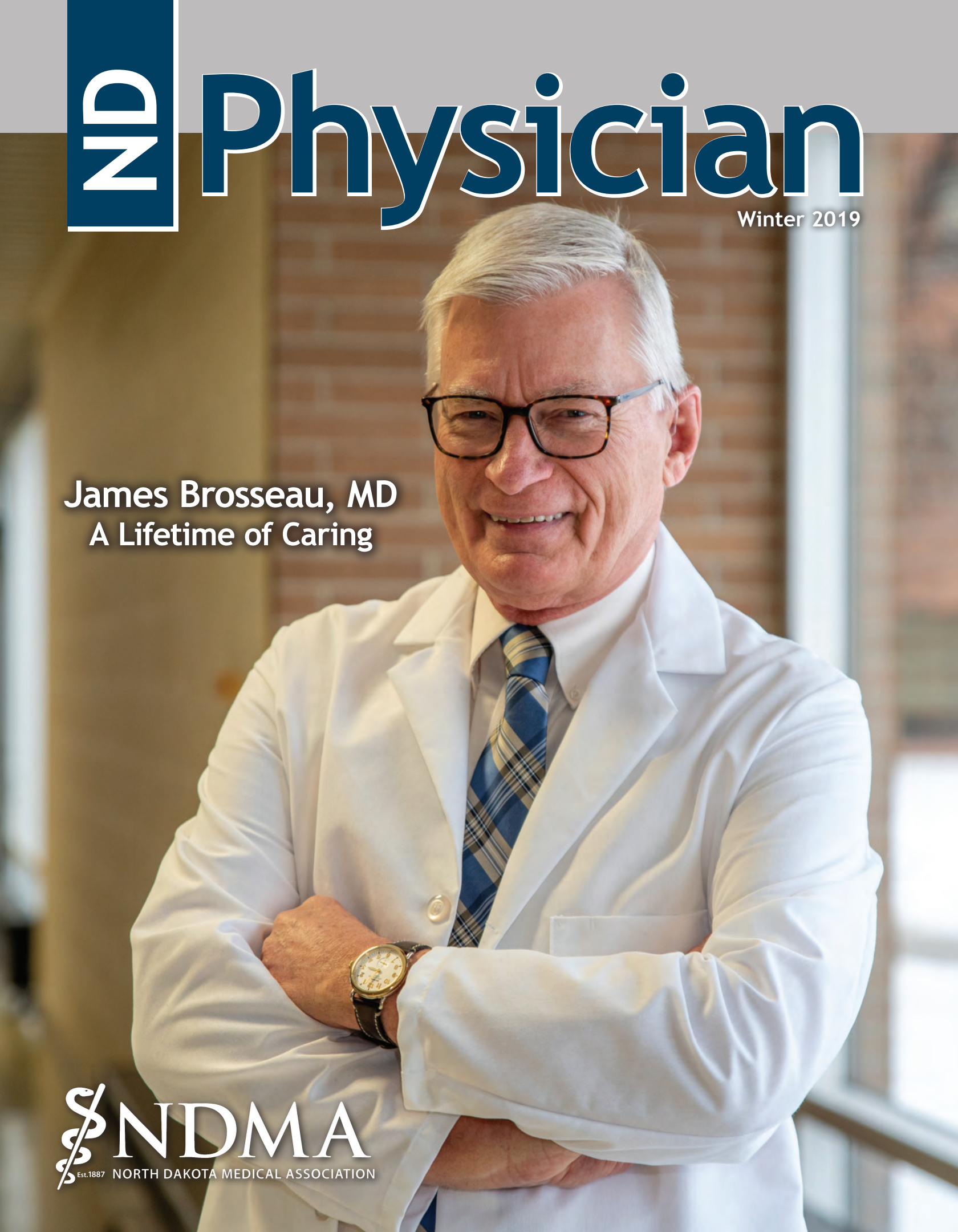
ND Physician

Winter 2019



James Brosseau, MD
A Lifetime of Caring

NDMA
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ND Physician

NDMA NORTH DAKOTA MEDICAL ASSOCIATION

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

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

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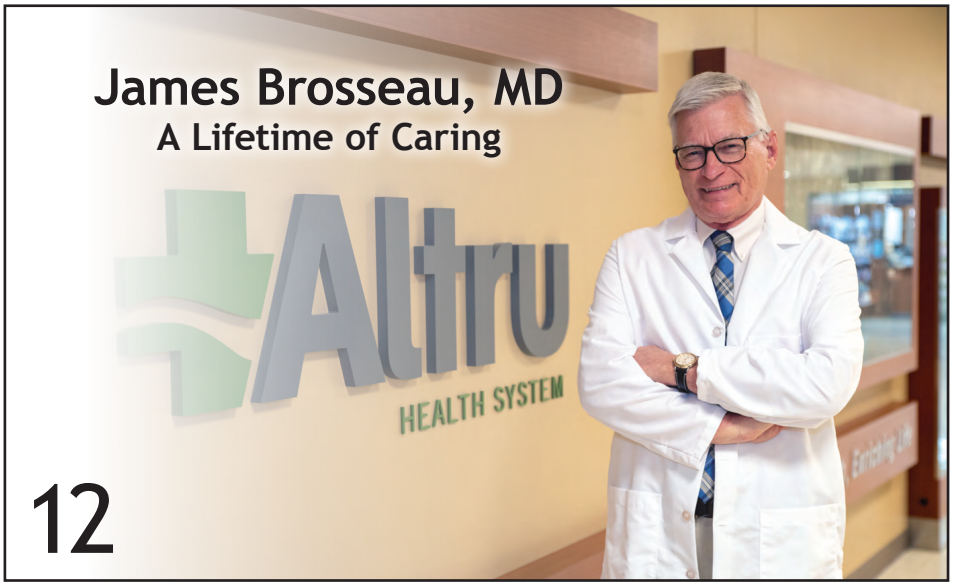
In this Issue



President's Message

A Mission to Provide Better Coverage and Access to Healthcare

Fadel Nammour, MD
NDMA President

Midterm elections are over and despite lack of media coverage healthcare ranked on top of voters concerns ahead of immigration, economy and gun policy.

In 2010, Democrats lost their majority because of the Patient Protection and Affordable Care Act (ACA or Obamacare). In 2018, they won the house majority because of their stance on healthcare and support for the current healthcare law.

An analysis from the Kaiser Family Foundation shows that public opinion regarding ACA has shifted over the last 8 years with more people viewing the current law more favorable (49% versus 42%).

Since its promulgation as a law, Republicans have been working to repeal and replace the Affordable Care Act. A last-ditch effort occurred in 2017 when Congress and the Executive Branch attempted to pass the American Health Care Act (AHCA). The act passed in the house, but it failed to pass the senate version under the name of Better Care Reconciliation Act (BCRA) by a slim margin.

Since then, the Trump administration who promised to repeal and replace the Affordable Care Act with a "better" option, has taken few steps to implement changes to the current law. In October 2017, the administration stopped reimbursing insurers who waived deductibles and copayments for low income customers, and an executive order set the tone for "Trumpcare" with five major proposals.

- Expand access to association health plans and allow insurance companies to sell policies across state lines.
- Ease restrictions on short term limited duration insurance (STLDI) which is exempt from ACA requirements and regulations, allowing it to last up to 12 months instead of three months, with an option to renew for up to 36 months.
- Allow employers to use pretax dollars for "health reimbursement arrangements (HRA)" and expand its availability and use.
- Limit consolidation within insurance and hospital industries
- Increase competition and choice in healthcare.

In December 2017, the individual mandate part of the Tax Cuts and Job Act was repealed resulting in eliminating penalties to people uninsured. Beginning January 1, 2019, people without health care insurance are no longer required to pay a penalty.

In January 2018, the Trump administration allowed states to impose work requirements for Medicaid recipients.

Finally, in May 2018, the "American Patients First" was released, which aimed to lower drug prices and reform the rebates drug companies pay to Pharmacy Benefit Managers (PBM). The goal was to eliminate the middle man and have prices listed for patients on television ads and other means.

Now that the Republicans lost the house majority, repeal and replace will most likely not be on the agenda for at least another two years. Will this open a bipartisan discussion as alluded to by the President? Will the divided Congress be able to master a bill to improve the current status and provide better coverage and access to healthcare? An insured population is a healthier population. The rate of uninsured in the state of North Dakota is on the decline, but still around 55,000 are without insurance.

The Center for Rural Health in ND has identified some barriers to health insurance coverage that affect Native Americans, low income persons below 200% federal poverty levels, communities with less than 5,000 people and people employed in businesses with ten or fewer employees.

Any radical changes could jeopardize the progress we have made. I urge you to talk to your legislators at the federal and local level and encourage incremental changes to the current law to improve it and protect its current provisions. Thank you for your continuous support and membership.

2019 Legislative Priorities

Courtney M. Koebele, JD
NDMA Executive Director

It's that time of year again – in less than a month the 2019 legislative session begins. Governor Doug Burgum released his budget on December 5, 2018, and we have some work to do! The Executive Budget proposes $14.3 billion in overall revenues and expenditures. This includes $4.6 billion in ongoing general fund revenue and expenditures, $300 million of Legacy Fund earnings, $3.7 billion in federal funds and $5.6 billion in special funds.

The good news is that the Governor included Medicaid expansion in the budget. This is not surprising, considering that 37 states have authorized Medicaid expansion, with three new states authorizing expansion through ballot measures this past November.

The bad news is that the budget proposes to reduce Medicaid expansion to traditional Medicaid rates, with a provider inflation rate at one percent each year. The inflationary increase costs the state $29.4 million, with $13.6 million from the General Fund.

The budget also proposes to take Medicaid expansion in house (ND Dept. of Human Services), in the attempt to save money on administration. However, North Dakota's Medicaid expansion program has been running smoothly, and both the patients and providers are very pleased with the program.

Because the federal reimbursement is 93 percent and 90 percent for 2019 and 2020, the cut will hit providers particularly hard. Conservative estimates show the reduction will cost North Dakota's health care systems and providers $200 million.

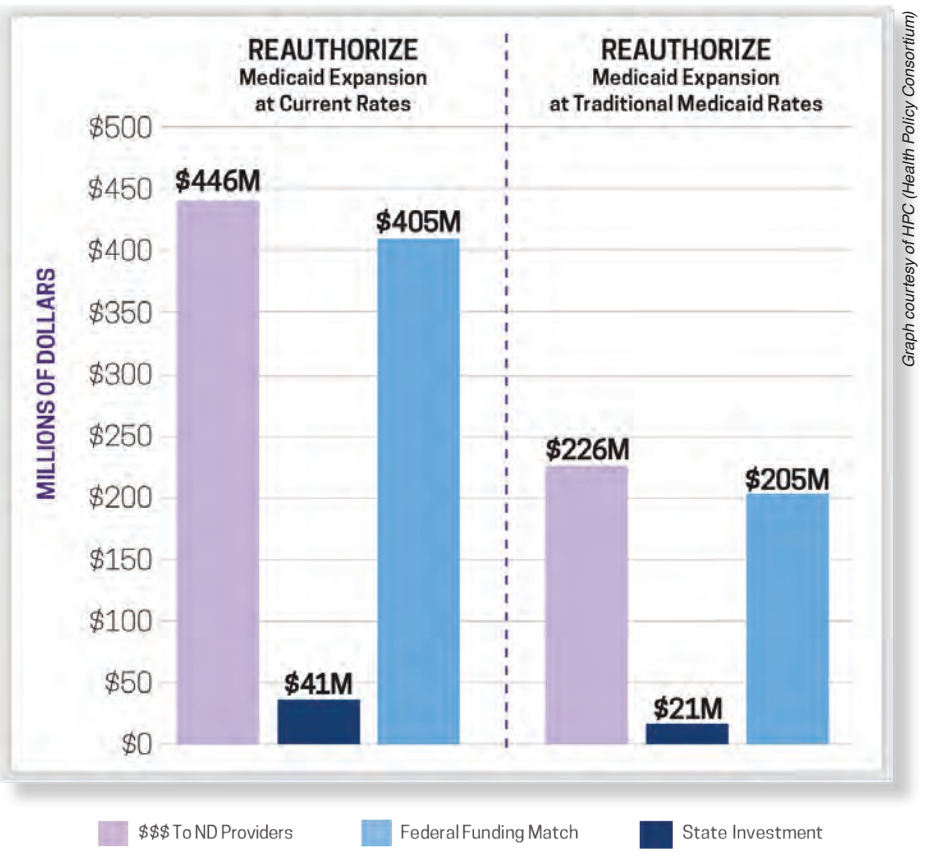
If the proposed budget passes, this will be another reduction providers will have to absorb. In 2016, the legislature reduced traditional Medicaid rates by over 30 percent. Maintaining the commercial Medicaid expansion reimbursement helps to offset that reduction.

To summarize, by investing an additional $20 million in general funds, and keeping expansion rates locked in at commercial rates, North Dakota could bring in over $200 million more to North Dakota providers, giving the health care infrastructure much needed support.

It's important to remember that the proposed budget is only the starting point. NDMA will work with its partners to support Medicaid expansion and maintaining expansion reimbursement at commercial rates, at the same time supporting an increase to traditional Medicaid rates. It is essential to the citizens of North Dakota that we have a sustainable Medicaid program.

Other bills of interest and updates:

Interstate Medical Licensure Compact: The Board of Medicine



Graph courtesy of HPC (Health Policy Consortium)

(BOM) met last month and has no further objection to the compact. We are looking forward to supporting this in the 2019 session.

Telemedicine: The BOM is bringing an agency bill to define the patient physician relationship in the context of telemedicine. The proposal is very similar to the administrative rules that were adopted earlier, but this would be in the century code. The most important aspect of this proposal is the requirement of a face to face encounter (in person or by video) to establish the patient/physician relationship. Some out-of-state groups are proposing a phone-only or static questionnaire for the establishment of the patient/physician relationship.

Physician Assistants independent practice: The ND PA Association is spearheading an effort to remove the supervising agreement between PAs and physicians. The ND Board of Medicine is in support of the concept. Based on NDMA input, the bill limits the practice of PAs to licensed health care facilities, facilities with credentialing and privileging, physician owned facilities, or those approved by the Board of Medicine.

Marijuana: Although recreational marijuana did not pass in the last election, there are many changes expected to the ND Medical Marijuana law, and changes regarding marijuana in general. There is a proposal to change patient certification to having providers verify the medical condition only and remove the requirement that providers determine if medical marijuana would have a therapeutic or palliative benefit. In addition, PAs would like to be included as a provider to certify; the state would like to take out the requirement of social security numbers; and many legislators are talking about decriminalization of marijuana under our criminal code.

NDMA is proud to be the only organization representing all the state's physicians. Stay tuned for important weekly updates, and special call-to-action emails throughout the session.

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NDMA 131st Annual Meeting Highlights

The 131st NDMA Annual Meeting participants met in Bismarck on Friday, October 5. The event brought together many physicians and leaders from across the state as well as nationally-recognized speakers. If you haven't had a chance to attend an annual meeting, you are missing out on a wealth of information. This one-day event brings physicians and health care experts together allowing for face-to-face discussions to keep us informed on health policy issues and to learn the latest developments in the field of medicine.

NDMA Executive Director Courtney Koebele providing an update to the House of Delegates.

During the event, the House of Delegates convened to discuss business, which included election of officers and resolutions.

Since advocacy is the primary role of the North Dakota Medical Association - in both the public and private sectors - one way to have our voices heard is to become unified through the power of resolutions. This year's assembly chose to adopt three resolutions.

In addition to House business, delegates were given updates from NDMA President Dr. Fadel Nammour and NDMA Executive Director Courtney Koebele.

ADOPTED RESOLUTIONS:

1: Maintenance of Certification

- NDMA acknowledges that the requirements within the Maintenance of Certification process are costly and time intensive, and they result in significant disruptions to the availability of physicians for patient care.
- NDMA acknowledges that after initial specialty board certification, the NDMA affirms the professionalism of the physician to pursue the best means and methods for maintenance and development of their knowledge and skills.
- NDMA reaffirms and encourages the value of continuing medical education, while opposing mandatory Maintenance of Certification as a requirement for licensure, hospital privileges, and reimbursement from third party payers.
- NDMA communicates our position regarding Maintenance of Certification to the AMA, specialty societies, universities, and physician and industry groups involved with independent continuing medical, clinical, and scientific education.

2: Recreational Marijuana

A resolution that opposes the legalization of recreational marijuana.

3: Governance

A resolution to suspend the House of Delegates of the North Dakota Medical Association for a period of two years and replace it with an annual membership meeting and Policy Forum.

EDUCATION:

This year's educational sessions, in collaboration with the North Dakota Chapter of the American College of Physicians, kept participants engaged by focusing on timely and important topics. As in previous years, Dr. Joshua Wynne, MD, started the day with an update from the UND School of Medicine and Health Sciences.

AMA Board of Trustees Chair Dr. Jack Resneck presented an AMA update and shared details on the future of health

Meeting participants pictured from left to right: Jack Ende, MD, Neville Alberto, MD and Ben Chaska, MD.

care delivery. The Immediate Past President of the American College of Physicians, Dr. Jack Ende, organized a discussion on clinical guidelines that included a focused look at several health care areas. Panel presenters were Raul Ruiz, MD (diabetes); Jeff Hostetter, MD (back pain); and Rhonda Schafer-McLean, MD (breast cancer screening).

The popularity of panels continued, with a discussion on understanding drug pricing. Participants were Greg Hoke, Biotechnology Innovation Organization; Danny Weiss, Sanford Health Plan; Dan Churchill, PharmD, Churchill Health Mart Pharmacy; and Brendan Joyce, PharmD, Administrator of Pharmacy Services, ND Medicaid.

Other topics included: When to Call a Surgeon, presented by Aaron Chalmers, MD; Everything I Need to Know I Learned in Prison, presented by John Hagan III, MD; and Physician, Heal Thyself, presented by Joshua Ranum, MD.

2018 NDMA AWARDS

Each year NDMA honors a physician and a non-physician who have made outstanding contributions to the North Dakota medical profession and their community. The recipients were recognized at a luncheon that was attended by many co-workers, friends and family members of these distinguished guests.

THE 2018 PHYSICIAN COMMUNITY AND PROFESSIONAL SERVICES AWARD

Pictured from left to right: NDMA President Dr. Nammour, Dr. Michael Booth and Dr. Kim Krohn.

The NDMA Physician Community and Professional Services Award recognizes North Dakota physicians for outstanding leadership and services to the people of North Dakota and to the profession of medicine. The 2018 award went to Mike Booth, MD, cardiovascular surgeon at CHI St. Alexius. In addition to his many years of dedication to medicine, Dr. Booth has been a faithful member and active participant in NDMA.

Dr. Booth has an outstanding record of community service that reflects well on the profession of medicine. He has served the Bismarck community for decades and has been a dedicated patient advocate.

Dr. Booth was nominated for the award by fellow NDMA member Dr. Kim Krohn.

2018 FRIEND OF MEDICINE AWARD

This year's Friend of Medicine award went to Jerry Jurena, past president of the North Dakota Hospital Association, for outstanding accomplishments in health care. During his tenure as president, Jerry has been an excellent partner and strong supporter for NDMA.

Jerry Jurena accepting the 2018 Friend of Medicine Award, presented by NDMA President Dr. Nammour.

40 YEARS OF SERVICE CERTIFICATES OF APPRECIATION

The NDMA tradition was observed by honoring physicians who have achieved at least 40 years of service in medicine upon graduation from medical school. This year's honorees are graduates from the class of 1978:

Anthony Chu MD, Grand Forks
Mark Hinrichs MD, Dickinson
Walter Johnson MD, Fargo
John Joyce MD, Hettinger
Thomas Kempf MD, Fargo
Lidia Krasniewska MD, Fargo
David Larsen DO, Nevis, MN
(Practiced in Bismarck)
David Lewis MD, Corpus Christi, TX
(Practiced in Fargo)
Connie Magura MD, Bonita Springs, FL
(Practiced in Fargo)
Robert Rotering MD, Tioga
Jerome Sampson MD, Fargo
David Skurdal MD, Williston
Joseph Sleckman MD, Fargo
Steven Strinden MD, Fargo
Stephen Tinguely MD, Fargo
Timothy Vo MD, Fargo
Ronald Wiisanen MD, Fargo
Terry Wolff DO, Fargo

Steve Strinden, a urology surgeon at Essentia Health in Fargo, is presented with a 40 Year Certificate Award by NDMA President Dr. Nammour.

MEMORIAL OBSERVATION

A moment of silence was observed to remember our North Dakota physician colleagues who have passed away within the last year.

Paul Beithon, MD
Bruce M. Carlisle, MD
John W. Ladwig, MD
Harlan C. Larsen, MD
Roald A. Nelson, MD
Denise Forte Pathroff, MD
Donald Skjei, MD
Ronald L. Wagner, MD
Elmer Wasemiller, MD

ELECTION OF OFFICERS

NDMA members elected for 2018-2019 officer positions.

PRESIDENT
Fadel E. Nammour, MD
Fargo, ND
Nominated by
1st District Medical Society

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

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

SPEAKER OF THE HOUSE
Stephanie K. Dahl, MD
Fargo, ND
Nominated by
1st District Medical Society

NDMA SOCIAL

This year's meeting kicked off with a Thursday night social held at the new First International Bank located on State Street. The room was packed with NDMA members and guests providing for great networking and fun.

To add to the social, scrumptious food and refreshing beverages were catered by the Stonehome Brewing Company.

A big thank you goes out to Sixth District Medical Society for co-hosting the event.

MARK YOUR CALENDARS!

NDMA
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2019 NDMA Annual Meeting

October 4, 2019 • Fargo, ND

Here's your chance to participate in the only state-wide event, organized by physicians and for physicians, that focuses on the practice of medicine.

This event continues to be a source of education, fellowship, and networking.

CONSOLIDATE YOUR STUDENT LOANS. FOCUS ON YOUR CAREER.

ACHIEVE MORE.

By consolidating all your student loans including federal student loans with Bank of North Dakota, you can have one convenient monthly payment.*

Simplifying your payments allows you to focus more on your career so you can achieve more.

VISIT BND.ND.GOV/REFINANCE

*Must have a physical address in North Dakota for the past six months to refinance federal and/or private student loans. Non-North Dakota residents must have a Bank of North Dakota student loan to refinance private student loans. Other requirements include: You, or a creditworthy cosigner, must meet specific credit criteria, you must be a U.S. citizen, your loans must be in grace or repayment status and your loans cannot be delinquent or in default..

BND
Bank *of* North Dakota

BND Provides Options to Refinance Student Loans

You assess patients every day, but have you assessed your financial matters lately –particularly your student loan payments? Refinancing your student loans with Bank of North Dakota (BND) can help simplify your repayment process with one payment and one loan servicer.

BND's program for North Dakota residents allows you to refinance all your student loans, including federal, into one loan. Some individuals can lower their interest rate too. More than 10,000 people have benefited from the program, choosing to either pay their loans off more quickly or to pay a lower refinanced monthly payment amount and increase their discretionary income.

According to a study[1] by the Association of American Medical Colleges, the median debt held by students who graduate from medical school is $192,000. Here is an example to demonstrate the difference that refinancing with BND can make. Assuming a current fixed interest rate of 7.25% APR* with a $192,000 loan, the table below shows the savings when a borrower refinances based on the current BND refinance interest rates using a 25-year repayment term.

Like medical treatment, refinancing should be considered on a case-by-case basis. Refinancing your student loans can simplify your repayment process. However, it is important to review your current interest rates, terms and types of student loans before refinancing.

To learn more contact one of BND's student loan experts at 701.328.5660 or visit *bnd.nd.gov.*

	Current Fixed Rate Loan	BND Refinance Loan Fixed Rate	BND Refinance Loan Variable Rate**
Loan Amount	$192,000	$192,000	$192,000
Interest Rate	7.25%	5.55%	4.28%
Annual Percentage Rate (APR)*	7.25%	5.55%	4.28%
Loan Terms (years)	25	25	25
Monthly Payment	$1,388	$1,185	$1,044
Number of Payments	300	300	300
Interest Paid	$224,337	$163,437	$121,011
Total Amount Paid	$416,337	$355,437	$313,011

**The Annual Percentage Rate (APR) may be different from the actual interest rate because the APR considers fees and reflects the cost of your loan as a yearly rate. This APR calculation assumes a loan of $192,000, a fixed interest rate of 5.55% or variable interest rate of 4.28%, a loan fee BND pays for you and a 25-year repayment term. **The variable interest rate will never exceed 10.00%. Rates current through 03/31/2019.*

1. Association of American Medical Colleges; Analysis in Brief (Vol.18, No.4, Sept.18)

A LIFETIME OF CARING:
Celebrating Dr. James Brosseau

By Donna Thronson, NDMA Communications Director

Physicians find their calling in many different ways. Many dedicate their lives to the profession of medicine, but what drives a physician to stick with a demanding career, requiring intense schooling and constant training coupled with a brutal schedule for nearly fifty years? In this segment, we take a dive into what the driving forces are for just-retired Dr. James Brosseau.

Dr. Brosseau, along with his wife, Jolene, and granddaughter Johanna.

When perusing through the thick files of his accomplishments, he is nothing short of a legend. This definition says it best. A legend: a person whose natural reflex is to be selfless and make an extraordinary effort to put others before themselves.

In addition to practicing and teaching medicine, he has been a dedicated health policy advocate for NDMA initiatives to eliminate barriers to patients' health care. He was also the recipient of many awards including the 2011 NDMA Physician Community and Professional Services Award – an award that recognizes outstanding members of the association who serve as role models in their profession and community. He was nominated by Rolf Paulson, MD, of Grand Forks Altru Health System, who commended Dr. Brosseau for his dedication to medicine and outstanding leadership.

He also served in various other NDMA duties, including the Commission on Medical Services and Public Relations and the Doctor of the Day program.

Serving the bulk of his career at Altru Health System, NDMA member James Brosseau, MD, officially retired in late September. He had an extreme desire to advance medicine and care for patients,

which led him to establishing and directing the Diabetes Center at Altru Health System and serving as medical director for the Valley Eldercare Center for more than 30 years.

He admits that leaving his work behind is difficult to process but the time has come to move on.

"As I look back on my career, I am most grateful for being able to do this kind of work for as long as I did," said Dr. Brosseau. "I served as a primary care physician, and I loved my patients and my work."

Born and raised in Drayton, ND, Dr. Brosseau stayed close to home by attending the University of North Dakota (UND) where he earned his undergraduate degree in chemistry and biology. He continued on to complete the first two years of medical school at UND in 1968 and went on to complete his MD at the University of Minnesota School of Medicine.

After a one-year internship in New Mexico, he was drafted into the military. As a commissioned officer, he was assigned to the Public Health Service Indian reservations in the Dakotas working primarily at Fort Totten and Fort Berthold. It was during this time that Dr. Brosseau saw that diabetes was very common among Indian people and recognized a need for more education, prevention and treatment.

From that point, it became a special interest for Dr. Brosseau. "Diabetes is something that every health care worker encounters every day," he said. "I tried to be a champion for better diabetes care through education of patients and health care workers alike."

After his service in the Indian Health Service, Dr. Brosseau spent a year earning his master's degree in public health at the University of Minnesota and three years completing his internal medicine residency at the Marshfield Clinic in Wisconsin. In 1978, he moved back to Grand Forks where he began his work in internal medicine at the Grand Forks Clinic. This is where he met Dr. Ed Haunz, a diabetes specialist.

"Dr. Haunz became my mentor and I started treating people with diabetes," said Dr. Brosseau. "This is when I began working with the American Diabetes Association both in North Dakota and nationally."

Through these efforts, Altru administration recognized the need for more specialized diabetes care, which led to the development of the Altru Health System Diabetes Center, spearheaded by Dr. Brosseau in 1998.

Dr. Brosseau receiving the 2011 Physician Community and Professional Services Award. The award was presented by Dr. Krohn (right), who nominated him for this prestigious award.

Dr. Eric Johnson, assistant medical director of the Diabetes Center, said that the work done by Brosseau to build the Center was a major move in bringing guideline-based diabetes care to northeastern North Dakota and northwest Minnesota.

"I worked closely with him in diabetes care for over 20 years, and he was a major influence on my practice," said Dr. Johnson. "He allowed many persons with diabetes, including myself, to have a 'home' in the health care system."

Dr. Brosseau commented on the importance of education on controlling diabetes and changing old habits, especially when those people are feeling healthy. "If people don't have any complications, they often don't take diabetes seriously," he said.

Dedicated to Medicine

Throughout his career, Dr. Brosseau held many high-level positions and appointments and is the recipient of many awards. Through it all, he is a most modest man. Winston Churchill says it best: he's a humble man with much to be humble about.

Altru Health System and the UND School of Medicine and Health Sciences truly shine as the winners by having Dr. Brosseau as a leader. Here are some highlights:

- 2011-2013 - Chief of Staff, Altru Hospital
- 1978-2006 - Clinical Professor, Department of Internal Medicine, UND School of Medicine
- 1978-1999 - Associate Professor, Department of Community Medicine and Rural Health, UND School of Medicine
- 1998-2018 - Director, Altru Diabetes Center, Altru Health System
- 1999-2006 - Chair, Department of Community Medicine, UND School of Medicine

Dr. Brosseau presenting at one of numerous NDMA events.

Dr. Brosseau mentoring UND Honors Program students.

- 2000-2006 - Adjunct Professor, University of Minnesota School of Public Health
- 1995 - Fellow, Bush Foundation
- 1994-2003 - Board of Directors, UND Alumni Association; President 2002-2003
- 1993-2000 - President, ND Affiliate of the American Diabetes Association
- 1978-2018 - General Internist and Diabetologist, Grand Forks Clinic (now Altru)

Leadership & Appointments

- 1997-2001 - State Health Council
- 1993-2000 - President of the North Dakota Diabetes Chapter
- 2006-2011 - Governor of the ND Chapter of the American College of Physicians
- 2008-2009 - President of NDMA Third District Medical Society

Awards

- 1984 – Outstanding Alumnus of UND Medical School, Centennial Year
- 1988 - Physician of the Year by the North Dakota Association of Handicapped
- 1988 – President's (George H. W. Bush) Health Care Professional of the Year Award; Association for Persons with Disabilities
- 1995 – Health Care Provider of the Year by Grand Forks Chamber for demonstrating volunteer service
- 2016 - Master of the American College of Physicians – only one of two internists in North Dakota hold this distinction
- 2018 – Robert Jacobson Award for Lifetime Achievement in Medicine

Research and Publications

Through his career, Dr. Brosseau was active in research and academics. His work was published in more than fourteen publications. In addition, he designed and implemented a surveillance project to identify and communicate with families of diabetic children throughout the state to advance diabetes control factors.

"My research was primarily epidemiological and mostly descriptive in nature," he said. "It was my hope that it would inform both patients and clinicians about how they could all do better."

A Mentor for Students

When Dr. Brosseau started his career in 1962, he was accepted into the UND Honors Program, which was brand new at the time. During his almost 50 years in practice, he remained involved with mentoring Honors Program students, and hopes to become even more involved in the future. He feels that there is room to grow the program by providing a broader education for all students, to include subjects that have been deemphasized in recent years, such as literature, philosophy, history, government, and the arts.

"The students I have been able to work with are very smart and highly motivated to do the right thing and to make a difference," he said. "What I like most about today's curriculum is that it is much more interactive, and students are more willing to express their feelings and learn from others about issues that matter most to them."

Managing Change

Through nearly 50 years of practice, change is inevitable. Although advancements in technology have improved health care in many ways, Dr. Brosseau feels there are many drawbacks.

"In every examining room now there is a computer standing between the patient and the provider and physicians are expected to record their encounters and 'input' data while talking to patients," he said. "This hampers the ability of patient and provider to engage with one another and has made clinic visits less personal and less satisfying for patients and providers alike."

"It is almost incredible, but true, that providers now spend one or two hours in front of their computers for every hour they spend with patients."

A New Chapter

As he reflects back, he is thankful for his good fortune to work in such a rewarding career.

"I've been very fortunate to be able to work hard at work worth doing. Theodore Roosevelt said that's 'the best prize life has to offer'."

He may consider part-time teaching or maybe writing, or perhaps continue some research on diabetes, but for now, it's time to relax, kick back and enjoy the ride.

Right after he retired, Dr. Brosseau and his wife, Jolene, embarked on a 5-week road trip to Salt Lake City, UT to visit their son Tom, his wife Lizzi and their one-year old daughter Johanna. Then continued onto Scottsdale, AZ to visit their son, Ben. After that they traveled to Mississippi and Alabama, where they visited important sites from the civil rights movement of the 1960s and 70s.

Dr. Brosseau and Jolene also have a daughter, Carrie, who lives in Grand Forks with her husband Josh.

"We're lucky to be able to see them often. We hope to be able to spend much more time with all our family in the future."

Dr. Brosseau participating at the 2017 Annual Physician's Day at the Capitol. Also pictured is Dr. Krohn (left). The duo provided on-site health screenings to legislators and their immediate staff members.

Thank you for your service

Many cohorts, such as NDMA member Kim Krohn, MD, reflect on the good works of Dr. Brosseau. Dr. Krohn said she was fortunate to have Dr. Brosseau as a mentor for clinical shadowing during her first year of medical school.

"I was able to observe his commitment and compassion, and to appreciate the breadth and longevity of his relationships with his patients," said Dr. Krohn.

Through mentoring, she learned of the importance of rural health care practices, particularly in public health service and the special needs of our Native American population.

She mentioned that Dr. Brosseau's contribution to the care of individuals with diabetes and to the UND School of Medicine is unsurpassed. In addition, she mentioned how he served the public in other ways such as orchestrating a recurrent health screening for the North Dakota state legislators at the Capitol for many sessions.

"As he has been there for his patients and staff, Dr. Brosseau has been there for me, his previous student, and for many other mentees," said Dr. Krohn. "His legacy will persist through his contributions, the patients he served and the students and colleagues he mentored."

"He is a brilliant clinician and educator."

When it comes to health policy, Dr. Brosseau had the courage and commitment to take the front lines. Former North Dakota attorney general and retired district court judge Robert Wefald commends Dr. Brosseau for taking an active stand in support of defeating an initiated measure that would have allowed unlimited, unregulated and uncontrolled recreational marijuana.

"He recognized the harm it could have done, and as a physician he helped spread the message of the harmful effects of wide open marijuana," said Wefald. "We were grateful for his support."

NDMA is honored to have been associated with the good works of Dr. Brosseau. As a life-time NDMA member and many years of service, he has been instrumental in helping solidify policy and programs that benefit patients' health outcomes and public health initiatives. He is a public servant in every sense of the word.

Congratulations to Dr. Brosseau for a job well done. Your service and dedication are exemplary and serve as a gold standard for health care.

The Blue Zones of Longevity and Health:

What Can We Learn From the Longest Living People in the World?

By Melanie Carvell, PT

Dan Buettner is the founder of Blue Zones, an organization that helps Americans live longer, healthier, and happier lives. His groundbreaking work on longevity focuses on the lifestyles of people living in the Blue Zones, those places in the world where people are living longer and healthier lives with statistically less chronic disease: Okinawa, Japan; the Italian Island of Sardinia; the Nicoya region of Costa Rica, the Greek island of Ikaria; and Loma Linda, California. People in these Blue Zones don't just live longer, they live better. Besides having a large number of centenarians, people in these areas remain active into their 80s and 90s and do not suffer from the chronic diseases common in most parts of the industrialized world.

Research focusing on these bright spots of good health has been able to tease out the common characteristics of longevity. Several common denominators, or longevity lessons have been distilled into the "Power 9."

Move Naturally: In these places the longest-lived people don't run marathons, join gyms, or take nutritional supplements. Instead, they live in environments that support activity including community gardens and walking paths that nudge them into moving more. Their lives are often without mechanical conveniences for home and yard work so moving naturally is a part of their days.

Know Your Purpose: In the Blue Zones people have something to live for beyond just work. Research has shown that knowing your sense of purpose can be worth up to seven years of extra life expectancy.

Downshift: No matter who we are or where we live, stress is a part of our lives. Stress and its resulting chronic inflammation is associated with every major aged-related disease. People in Blue Zones have healthy routines like balancing their stress with rest and meditation and built-in daily social activities.

80% Rule: People in the Blue Zones usually cook at home and have their largest meal midday, rather than in the evening, following the wise adage of "Eat your own breakfast, share your lunch with a friend, and give most of your dinner to your enemies." More and more research suggests that when we eat can be as important as what we eat. Front-loading calories earlier in the day to match with our normal circadian rhythms is not only favorable for weight loss, but has beneficial effects on other indicators of overall health, including decreased risk for type 2 diabetes.

Blue Zone people also follow the 80/20 rule, stopping when they feel their stomachs are 80% full. The 20% gap between not being hungry and feeling full can be the difference between losing weight and gaining it.

Plant Slant: In Blue Zones, people eat what is described as the Mediterranean diet: real food, consisting mostly of fruit, whole grains, greens, and beans each day. They consume avocados, nuts and seeds, and cook with other healthy fats such as olive oil and eat lean meat and fish in small portions. There is considerable evidence that these healthy dietary patterns are associated with lower Alzheimer's risk and slower cognitive decline with the important differences being higher plant consumption and lower saturated fat consumption.

How do we address the current craze of the Keto or Paleo diets that are currently popular right now? Recent research published by The Lancet studied the eating patterns of more than 15,400 adults in the U.S. and another 432,00 people around the world. Study results found that restricted carbohydrate levels replaced by animal-based protein and fat sources could lead to higher risk of premature death. The reduced intake of whole grains, fruits, vegetables and fiber and increased intake of animal protein, cholesterol, and saturated fat likely plays a role. Reducing our intake of highly processed carbohydrate foods like white bread, sweets, and sugary drinks is always a good idea, but research shows that those who live the longest eat more plant-based foods, including fiber-rich carbohydrate foods like sweet potatoes, beans, whole grains, fruits and vegetables. These large global studies are another reminder that focusing on healthy whole foods is a better long-term strategy than dieting.

BLUE ZONES®

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.

Wine@5: People in all Blue Zones drink moderately, usually one or two glasses of red wine, consumed with friends and food.

Family First: Successful centenarians in Blue Zones put their families first. They are more likely to keep their aging parents and grandparents nearby or in their homes.

Belong: Being involved in a faith-based community or organization can add four to fourteen years to life expectancy.

Right Tribe: Along with their strong sense of purpose, and close family ties, Blue Zone people are a part of social networks that support healthy behaviors. Connecting with other people is the number one predictor of physical, mental, and spiritual health. Strong personal relationships make it far more likely that life will be joyful, and longer. From Aristotle and Socrates to contemporary scientists, strong social bonds are recognized as the most meaningful contributor to health and happiness.

What can you take from these best practices to add years to your life, and most importantly, life to your years?

Resources:
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30135-X/fulltext
www.bluezones.com/2016/11/power-9/

North Dakota Partnerships Are Improving Colorectal Cancer Screening

Submitted by
Dr. Donald Warne, MD, MPH, University of North Dakota School of Medicine & Health Sciences
Shannon Bacon, MSW, American Cancer Society
Dr. Jesse Tran, PhD, North Dakota Department of Health

NORTH DAKOTA COLORECTAL CANCER ROUNDTABLE

The North Dakota Colorectal Cancer Roundtable, a statewide coalition of organizations and individuals dedicated to reducing the incidence of and mortality from colorectal cancer (ND CRC), convened for its 3rd annual meeting in Bismarck on October 24th. The Roundtable, co-founded and co-led by the American Cancer Society and North Dakota Department of Health, includes a variety of partners including Federally Qualified Health Centers, Indian Health Services, large and small health systems, health plans, academic partners, and other state-level public health organizations. Over the course of the past four years, these partners have prioritized CRC screening and developed increased coordination and collaboration in their implementation efforts, leading to a seven percent statewide improvement in CRC screening.

This year's meeting focused on medical neighborhood development, care coordination, and reducing structural and cost barriers for patients. Dr. Laura Makaroff with the American Cancer Society Global Headquarters presented data and updates from a national perspective. Dr. Donald Warne, Associate Dean for Diversity, Equity, and Inclusion and Director of Indians into Medicine (INMED) and Master of Public Health (MPH) Programs at University of North Dakota School of Medicine & Health Sciences, presented state-level data with a focus on health equity. Dr. Warne was also welcomed as the Roundtable's newest Chair, following NDMA President Dr. Fadel Nammour's three years of service as Roundtable Chair.

Dr. Nammour passes Chair leadership role to Dr. Warne

In November, several local Roundtable members also presented at the National Colorectal Cancer Roundtable (NCCRT) meeting at Baltimore. North Dakota was featured heavily throughout the meeting as one of the most improved states in the nation and several ND CRC Roundtable members provided insight on North Dakota's program successes.

While ND has achieved significant improvement in CRC screening, 35 percent of our eligible population is still not up to date with screening, and significant disparities in screening persist. Today, North Dakota's Roundtable is more committed than ever to understanding and addressing barriers to CRC screening. With Dr. Warne's leadership as Chair, the ND CRC Roundtable will coordinate aspects of its workplan with the Dakota Cancer Collaborative on Translational Activity (DaCCoTA), a new NIH-funded project. The objective of the DaCCoTA is to support and expand full-spectrum clinical research on cancer, facilitating interactions between clinicians and scientists with unique but complementary areas of expertise through the DaCCoTA Pathfinder (*https://pathfinder.med.und.edu/*). The DaCCoTA team's goal is to develop a highly productive, collaborative, and sustainable translational research center that will focus on the cancers that most commonly and disproportionately afflict the citizens of our region.


Dr. Nammour passes Chair leadership role to Dr. Warne.

The DaCCoTA includes various cores, all led by capable investigators, that will assist in building a competitive clinical and translational cancer research center. The Pilot Projects Program, for instance, will offer three types of grants: ready-to-go pilot awards for projects with significant existing preliminary data in support of a novel cancer-related hypothesis with a clinical translational focus; feasibility pilot awards, which will allow a clinician/non-clinician team to form around a novel cancer-related hypothesis; and community engagement pilot awards, which will focus on a topic of targeted importance to our region. The Community Engagement and Outreach Core will work with the Pilot Projects Program to develop Requests for Applications (RFAs) for the community engagement pilot awards based on input from various rural and American Indian communities, especially those affected by disparities in health outcomes. For more infomation about the DaCCoTA, please visit *https://med.und.edu/daccota/*.

This new partnership will help Roundtable members better understand the true barriers to CRC screening in North Dakota and design effective local programs to reduce barriers and increase access to screening. If you would like to learn more about the ND CRC Roundtable, please email *shannon.bacon@cancer.org* or *jtran@nd.gov*.

Corneal Transplants Change Life for Local Man

Pictured is Mike Nieman (far left) and family.

By Alex Strauss, Editor, MED Magazine

Mike Nieman figures he was just 14 or 15 years old when he first began to notice that his eyesight was not what it should be.

"My vision would become cloudy, like a windshield covered with snow and ice," recalls the Huron, SD native who now lives in Renner, SD. "It was always worse in the morning, but it seemed to get better throughout the day. Then when I went to sleep, it would start all over again."

His optometrist prescribed glasses and eye drops, neither of which helped. Meanwhile, Mike just "tried to make it work" as his eyesight gradually deteriorated. He got through school by sitting in the front row and struggled to play high school sports. Things worsened throughout college. By the time Mike was 29, even doing work at the computer was proving very difficult.

Things came to a head at a golf tournament in Mitchell, SD in 1998.

"It was early in the morning and my vision was very cloudy," Mike says. "At one point early in the day, I almost stepped on my ball right at my feet. I picked it up and said 'I can't play today.' I hadn't told anyone what was going on."

Fortunately, the course's golf pro recognized a serious vision problem and suggested that Mike see an ophthalmologist in Sioux Falls. It took just minutes to learn that he had a serious case of Fuch's dystrophy, a hereditary condition that causes the cornea to become waterlogged.

Within days, Mike underwent penetrating keratoplasty (PK) on the first eye, a full-thickness corneal transplant procedure that was the gold standard for the treatment of corneal diseases at the time.

"I could tell right away that my vision was brighter and clearer, even though it was still blurry," he says. Fourteen months later, in 1999, Mike had PK on his second eye and was able to see the freckles on his young son's nose for the first time. In 2005, he underwent laser surgery on his transplanted tissue which gave him 20/20 vision without glasses or contacts.

"Nieman's transplant is special because he is among the 71 percent of PK transplants with 20/20 vision after 15 years," says Marcy Dimond, CEO of Dakota Lions Sight and Health, which procures and prepares tissue for transplants like Mike's. "Beyond the 15-year data point, the graft failure rate is undocumented."

Today, 95 percent of corneal transplants taking place in Minnesota and the Dakotas are endothelial keratoplasty (EK), where only a layer of endothelial cells are transplanted. For these transplants, DLSH staff now perform advanced processing of the corneal tissue, saving the surgeon time and eliminating the risk of tissue damage from additional manipulation.

DLSH is one of just a small handful of eye banks around the country now offering these DMEK pre-loads, which are the new gold standard for treating Fuch's dystrophy.

"The future is bright for Nieman," says Dimond. "Even if his grafts begin to fail, he would not require a full thickness transplant. Today's technologies would allow for a 'tune-up', of sorts. The affected endothelial cells could be removed and a new set of donor endothelial cells could be transplanted through a 2 mm incision."

"I did not fully appreciate at the time what it really meant to receive donor tissue," admits Nieman, who now serves on the DLSH board of directors. "It is truly a miracle that this procedure was available, that there are people here capable of doing it, and that there are families with the generosity and foresight to be organ and tissue donors."

"Without that, I would have had a very limited life. Now, I can do all the things that everyone takes for granted - watch my daughters dance, work on the computer, read, attend kids' events and all of that. I respect and honor my eyes because they are literally a gift."

Dakota Lions Sight & Health (DLSH) is a nationally recognized non-profit eye and tissue bank dedicated to the restoration of sight and health by providing services which advance donation, transplantation and research.

Dakota Lions Sight & Health
Eye and Tissue Donation

Headquartered in Sioux Falls, DLSH has regional offices in Rapid City, SD, Fargo, ND and Bismarck, ND and is dedicated to serving the people and communities of South Dakota, North Dakota, Northern Nebraska, and Western Minnesota through eye and tissue donation and transplantation.

To learn more about Dakota Lions Sight & Health's commitment to excellence visit *dakotasight.org*.

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News from the Dean

UND School of Medicine and Health Sciences

UND School of Medicine & Health Sciences
University of North Dakota

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

The UND School of Medicine and Health Sciences (SMHS) works hard to be a school that represents—and works for—all of North Dakota. As the only medical school in the state, we are proud that many graduates remain in North Dakota after graduation and help provide health care statewide. But in order to fully serve the state, it is important that our student body reflects our state. That's why we've made a commitment to recruiting rural and American Indian (AI) students into our programs. In fact, our diversity statement (which is required by accreditation standards) specifies rural and AI candidates as worthy of special consideration in our admission process.

However, one of the potential barriers to having such a diverse student body that truly resembles the cross-section of people throughout the state is the cost of a health care education, especially a medical education. There are most likely students within the state who come from modest backgrounds that don't even consider a health care career, with the idea of a $200,000 (or more!) education being beyond comprehension. And even after students' matriculate, the impact of a potential $200,000 debt load can be intimidating.

Accordingly, we have done everything possible to mitigate student debt. The single most important thing that we've been able to do is to keep the cost of a health care education at UND as low as possible. We've been able to do this for two reasons, both equally important. First, the Legislature has been extremely generous with state appropriations for the SMHS; and second, many health care providers across the state help provide clinical education for hundreds of our students each year despite that fact that they aren't on our payroll and don't receive a salary from us. This enables us to operate the SMHS at a much lower cost than at larger, nearby medical schools.

The single most important thing that we've been able to do is to keep the cost of a health care education at UND as low as possible.

On top of these two factors, our donors have been extremely generous in providing additional scholarship support that helps to lower our students' debt load even further.

But I wonder if we need to do more.

New York University Medical School recently announced that it is now tuition-free for all students—regardless of financial need. And former New York City mayor Michael Bloomberg just announced a $1.8 billion donation to provide tuition-free college education to highly-qualified students with financial need at his alma mater, Johns Hopkins University. We are on the path to tuition-free education for medical students through our RuralMed program, which provides a forgivable loan to medical students who subsequently practice in a rural region of North Dakota for five years—in essence, a tuition-free education. But the question is: can—and should—we try to do more?

I think that our classes (especially our medical student classes) are pretty representative of North Dakota at present, including a similar mix of rural and urban students as well as men and women as the general population in the state. And at least nine percent of the students who matriculate at the medical school are American Indian. But are there highly qualified candidates in the state who are "turned off" by the cost (even as low as it is) who might apply if we somehow were able to eliminate the cost barrier? I don't know the answer, but I'd welcome any thoughts that you have. Please contact me at *joshua.wynne@UND.edu*.

My wife Dr. Susan Farkas joins me in wishing all of you best wishes in the New Year. And a sincere "thank you" to all of you who are clinical faculty members at the School and play vital roles in helping to educate the next generation of health care providers!

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North Dakota Maternal Mortality Efforts:

Setting the Record Straight

Dennis J. Lutz, MD
Chair ND Maternal Mortality Review Committee

The death of a mother during pregnancy, childbirth or postpartum is not only one of the greatest tragedies that can occur within a family but also represents the ultimate failure of perinatal medical care in the United States. Medical advances during the 20th century actually predicted that maternal mortality would almost be eliminated by Healthy Women 2000. The United Nations Millennium Goal was "a 75 percent reduction in maternal mortality by 2015." While 157 countries out of 183 reported a decrease, the US rate has almost doubled since 2000.

Worse yet, for at least a decade the vital records system has been unable to even supply accurate estimates of US maternal mortality ratios due to state under reporting and data coding problems.

How has this conundrum impacted North Dakota statistics and what is being done within our sparsely populated state that now averages 10,000-12,000 live births per year?

A Century of North Dakota Maternal Deaths by Selected Years

1918 = no data	1950 = 9
1927/28 = 170	1960 = 5
1937/38 = 90	1979 = 1
1943 = 39	2018 = 0 cases reported

Collaborative Efforts are ND Key to Success

Contrary to a September 2018 article in the *Grand Forks Herald* which erroneously criticized North Dakota as one of the few states having no maternal mortality review process, North Dakota not only has one of the oldest Maternal Mortality Review Committees (MMRC) in the western US but has been actively investigating every ND maternal death for 64 consecutive years.

The Committee was created by the North Dakota Society of Obstetrics and Gynecology and endorsed by the ND Medical Association on May 2, 1954. The Committee has 11 physician members, including both obstetricians and family physicians, who represent each NDMA district. Vital statistics are provided by the North Dakota Department of Health. The review process is now so seamless and beneath the radar that many don't even know it exists.

Medical Certification of Death Requires Accurate Certifier Input

One of the reasons that US maternal mortality ratios (expressed in deaths per 100,000 live births) rank high in global reporting has to do with the restrictive World Health Organization's definition of a maternal death, which is "death of a woman while pregnant or within 42 days of termination of pregnancy ... from any cause related to pregnancy." Unfortunately, many maternal deaths occur more than 6 weeks after the termination of a pregnancy, including most cardiomyopathies, many thromboembolic events and continued post pregnancy exacerbation of other serious medical conditions. These often include mental health issues, particularly depression, substance abuse, addiction and occasionally trauma which can lead to death, but are difficult to classify accurately.

The ND MMRC, ND State Health Department and US Centers for Disease Control and Prevention (CDC) all urge death certifiers to be especially diligent when completing "Item 14" of the death certificate. Each state now finally collects the same information which begins with the question "If Female, Decedent was," before checking the following box:

1. Not Pregnant within past year
2. Pregnant at time of death
3. Not Pregnant, but pregnant within 42 days of death
4. Not Pregnant, but pregnant 43 days to 1 year before death
5. Unknown if pregnant within the past year

Diligence is required to obtain accurate information and items 4 and 5 can be especially difficult for a harried certifier when family or medical records are not available. Please be persistent.

ND MMRC Death Classification

Since its inception the ND MMRC asks two basic questions and two follow up questions when investigating a maternal death.

1. Was the death obstetric or non-obstetric?
2. Was the death preventable or non-preventable?
3. If preventable, should responsibility be assigned to the patient, the provider or the hospital?
4. If there is provider or hospital responsibility, has an attempt been made to educate all involved to improve maternal care in the future?

Challenging Example:

A pregnant woman driver with epilepsy has a seizure, loses control and dies in a motor vehicle accident. If she had discontinued her anticonvulsant medication or had subtherapeutic levels because her dosage was not properly increased as the pregnancy progressed, who is at fault? Is it the patient or the provider? Was the death pregnancy related and possibly preventable?

Because it is so difficult to sometimes determine if a maternal death is pregnancy related or pregnancy associated, the Utah MMRC recently decided to classify all drug overdoses and suicides as pregnancy related deaths to avoid making errors when mental health, law enforcement and/or other records are lacking.

North Dakota Maternal Mortality Ratio (Death Rate)

During the 10-year period 2008 through 2017, thirty North Dakota women were either pregnant or were within 1 year of pregnancy at the time of death. During the same decade, there were 116,396 live births giving an all causes maternal mortality ratio of approximately 30/100,000.

After each case was investigated the MMRC found that **half were motor vehicle deaths, three were suicides and one was homicide**, giving a corrected maternal mortality ratio of approximately 11/100,000.

The three most frequent medical causes of death were **cardiovascular events, thromboembolic episodes and brain aneurysm**. Not one case in ND was from the three traditional leading causes of global maternal mortality: **hypertension, hemorrhage and sepsis**.

North Dakota annual numbers are so small that one or two additional cases in a given year can double or triple the ND maternal mortality ratio. With no maternal deaths eleven months into the year, 2018 has been a great and safe year to be pregnant in North Dakota. The MMRC anticipates an average of one obstetrically related maternal death each year. While the majority may not be preventable, provider awareness, vigilance and ongoing investigative review helps keep the ND maternal mortality rate among the lowest in the United States.

HRSA Western Region VIII Maternal Mortality Review Summit

On November 15 and 16, 2018 the CDC convened its first maternal mortality review in Denver, Colorado. Regional delegations from North Dakota, South Dakota, Montana, Wyoming, Utah and Colorado attended. Nationally the concern over the increasing number of maternal deaths has prompted Congress to promise much needed funding for investigation and prevention sometime later in 2019. At the grass roots level, state maternal mortality review committees are at the cutting edge of these efforts. Once again with its six decades of experience, North Dakota is poised to be at the forefront moving ahead as more collaborative opportunities arise. Stay tuned.

2018 NDMA AWARDS

Booth Awarded 2018 Physician Community and Professional Services Award

Cardiovascular Surgeon Michael Booth, MD, is the 2018 recipient of the North Dakota Medical Association's 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-five distinguished physicians across the state.

Dr. Booth is currently the Dean of the Southwest Campus of the UND School of Medicine and Health Sciences, and also practices cardio-thoracic surgery at CHI-St. Alexius and Sanford Health in Bismarck. He serves on many committees, including Laser Safety, Critical Care Committee, Credentials Committee, Operating Room Committee, Department of Surgery and the Medical Executive Committee at CHI. At the UND School of Medicine, he serves on the Clinical Sciences Curriculum Subcommittee, the Medical Curriculum Committee (ex-officio), Campus Dean's Committee, UND Center for Family Medicine Advisory Committee, the Search committee, Dean of Medicine, 2015, the Search committee, Chairman of Internal Medicine, 2015-16 and the Committee on Promotion and Tenure (Chair) Department of Surgery.

Dr. Booth is a faithful participant in organized medicine, being a member of the Society of Thoracic Surgeons, American College of Surgeons (Fellow), American College of Cardiology (Fellow), American College of Chest Physicians (Fellow), American Medical Association, Association for Surgical Education, Society of Endovascular Specialists, Heart Rhythm Society, and the North Dakota Medical Association.

He has an outstanding record of community service, apart from his specific identification as a physician, that reflects well on the profession of medicine. He served the Bismarck community for decades, including his service on the Board of Directors of the Missouri Valley Historical Society from 1996 to now, and his service to the Boy Scouts from 2000-2010. Through his service to the Missouri Valley Historical Society, Dr. Booth was instrumental in enriching Buck Stop junction and preserving the history of the Missouri River Valley and the surrounding area.

NDMA 2018 Friend of Medicine Award Goes to Jerry Jurena

The North Dakota Hospital Association's Past President, Jerry Jurena, is the recipient of NDMA's 2018 Friend of Medicine Award.

During his tenure, Jerry has been an excellent partner and strong supporter of the North Dakota Medical Association, both throughout the legislative session and during interim.

Jerry included NDMA in every taskforce and meeting possible and is a valiant supporter of NDMA initiatives. His expertise comes from 30 years of experience as a Chief Executive Officer for integrated health systems encompassing: rural hospitals, nursing homes, retirement apartments including assisted living, clinics and oversight of a health maintenance organization.

During his career Jerry has been involved with the legislative process at both the state and the national level. Jerry was instrumental in the stakeholder group which supported Medicaid expansion, and inflationary increases to Medicaid. Jerry also supported the Medical School expansion and expansion of residency at the UND SMHS. Other initiatives supported by Jerry are the interstate medical licensing compact, telemedicine reimbursement and greater enforcement for assault against for health care provider legislation.

Jerry's many years of dedication to healthcare are unsurpassed. Throughout his career, Jerry has been a true "friend of medicine" and advocate on behalf of medicine in North Dakota.

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SANFORD HEALTH

Congressional Corner

An Update from North Dakota's Congressional Delegation

Advancing a Comprehensive Approach to Address the Opioid Abuse Epidemic

By Senator John Hoeven

Our nation continues to battle an opioid abuse epidemic that is taking far too many lives and affecting communities big and small in both North Dakota and around the country. According to the Centers for Disease Control and Prevention (CDC), drugs now kill more Americans – nearly 40 percent more – than car accidents. Fighting this crisis on the front lines are our first responders, law enforcement officers, health care professionals and medical facilities. In the Senate, we continue to work to advance a comprehensive approach that assists these key players and empowers states and localities to combat this public health emergency.

To this end, Congress recently passed, and the president signed into law, bipartisan legislation that provides additional tools to help families and communities impacted by addiction. This law – dubbed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act – is the latest effort by Congress to address this crisis by supporting prevention, treatment, recovery and law enforcement efforts. Among other things, it reauthorizes the grants for states established under the 21st Century Cures Act; extends through 2023 drug court and drug trafficking programs at the Department of Justice; and funds training for staff at Community Health Centers and Rural Health Clinics on medication assisted treatment for those struggling with an opioid use disorder.

Further, the law contains language I cosponsored to prevent the sale and shipment of illicit and dangerous drugs. This includes provisions that align with the goals of my **Illegal Synthetic Drug Safety Act**. This legislation closes a loophole that enables bad actors to circumvent the law to sell and distribute synthetic variations of drugs, like the powerful drug fentanyl, by labeling the products as "not for human consumption." While these variations are technically different, they hold the same dangerous risks as the original drug.

The law also includes the **Synthetic Trafficking and Overdose Prevention (STOP) Act**, another measure I cosponsored that requires shipments from foreign countries sent through the U.S. Postal Service to provide electronic data. This will enable Customs and Border Protection to better target potential illegal substances like fentanyl and prevent it from being shipped into the country. Passing these two measures will make a real difference, considering the increasing role fentanyl is playing in opioid overdose-related deaths across the country, and these represent important steps forward in keeping such deadly drugs out of our communities.

Nevertheless, there is more work to be done. Rural and frontier areas continue to face challenges due to limited access to health care services. This arises out of the long distances residents must often travel to reach medical facilities as well as a shortage of health care providers. That is why I worked through my role as Chairman of the Senate Agriculture-FDA Appropriations Committee to secure $20 million in our Fiscal Year 2019 funding legislation to support telemedicine grants and help rural communities combat opioid abuse. As a member of the Senate Agriculture Committee, I also sponsored and included a bipartisan amendment in the Senate's farm bill that directs the U.S. Department of Agriculture, under its Rural Health and Safety Education Competitive Grants Program, to give priority consideration to rural communities that will use funds to support substance abuse prevention, treatment and education initiatives.

Our efforts are all about supporting the good work of our state and nation's health care providers and law enforcement to prevent drug abuse, treat those suffering from addiction and assist those in recovery. This is no small task, but by continuing to work together and empowering service providers across the board, we can fight back, stem the tide of the epidemic and save lives.

Preparing for Office

By Congressman Kelly Armstrong

When I ran for North Dakota's open US House seat, I did so because I believe that the most significant challenges facing North Dakota aren't born in the state; they're born in Washington DC. North Dakota has one member out of 435 in the US House of Representatives, and they need an effective leader who can deliver results for the state. Today, I'm humbled that North Dakotans chose me to be their one voice in the US House.

Since November 6, I've been working to prepare for office. There is much to do, and I want to be sure I can hit the ground running and begin working immediately for North Dakota.

Since I've begun my term in congress, my party has become the minority, but I remain confident in my ability to get the job done for North Dakota. In my professional career as well as my legislative career, I've been always good at building and maintaining relationships with stakeholders, including those that I may not always agree with. Whether it is working with the administration or my colleagues on the other side of the aisle, I intend to continue building these relationships and coalitions in DC.

There are many issues we must work to address, not the least of which is healthcare. Our state has been burdened by a federal one-size-fits-all approach that has restricted our ability to address the challenges unique to our state. I want to work to give states the flexibility and funding they need to work with their regulators and health care officials to find solutions that best fit their distinct needs. States by their nature are better suited to regulate insurance, and I am a firm believer in state-based solutions.

I also want to work to get the bureaucracy out of health care. Our doctors and our hospitals have had to put massive amounts of money into administration and regulatory oversight. We need common sense solutions that protect patients but allow our doctors to be doctors and not data entry specialists.

Aside from allowing states to create their own networks of AHPs to allow small business owners to have access to the large group market, we need to expand Health Savings Accounts and allow the consumer to have more control over where they spend their health care dollars. Injecting consumer control, by expanding HSAs and FSAs we will bring competition back to the healthcare market which should help control costs for everyone.

These are just a few ways where I believe we can begin improving healthcare for our citizens, but whatever changes made need the buy-in and support from our medical community. I stated throughout the campaign that good government happens when citizens have an open and direct line of communication with those crafting policies and law. I stand by that and I urge you and your members to remain in contact with my office on policies and issues as they arise. With your help, support and guidance, we will make progress in making the best medical care available to all our citizens.

Fight Continues in Congress to Tackle Opioid Crisis

By Senator Kevin Cramer

On October 24, President Trump signed into law H.R. 6, the Support for Patients and Communities Act. This landmark legislation capped off significant bipartisan efforts during the past two sessions of Congress to combat the crisis of opioid drug abuse.

Opioid addiction continues to take the lives of more than 100 Americans every day. Although first introduced as a non-addictive medication to treat pain, the use and abuse of opioids have soared the last two decades. Most alarming is the sharp spike in deaths that began in 2013 because of illegal synthetic opioids like fentanyl.

As a member of the House Energy and Commerce Committee, which has led the opioid crisis legislative response since 2012, I took part in many hearings. Two significant Energy and Commerce Committee initiatives resulted in comprehensive bipartisan legislation signed into law in 2016. The 21st Century Cures Act and Comprehensive Addiction and Recovery Act (CARA) provided resources for combating the epidemic and inter-agency review of best practices for pain management. North Dakota received $4 million in state grants from the 21st Century Cures Act. CARA legislation included additional resources and established an inter-agency task force addressing best practices for prescribing and managing pain medications.

The 2018 Consolidated Appropriations Act (Omnibus) provided $4 billion, the largest investment to date for the crisis. This included $130 million for the Rural Communities Opioid Response Program to reach rural communities. It also appropriated $1 billion in new grants to be dispatched to states and Indian tribes.

While this was a significant start, Congress realized there was much more to do in this long struggle. On October 26, 2017, President Trump made an official declaration of the opioid crisis as a nationwide public health emergency. Last year, he hosted top Administration officials at a White House briefing which I attended last April. In May and June, the House of Representatives passed more than 50 opioid bills, many which I co-sponsored. These bills addressed various aspects of this crisis, including treatment centers, greater education and awareness, pharmacy practices, research on alternative pain management protocols, changes in Medicare and Medicaid coverage and more services to veterans.

Among those was H.R. 6, which is now law. It strengthens overall efforts to combat the opioid crisis by advancing treatment and recovery initiatives, improving prevention, protecting our communities, and bolstering our efforts to fight deadly illicit synthetic drugs like fentanyl.

This has affected nearly every family across this nation, and the new 116th Congress will continue to work on the long road ahead to end this crisis. In the Senate, I will work to ensure treatment and services reach all who need them. This includes those in rural and underserved areas in North Dakota.

As always, I welcome your feedback on this issue and all others impacting medical care across North Dakota.

Sexual Harassment in the Age of #MeToo: *What North Dakota Employers Need to Know*

MEAGHER&GEER SINCE 1929 PLLP

In the age of #MeToo, now more than ever, employers must take seriously their obligation to prevent sexual harassment in the workplace and to ensure effective and accessible methods for their employees to report and address concerns. Entities can no longer rely on antiquated sexual harassment reporting and outdated training mechanisms that they have relied on for years. The North Dakota medical community, like the rest of the medical community, faces added challenges in confronting sexual harassment due to the field's hierarchical nature and privacy obligations. In a 2016 survey, 30 percent of women and four percent of men working in the medical field have reported experiencing some form of sexual harassment, even despite statistics which indicate that instances of sexual harassment occur significantly more frequently than reported. Some physicians have taken to chronicling their sexual harassment experiences through a new social medium, entitled #MeTooMedicine, where they have been reporting their experiences in a confidential fashion. We expect the level of harassment reporting to increase.

There are two types of legally-actionable sexual harassment: **hostile work environment and quid pro quo sexual harassment.**

A hostile work environment harassment claim is established when unwelcome sexual conduct becomes so severe and pervasive that it adversely affects the employee's terms or conditions of employment. Quid pro quo sexual harassment occurs when an employee's submission to, or rejection of, unwelcome sexual conduct forms the basis for an adverse employment decision, such as suspension or termination.

Since the #MeToo movement began to raise awareness, there has been a national push, with varying success, to relax the legal standards necessary for an employee to establish a claim for sexual harassment.

It is, therefore, an excellent time to review and update your sexual harassment policies and training. To protect your organization, employee handbooks should provide a clear and understandable policy on sexual harassment, including at a minimum: (1) an unequivocal prohibition of harassment; (2) an easy-to-comprehend description of harassment with corresponding examples; (3) a clear, confidential and secure reporting system; and (4) an assurance of prompt action from the organization.

But even a well-drafted policy will fall short if the organization does not actively promote and enforce its policy. *Training is, therefore, critical.* Effective training must start at the highest levels of the organization with leaders who "talk the talk" and "walk the walk." Training should be interactive and encourage active discussion within all levels of the organization. While executive management should ideally conduct the training, it is imperative that they attend and promote it at a minimum. To reach maximum effectiveness, training must be repeated and reinforced regularly and be specifically tailored to fit the needs of the organization. In other words, "one size does not fit all."

As members of the medical community, it is well-known that patients who are actively involved in their own medical care can dramatically improve their medical outcomes. So, too, does this wisdom extend to your organization's proactive management of its harassment policies. It is an investment worth making. For questions regarding customized harassment training and advising, call 612-347-9142, or email Debra Weiss at *dweiss@meagher.com*.

Member advocates from Blue Cross Blue Shield of North Dakota. Inspired by fighters like the Jones family.

While Marcie Jones focuses on her son, Chase, and aggressive leukemia treatments that routinely take him across the state, her member advocate personally oversees the claims paperwork and any out-of-network referrals. Marcie stays focused on Chase, and keeping him in remission.

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ESTIMATED LIFETIME ECONOMIC BENEFIT OF TRANSPLANTS FROM CORNEAS 2013-2017

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- ***Restore sight and end blindness*** by providing highest quality eye tissue to surgeons and scientists
- Meet all cornea transplant tissue needs, routine or emergency, 24 hours a day
- Prioritize placing donor eye tissue we recover ***back into the communities*** we serve
- ***Be an innovation leader*** through local, national, and international ***research partnerships***
- Increase number of eye donors and eye donation authorization rates
- Honor donation wishes and ***support donor family members and transplant recipients***

History and Scope of Service

- Founded as partnership of ***Lions Club*** members and the ***University of Minnesota***
- ***Nearly 60 years experience*** providing eye tissue for transplant and research
- ***Full-service, non-profit eye bank***, providing: recovery; onsite tissue evaluation, custom processing, and storage; donor eligibility determination; and final distribution to transplant surgeons and researchers
- ***Research performed on site*** by eye bank scientists

Commitment to Service and Education

- Liaisons ***dedicated to assisting*** with your hospital's donation program
- ***Provide donation education*** to hospital staff and community about donation
- ***Serve as consultants*** about state and federal laws, regulatory requirements, and accreditation standards related to donation to ***assist hospitals*** in development of best-practice policies and procedures

Commitment to Community

- ***Provide donor eye tissue to communities we serve***
- Provide eye donor ***family care and services***, including outcome of eye donation and donor and family recognition
- ***Support and partner with hospitals*** in donor and donor family member recognition programs
- Partner with local community hospitals, Lions, and others to ***promote donation***

LionsGiftofSight.org

Commitment to Efficiency

- ***1 Call phone line access*** for hospital staff to make donation referrals
- ***Fast scheduling and recovery of donations*** by experienced procurement technicians based throughout our service area

Commitment to Leadership and Innovation

- ***Provide eye tissue*** for all types of cornea transplant surgery, customizing to surgeon specifications, for ***use within local communities and on global missions***
- Active in national and international levels of ***research and clinical studies*** and in publishing and presenting scientific results
- ***Serve as leaders*** in national and local eye bank and coalition donation organizations, on eye bank industry committees, and on donation industry collaborative teams
- Provide ***customized dissections*** and retinal imaging, according to precise researcher specification

Commitment to Quality and Successful Outcomes

- Stringent eye bank QA program audits all aspects of operations, consistently leading to ***excellent tissue quality***
- Received award for ***best tissue imaging*** in a nation-wide study
- ***Continuous three-year (highest level) accreditation*** by the Eye Bank Association of America
- ***Successful Food and Drug Administration (FDA)*** inspections with no negative findings
- ***99% cornea transplant success rate*** with corneas recovered, evaluated and prepared by Lions Gift of Sight

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Renewing Your 2019 NDMA Membership Ensures That Your Voice Will Be Heard

It's that time of year again, when the North Dakota Medical Association (NDMA) asks for your continued support by RENEWING your membership with us to keep your profession strong.

NDMA provides excellent value for North Dakota physicians by efficiently leveraging resources to provide benefits and services that make a real difference in the physician practice environment.

- NDMA is the only organization that represents ALL North Dakota Physicians.
- NDMA is always on the frontlines to address issues that impact YOU AS A PHYSICIAN and the CARE OF YOUR PATIENTS.
- NDMA is active in advocacy in the private sector such as unfair commercial insurance company practices, employment practices and staff issues.
- NDMA provides physicians with opportunities for personal and professional development, including NDMA council leadership positions.

NDMA serves as the backbone for many physician's specialty societies, by providing administrative services and membership management support. ***Without NDMA services, many specialty societies could not properly function.***

As a physician and president of NDMA, I highly encourage you to participate as a member. If you have questions about NDMA or membership, contact me at 701-223-9475.

Fadel Nammour, MD
President, NDMA

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Renew your membership online ndmed.org

NORTH DAKOTA DEPARTMENT of HEALTH
Division of Medical Marijuana

The Division of Medical Marijuana is now accepting qualifying patient applications. **To apply, qualifying patients will need to provide the name and email address of their health care provider.**

The required written certification form is completed by the health care provider online through the division's registration system. Information regarding the written certification and frequently asked questions related to health care providers can be found by clicking the "Health Care Providers" button on the division's website at *www.ndhealth.gov/mm*.

The division has received several questions regarding the email address and has met with various health care providers regarding the use of emails. If health care providers have questions related to providing an email address or want to discuss additional options to consider, please contact the division at 328-1311 or by emailing *medmarijuana@nd.gov*.

Do you ever wonder if you may have a drinking problem?

Submitted by North Daktoa Professional Health Program (NDPHP)

ndphp.org
YOUR PARTNER IN THE PROCESS

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

As a practitioner, you probably have a preferred screening or diagnostic tool you use with patients to identify whether they're dealing with an alcohol or drug issue.

One diagnostic tool you may be familiar with is the CAGE questionnaire. Published by John Ewing in 1984 in the Journal of American Medical Association, this simple, effective four-question screening focuses on **Cutting** down, **Annoyance** by criticism, **Guilty** feeling, and **Eye-openers**.

Many physicians and other health care workers like CAGE as a time saver. Although its lack of depth doesn't make it appropriate for every situation, it's been shown to be valid and reliable in detecting alcoholism.

Here are the four questions:

- C: Have you ever felt you needed to **Cut** down on your drinking?
- A: Have people **Annoyed** you by criticizing your drinking?
- G: Have you ever felt **Guilty** about drinking?
- E: Have you ever felt you needed a drink first thing in the morning **(Eye-opener)** to steady your nerves or to get rid of a hangover?

Now we want to ask—**have you ever screened yourself using CAGE?**

As physicians, the burdens of your demanding profession can be challenging, along with challenges in your personal life. Many times, the list of to-dos becomes overwhelming and you wonder how you're going to get it all done.

So, **ask yourself the four CAGE questions today.** Simply answering yes to any of the questions doesn't mean you have a Substance Use Disorder. But it may indicate further screening is warranted. Please contact us today at 701-751-5090 or complete our online referral form at w*ww.NDPHP.org.*

Your privacy and confidentiality is extremely important to us. We keep all voluntary involvement with us strictly confidential.

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- **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.

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

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NDMA Doctor of the Day

NDMA Doctor of the Day at the Capitol – Sign Up to Participate!

The Doctor of the Day program is a unique opportunity that gives NDMA physician members an opportunity to network with legislators, government officials and local leaders, while serving as Doctor of the Day.

This historic and highly successful program provides primary care services to legislators at the capitol through the legislative session. *You do not need to practice family medicine to volunteer; many specialties volunteer for this service.*

Sign up to participate for one day or choose as many days as you wish. To learn more or to sign up contact NDMA at 701-223-9475 or get this done online by logging onto *ndmed.org*.