ND Physician

September 2014

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

ND Physician

North Dakota Medical Association

The mission of the North Dakota Medical Association is to promote the health and well-being of the citizens of North Dakota and to provide leadership to the medical community.

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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

Physician Advocate

Involvement Ensures the Steady and Healthy Course of Medicine

Steven P. Strinden, MD

I enjoy talking about the North Dakota Medical Association because I believe the work it does is valuable yet largely unseen. The success of this organization is based upon relationships; cultivating and nurturing those relationships takes work, but in the end, all physicians in North Dakota reap the benefits. Here are some of the relationships I examined and found noteworthy:

The North Dakota Legislature and regulatory bodies of state government: We have a very good relationship with these factions because we have a reputation for integrity and altruism which allows participation in most of the policy forums that the legislature convenes and health care policy discussions outside of the Capitol. Not uncommonly, we are even asked for input if we are not present at the point of discussion. When policymakers ask, *"How do we provide health care for our citizens, North Dakota's workers, and our children?"; "What is the right protection for our patients and what is intrusive to the point of being inappropriate interference in our offices and hospitals?"*; or *"What do the state's physicians think of this?"*, NDMA is one of the first sources checked.

The success of this organization is based upon relationships; cultivating and nurturing those relationships takes work, but in the end, all physicians in North Dakota reap the benefits.

Professional organizations and advocacy groups: One physical piece of proof of a good relationship is that we share a building with the North Dakota Hospital Association. Additionally, we work closely with organizations that have genuine interests in the health and well-being of North Dakotans. What are the proper roles for all of our health care professionals? We want to utilize every profession's talent and training to its maximum as we address the problem of providing care for the people of North Dakota in a climate of shortage of all disciplines.

Academic community: We cooperate in the efforts to maximize education opportunities in the health care fields for North Dakota's young people. We delight in participating in the White Coat Ceremony at UND SMHS and also at attending commencement; two significant events that allow us to personally welcome physicians to the profession.

Why am I bothering to point out these facts? Because every moment of every day, every action taken for our patients or action which we may have chosen not to take, every decision we make is judged and measured by any number of disciplines, not all of them benevolent.

We need to participate in the discussions that determine how we will be allowed to practice medicine and how we might be judged. How do we do this? That is the strength of NDMA's relationships. I will repeatedly say that no health care policy comes into being in North Dakota without physicians participating in the discussion.

The responsibility of the work of medicine is your and my responsibility; the responsibility of ensuring that we can care for our patients in the best manner possible, is the work of NDMA.

So, while you and I are busy in our offices and hospitals taking care of patients, NDMA is busy looking after our interests. The responsibility of the work of medicine is your and my responsibility; the responsibility of ensuring that we can care for our patients in the best manner possible, is the work of NDMA. If NDMA does well, physicians can continue to do good work. If physicians do good work, NDMA can continue to advocate strongly on our behalf. That's an example of another beautiful relationship.

While I am talking about doing good work and proper representation, it is important that I highlight physician leaders in our state. Before the election season, I mentioned that that we need more physicians to run for office, to be placed into increasing places of influence. I admire people who are

willing to put themselves out there; do what you can to support our physician legislators and tell your friends and neighbors to vote:

Senator Ralph Kilzer, MD (District 47, Bismarck) and Representative Rick Becker, MD (District 7, Bismarck) are seeking re-election and Joe Adducci, MD is running for the Senate in District 1 (Williston). Senator Spencer Berry, MD served for District 27 since 2011, but is not seeking re-election.

On the city level, Michael Brown, MD, serves as the Mayor of Grand Forks and Timothy Mahoney, MD, as City Commissioner/Vice-Mayor of Fargo.

Thank you doctors for your service. Our hats are off to you.

How about the rest of us? Most of us are not going to run for office but our participation is still needed.

- Attend your hospital staff meetings and participate in the committee structure of your hospital
- Attend your local medical association meetings
- NDMA has five commissions that evaluate issues and recommend positions to the House of Delegates or Council. One of them surely must fit your interests and concerns
- Attend the NDMA Annual Meeting October 3 in Grand Forks to participate in the House of Delegates, the principle policy maker of NDMA
- NDMA makes nominations to 26 different boards and commissions that have policy or regulatory responsibilities. Let us know your interests so we can bring you forward when positions become available

At the risk of sounding presumptuous, I must share my final thoughts on this matter. We are the brightest group of people you can gather. We are educated. We are willing to do the work. We are trained to analyze and make informed decisions that will have a definitive impact on the lives of others and usually our decisions are pretty spot on. Therefore, I say, get involved. Participate. Our community, state, and profession can only be better for it.

NDMA in Action

NORTH DAKOTA MEDICAL ASSOCIATION Est.1887

The Interim Legislative Happenings

Courtney M. Koebele, JD

Although not in session in 2014, the North Dakota legislative interim committees have been quite active. NDMA has been attending meetings throughout the interim, both in Bismarck and throughout the state. The major committees of concern are the Health Care Reform Review Committee, the Human Services Committee, the Health Services Committee, and the Workers Compensation Committee. As usual, NDMA is always at the table and the opinions of the state's physicians are sought at every juncture. The committees study issues throughout the interim and bill drafts are reviewed and recommended to legislative management. If accepted by legislative management, the bill drafts are introduced in the 2015 session. The following is a summary of some of the highlights of the past year.

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Health Care Reform Review Committee

The Health Care Reform Interim committee, chaired by Representative George Keiser, has met seven times in the past year. Two significant bills have been approved for recommendation to Legislative Management. The first is a telemedicine bill to provide health insurance parity in health insurance coverage of telemedicine. Telemedicine is a rapidly developing method of delivering health care. Policy makers are interested because of the possibility of increasing access to all North Dakotans, particularly those in rural areas. The bill draft was revised to provide the mandate of coverage be limited to the Public Employees Retirement System (PERS) uniform group insurance plan for the first two years, to direct PERS to study the impact of the bill during that two-year period, and to direct PERS to introduce at the 2017 legislative session a bill to extend the mandate of coverage to the private market.

The second bill increases the role an advanced practice registered nurse may play in involuntary commitment proceedings by adding advanced practice registered nurses to the defined terms "expert examiner" and "independent expert examiner" as well as adding advanced practice registered nurses to those provisions in the chapter which authorize physicians to act. The bill is drafted with the goal of expanding the role advanced practice registered nurses may play in the involuntary commitment proceedings but not expanding the scope of practice established by the State Board of Nursing. NDMA is supportive of this bill, but is watching carefully so that providers are practicing within their scope of practice.

Human Services Committee

The interim North Dakota Human Services Committee, chaired by Representative Chuck Damschen, is looking at one of the most prominent issues facing the state and health care in general: behavioral health. In the 2013 session, Senate Bill 2243, provided for a Legislative Management study of behavioral health needs. The study was required to include consideration of behavioral health needs of youth and adults, and the scope of the study included consideration of access, availability, and delivery of services. The Human Services Committee was assigned responsibility for this study for the 2013-14 interim. The Chairman of Legislative Management authorized the committee to spend up to $45,000 for the consulting services. On January 7, 2014, the committee voted to hire Schulte Consulting. Ms. Renee Schulte, principal, is a former Iowa legislator and mental health professional and prides herself on building trust and respect among groups from differing backgrounds and perspectives.

On June 19, 2014, Schulte Consulting presented its report to the Human Services Committee. The draft report identified the following six primary opportunities to better address behavioral health needs of youth and adults in North Dakota:

1. Address service shortages
2. Expand workforce
3. Change insurance coverage
4. Change the structure and responsibilities of the Department of Human Services
5. Improve communication
6. Expand data collection and research

Statutory Changes

Schulte also identified low-cost/high-impact strategies to improve behavioral health services which may require statutory changes, including amending North Dakota Century Code Section 25-03.2-01 to change the definition

of a "qualified mental health professional" to include professionals with a master's degree in a behavioral health field or practitioners with a bachelor's degree in a behavioral health field and experience; and create a new section of Century Code to identify professional licensing reciprocity requirements.

Other strategies to improve behavioral health services which may require statutory changes include:

- Establish an oversight system for licensing boards
- Mandate increased behavioral health training for law enforcement, emergency personnel, corrections personnel, and teachers
- Establish an independent appeals process for consumers
- Change the function of the human service centers to provide oversight and regulation of service providers rather than provide services
- Establish a behavioral health services provider registry to allow for identification of available services and gaps
- Establish an online system with voluntary private provider participation which identifies available beds for behavioral health services

Schulte identified other strategies to improve behavioral health services, which may require funding changes including:

- Provide funding for telemedicine services
- Provide funding for increased substance abuse services, including detoxification
- Provide funding to increase intensive dual disorder treatment
- Provide funding for grants to private or county case management service providers and eliminate state provision of case management
- Provide funding to increase availability of mobile crisis units
- Provide increased funding for peer support and recovery coaches
- Provide funding for increased law enforcement presence in schools
- Provide funding for addiction counselors training to become licensed addiction counselors
- Provide funding to increase oversight and accountability for contracts and to allow for an independent appeals process
- Provide funding to integrate health services and improve coordination of care
- Provide funding to further study transportation needs, judicial matters, service definitions, tribal partnerships, and advocate training

The committee met on August 28 and reviewed bill drafts related to the establishment of an oversight system and reciprocity language for behavioral health licensing boards; the definition of qualified mental health professional; and appropriations for adult and youth substance abuse services, ePsychiatry equipment for critical access hospitals, telemedicine equipment for the human service centers and federally qualified health centers, and mental health first-aid training for law enforcement. NDMA will be monitoring and offering testimony as necessary as these important issues move forward.

Health Services Committee

The Health Services Committee, chaired by Senator Judy Lee, met five times throughout the interim. The committee has been studying a number of issues, including Community Paramedics, Comprehensive Statewide Tobacco Prevention and Control, Dental Services, and autopsy funding, to name just a few. NDMA will be monitoring this committee with regard to developing legislation.

Workers Compensation Review Committee

The Workers Compensation Review committee, chaired by Senator Lonnie Laffen, will be meeting on September 8, 2014, and reviewing a WSI independent performance evaluation that was conducted during this interim on the following items:

1. Independent medical evaluations (IMEs), including a review and documentation of the entire IME process; including determining the total costs made to IME physicians and other third parties related to IMEs; reviewing and documenting the process WSI follows to recruit IME physicians and determining if WSI is following relevant state statutes; and determining the percentage of times the IMEs were conducted by North Dakota physicians
2. Fraud investigations, including a review and documentation of the processes WSI uses to detect and investigate employer fraud, employee fraud, and medical provider fraud
3. Claims, including evaluating the appeals process available to claimants
4. Vocational rehabilitation, including determining if WSI has sufficient policies and procedures established to guide the staff and to establish protocol to ensure consistent, quality services for the return-to-work injured employees

The committee picked four other topics for the independent evaluation: WSI preferred provider program, cost of living increases for beneficiaries, the issue of narcotics prescriptions, and payments for Post-Traumatic Stress Disorder (PTSD). Current law provides that WSI only provides payment for PTSD that is incurred along with a physical injury. The study will review whether WSI should cover PTSD regardless of physical injury.

The next few months will bring a flurry of legislative proposals – all to be thoroughly heard and debated during the 2015 legislative session. I will be looking forward to representing NDMA during the legislative session, along with NDMA communications director Katie Fitzsimmons.

Your care team is now just a tap away.

DocbookMD is a free benefit for NDMA members.

DocbookMD has now made it easier than ever to engage and communicate with your non-physician colleagues in a new feature to our app called Care Team. With Care Team, physicians can invite members of the patient care team to join them on DocbookMD to communicate in a secure, fast and efficient way through their mobile device. Now, all of those caring directly for patients can share messages and images like X-rays, EKGs and images of wounds or rashes wherever and whenever they need to. Simply download the app from either the App Store or Google Play and start building your Care Team.

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For more questions, please visit docbookmd.com or you can contact us at 888-930-2048 or info@docbookmd.com.
The Care Team feature is only available with the latest app version of 5.0.

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NDMA NORTH DAKOTA MEDICAL ASSOCIATION

UND SMHS in Motion

News from the Dean of the UND SMHS

Joshua Wynne, MD, MBA, MPH

Here's a brief rundown regarding a variety of projects and issues related to the UND School of Medicine and Health Sciences:

New Building – The project is on budget and on time! A wonderful groundbreaking ceremony took place on June 12, and we were very pleased to have NDMA President Dr. Steve Strinden and Executive Director Courtney Koebele participate in the festivities. The building will be supported by over 350 pilings that extend down to as much as 160 feet below the surface. A huge crane has been erected to lift the various construction components into place. Construction should take just two years to complete, just in time to welcome the incoming medical school Class of 2020. Now that's a 20/20 vision for the future that's truly exciting! Please check out our website for further details, floor plans, and pictures.

Healthcare Workforce Initiative – The medical and health sciences student class size expansions are now complete. This year's medical school Class of 2018 consists of 78 new students, up from 62 only a few years ago. And the health sciences programs have also grown, by 30 additional students per year. Residency slots have been expanded as well, with an emphasis on rural practice. Of particular note is our rural general surgery residency that has gained national attention for its focus on providing training for physicians with a particular interest in rural generalist surgical practice. The Master of Public Health (MPH) Program continues to expand, and we hope its graduates will help the state focus on community health issues, addressing in particular those behavioral aspects of health and disease that are so very important, including obesity, smoking, and sedentary lifestyle.

LCME Reaccreditation – The Liaison Committee on Medical Education (LCME) accredits all medical schools in the United States and Canada. We had our last review of the medical school curriculum by the LCME last March. We recently were notified that the school will again be accredited, although we were warned that we must address a variety of issues to ensure that the 10 standards out of 131 where we fell short of compliance are brought into full compliance; the LCME will also monitor six additional standards that are in compliance but are considered "works in progress." One of the particular challenges that multicampus community-based medical schools such as ours face is coordinating the educational activities on those multiple campuses. As you know, we have third-year clerkship experiences at nine different sites scattered throughout the state (five involved in the Rural Opportunities in Medical Education or ROME Program: Devils Lake, Dickinson, Hettinger, Jamestown, and Williston; and four at our campuses in Grand Forks, Fargo, Minot, and Bismarck). While the LCME standard requires central oversight of the educational actives at all of these locations, the LCME interpretation of the standard is closer to a requirement for central management and control rather than just oversight. Accordingly, Dr. Gwen Halaas, senior associate dean for Education, along with her educational colleagues are working hard to ensure that we have an appropriate educational organizational structure along with attendant policies and procedures to ensure that we'll be in full compliance with all of the LCME requirements.

This year's medical school Class of 2018 consists of 78 new students, up from 62 only a few years ago. And the health sciences programs have also grown, by 30 additional students per year. Residency slots have been expanded as well, with an emphasis on rural practice.

Our school appears to be number one in the nation for having the smallest class size - even with our recent expansion - distributed over the largest number of clinical clerkship sites of any medical school in America.

The SMHS was again recognized by the American Academy of Family Physicians as one of the Top Ten schools for producing family medicine physicians.

Our school appears to be number one in the nation for having the smallest class size—even with our recent expansion—distributed over the largest number of clinical clerkship sites of any medical school in America. And whether or not we agree with the need for tighter central control and management, it is clear that we will need to comply with the LCME expectation. In fact, the LCME has warned us that our accreditation status could be at risk if we don't adequately address this issue and the other areas of noncompliance. So expect some changes in how the SMHS organizes and manages our clinical educational enterprise. These changes should have minimal effect on the cadre of voluntary clinical faculty members across the state who are so vitally important to our educational efforts, but change of any sort requires adjustments and accommodations. And I have every expectation that we will respond favorably to the changes that are required.

Mitigation of Student Debt – For some time, the SMHS has had the dubious distinction of having higher than average medical student debt for graduating seniors. This was despite having lower than average cost to attend for students. So we established a major focus on efforts to mitigate some of the debt. And thanks to donors and the state of North Dakota, our more recent graduating seniors have had a dramatically reduced average debt load. We've gone from about the 75th percentile in debt (meaning that the average student debt at our school was the same as or higher than the average debt at three-quarters of the schools in the United States) to the 50th percentile—all in one year! This impressive change likely is because of two factors: the beneficial effect of the RuralMed Scholarship Program, where participating medical students receive abrogation of all of their medical school tuition if they agree to practice family medicine in a rural area of North Dakota for five years; and increased philanthropy, with more scholarships available for medical students.

Focus on Primary Care – The SMHS was again recognized by the American Academy of Family Physicians as one of the Top Ten schools for producing family medicine physicians. Based on a three-year rolling average of the fraction of the class going into family medicine, the UND SMHS actually was **ranked No. 1** in the nation, with almost a quarter of the graduating classes destined for family medicine practice! Quite an accomplishment for our school–and much of the credit goes to the dedicated family physicians throughout the state who are such wonderful role models for our students. Thanks again for all that you do!

AMA 2014 Annual Meeting: Embracing Change

A Report from our AMA Delegate

Robert Beattie, MD

A delegation of NDMA leaders attended the American Medical Association (AMA) Annual Meeting of the House of Delegates (HOD) June 7-11 in Chicago. The HOD is the legislative and policymaking body of the AMA, composed of elected representatives and others. AMA alternate delegate Shari Orser, MD, NDMA President Steve Strinden, MD, and NDMA executive director Courtney Koebele joined me at the meeting.

Maryland reproductive endocrinologist and OB-GYN Robert M. Wah, MD, assumed the AMA presidency. The 169th president of the AMA, and the first Asian American to hold the post, Dr. Wah emphasized in his inaugural address both the importance of tradition and the courage to embrace change.

Policies Adopted at the AMA 2014 House of Delegates

The AMA adopted the following policies at its House of Delegates meeting in June:

Critical Access Hospitals

Among the new policies adopted by the HOD was a resolution drafted by South Dakota regarding Critical Access Hospitals (CAHs), and joined by North Dakota, Nebraska, Wisconsin and Iowa. President Obama's budget called for cuts to CAHs' Medicare reimbursement and elimination of the designation affording cost-based payment for facilities within 10 miles of any hospital, regardless of whether the nearby hospital is capable of providing the services that would be lost if the CAH closed. These cuts would be detrimental to CAHs throughout the country – impeding their ability to provide high-quality care. CAHs play a vital role in providing access to health care, economic security for families and seniors, and jobs to rural communities across the nation. These hospitals provide inpatient and outpatient services, as well as 24-hour emergency care, and make it possible for patients with complex medical needs to remain at home in rural communities.

The new resolution calls on the Centers for Medicare & Medicaid Services to support individual states in their development of rural health networks, opposes the elimination of the CAH necessary provider designation, and asks that the federal government fully fund its obligations under the Medicare Rural Hospital Flexibility Program. After a committee referred this issue for further study, South Dakota members spoke against referral at the HOD, and the testimony led to voting against referral and the resolution passed on the HOD floor.

Quicker Care for Veterans

Physicians voted to ask President Obama to provide timely access to entitled care for eligible veterans via the health care sector outside of the VA health care system until the VA can provide health care in a timely fashion. The new AMA policy also directs the AMA to urge Congress to quickly enact long-term solutions so eligible veterans can have timely access to entitled care permanently. The policy came in response to recent access-to-care problems that have left thousands of veterans unable to receive care in a timely fashion.

Telemedicine

The HOD passed a new telemedicine policy that lays out principles for coverage and payment. The HOD approved a set of principles to ensure the appropriate coverage of and payment for telemedicine services.

The principles aim to support future innovation in the use of telemedicine while ensuring patient safety, quality of care, and the privacy of patient information, as well as protecting the patient-physician relationship and promoting improved care coordination and communication with medical homes. The policy reiterates the importance of national medical specialty societies continuing to be involved in the development of appropriate and comprehensive practice parameters, standards, and guidelines to address the clinical and technological aspects of telemedicine. Delegates also called for a study of the issues associated with the state-based licensure and the portability of state licensure for telemedicine services.

e-Cigarette Regulation

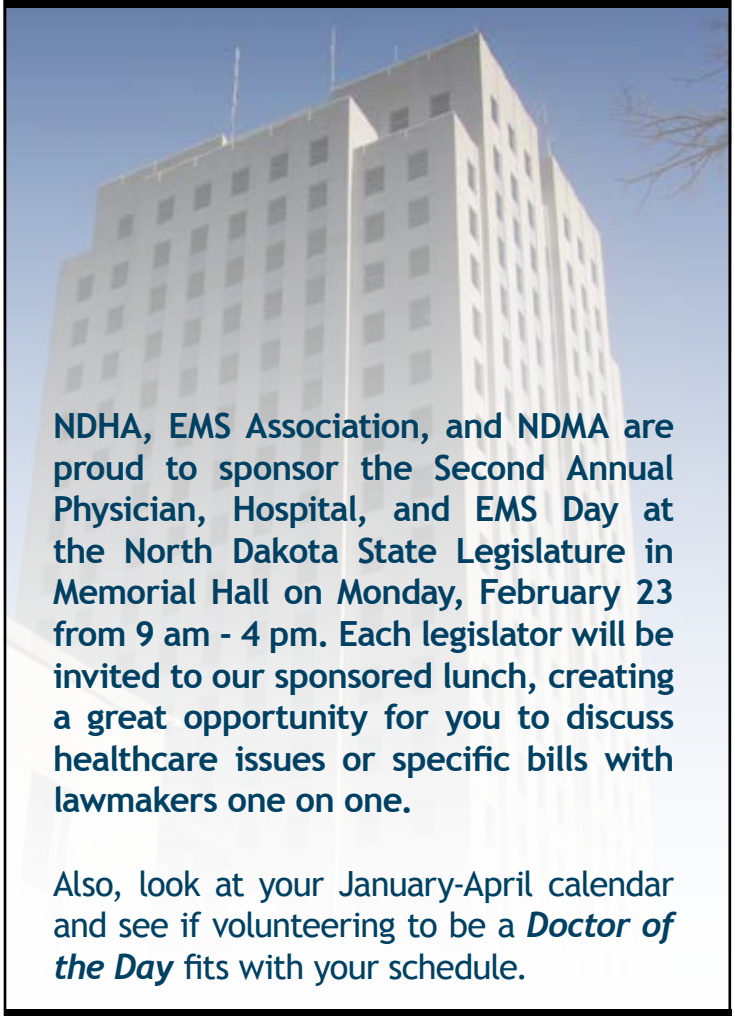
A new policy was adopted that opposes the sale and marketing of electronic cigarettes and nicotine delivery products to minors. The new policy extends existing policy that calls for all e-cigarettes to be subject to the same regulations and oversight that the Food and Drug Administration applies to tobacco and nicotine products. The use of e-cigarettes by students in U.S. middle schools and high schools more than doubled from 3.3 percent in 2011 to 6.8 percent in 2012, according to the Centers for Disease Control and Prevention.

Electronic Data Interchange

New policies adopted call for changes to health IT. The policies include directing the AMA to work with the federal government and electronic health record (EHR) vendors to establish a process to achieve data exchange. One policy addresses "data lock-in," in which information stored in one EHR system cannot easily be transferred to another system. Another policy calls for the AMA to engage the EHR vendor community to secure changes to their systems that would better meet physicians' practice needs.

SAVE THE DATE:

February 23 is Physician, Hospital, and EMS Day at the Capitol



NDHA, EMS Association, and NDMA are proud to sponsor the Second Annual Physician, Hospital, and EMS Day at the North Dakota State Legislature in Memorial Hall on Monday, February 23 from 9 am - 4 pm. Each legislator will be invited to our sponsored lunch, creating a great opportunity for you to discuss healthcare issues or specific bills with lawmakers one on one.

Also, look at your January-April calendar and see if volunteering to be a ***Doctor of the Day*** fits with your schedule.

If you have any questions, feel free to contact us at staff@ndmed.com.

Orthopaedic Surgeons, Patients, and Researchers Personalize the Critical Need for Research Funding

Nearly 100 Million Americans a Year Identify Bone and Joint Disorders as Their Number One Health Concern

Orthopaedic surgeons, patients, and researchers visited Capitol Hill on Thursday, April 3 to raise awareness about the debilitating and costly musculoskeletal diseases and disorders afflicting millions of Americans and emphasize the need for research funding. Advocacy teams urged Congress to appropriate $535.6 million in Fiscal Year 2015 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), maintaining the amount appropriated in the FY 2012 budget. FY2013 and FY2014 budgets were reduced due to the Budget Control Act, more commonly known as sequestration. In challenging economic times, it is imperative to preserve research funding.

"The funding that is currently available for research into new and better treatments, preventative measures, and diagnostic testing does not match the burden of disease," says AAOS President Frederick Azar, MD. "These innovations will require an investment in both basic science and clinical research performed at the National Institutes of Health (NIH)."

Nearly one in every three Americans has a musculoskeletal condition requiring medical attention. The Research Capitol Hill Days event put a face to these statistics by focusing on patient stories, encouraging members of Congress to keep musculoskeletal research a high priority on the U.S. political and fiscal agenda. Orthopaedic patients, representing a diverse range of ages and conditions, offered legislators a personal viewpoint about how research advancements and new treatments and surgical techniques have benefited their health and overall quality of life.

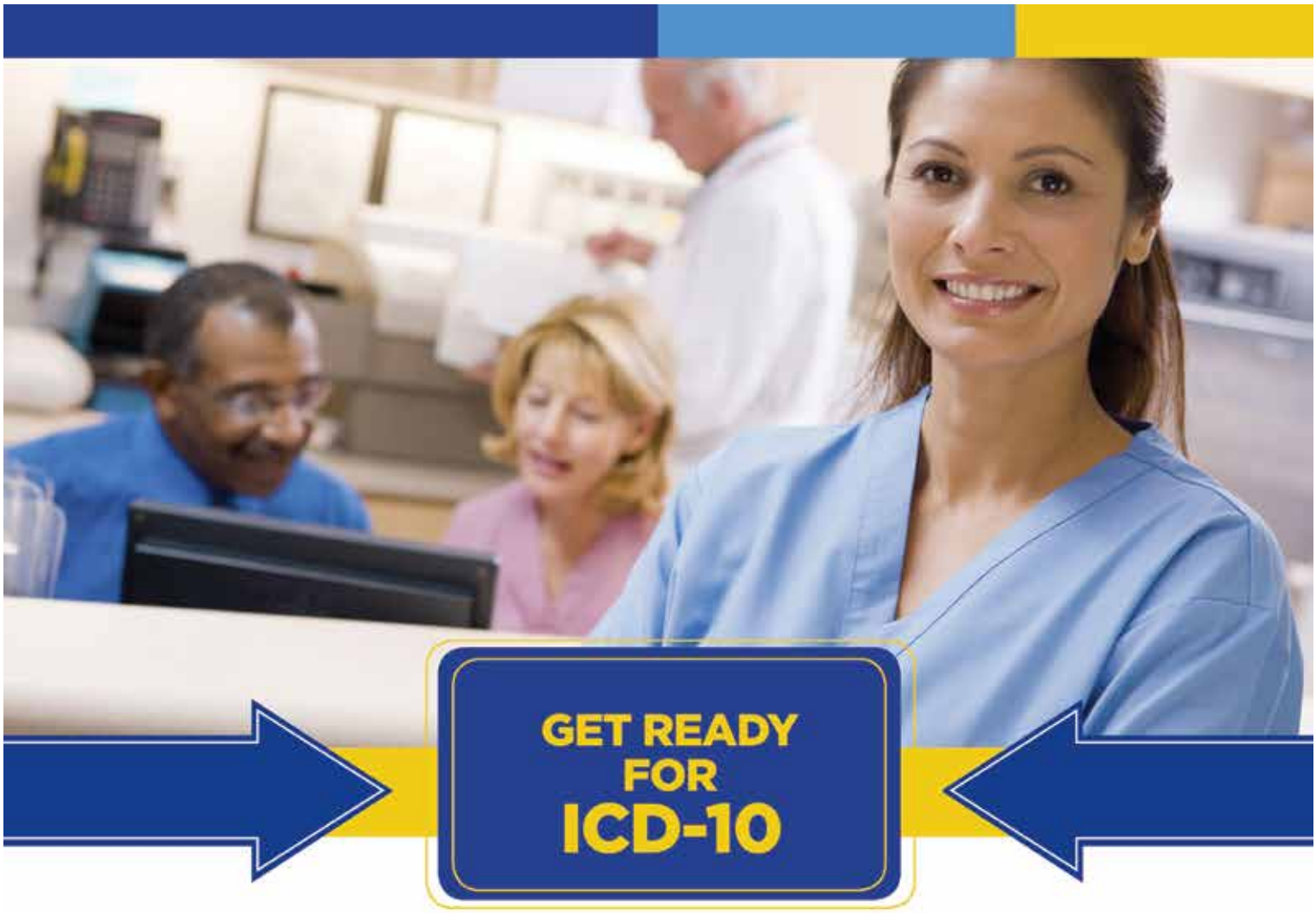
"Millions of Americans suffer from disabling musculoskeletal disorders, but because of innovative treatments developed through medical research, patients like me have been able to return to their everyday activities," said Pamela Schroeder, an orthopaedic patient and Research Capitol Hill Days participant. "Research Capitol Hill Days allows me to tell my story and get the word out about the importance of research funding to continue to improve the technology available to restore mobility to patients with musculoskeletal disorders."

Musculoskeletal diseases are the most common health condition in the United States and the second leading cause of disability worldwide. Musculoskeletal diseases and disorders cost the U.S. economy $950 billion annually and represent 7.4% percent of the country's gross domestic product. Despite the costly nature of musculoskeletal conditions, funding for orthopaedic research has grown slowly. Research is currently less than 2% of the NIH budget, while burden of musculoskeletal conditions expected to escalate in the next 10-20 years due to the aging population, and sedentary lifestyles.

"NIAMS research is critical to developing new treatments that get patients back to work and reduce spending on healthcare and federal aid programs," said President Azar. "NIH needs a predictable and sustainable research budget to adequately address the epidemic of musculoskeletal disease."

On behalf of the American Academy of Orthopaedic Surgeon (AAOS) as the ND delegation for this national event, Laura M. Bruse Gehrig, MD, FAAOS, CCD (center), and one of her patients, Alison Skogen (far right), went to Washington, DC to lobby for continued NIH funding. They met with representatives of the offices of Congressman Cramer and Senator Hoeven and were able to meet with Senator Heidi Heitkamp in person (pictured).

Source: www.boneandjointburden.org
For more information, please visit www.aaos.org/researchdays.



STAY ON THE ROAD TO 10 STEPS TO HELP YOU TRANSITION

The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing.

CMS can help you prepare. Visit the CMS website at www.cms.gov/ICD10 and find out how to:

- Make a Plan—Look at the codes you use, develop a budget, and prepare your staff
- Train Your Staff—Find options and resources to help your staff get ready for the transition
- Update Your Processes—Review your policies, procedures, forms, and templates
- Talk to Your Vendors and Payers—Talk to your software vendors, clearinghouses, and billing services
- Test Your Systems and Processes—Test within your practice and with your vendors and payers

Now is the time to get ready.

www.cms.gov/ICD10

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

Establishing Opioid Treatment Programs in North Dakota

North Dakota begins the journey to Opioid Treatment Programs.

During the 2013 ND legislative session, the Department of Human Services was authorized to regulate Opioid Treatment Programs (OTPs) in North Dakota. OTPs use an opioid agonist medication in conjunction with counseling to treat opioid use disorder. North Dakota is one of the last states in the nation to incorporate this critical component of treating substance use disorders.

Opioid Treatment Programs have proven to be effective. When treating opioid use disorders with agonist medication, research has shown a significant increase in treatment retention and decrease in illicit opioid use.

Effectiveness of Opioid Treatment Programs

Opioid Treatment Programs have proven to be effective. When treating opioid use disorders with agonist medication, research has shown a significant increase in treatment retention and decrease in illicit opioid use.[1] The medications provided in North Dakota OTPs will include both methadone and buprenorphine.

Studies on the use of methadone have found not only a reduction or cessation of illicit opioid use, but also a decrease in adverse consequences such as cellulitis, hepatitis, HIV, and criminal behavior. Methadone has also been shown to improve overall adjustment, including reductions in psychiatric symptoms, unemployment, and family or social problems.[2]

After a year of buprenorphine use in addition to counseling, as many as 75% of patients were retained in treatment compared to those attending counseling and given a placebo.[3]

Minimizing Risks of OTPs

With the effectiveness of Opioid Treatment Programs, there are also risks. In order to reduce these risks, OTPs are required to demonstrate plans, procedures, and reporting mechanisms prior to operating. The program is required to develop a Diversion Control Plan, which demonstrates accountability to its patients and to the community in order to decrease diversion of medication. A community relations plan is required to provide education and open dialogue with community members. Also, the program must establish a system that provides 24-hour access to pertinent patient information in case of a medical or psychiatric emergency.

Program Roll-out

On April 1, 2014, the North Dakota Department of Human Services, Mental Health and Substance Abuse Division began accepting applications for Opioid Treatment Programs. As of June 30, 2014, four programs are in the licensing process. This process includes many steps of certification and licensure through both federal and state agencies. Prior to practicing as a licensed OTP, the program must:

1. Complete certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) following approved accreditation status
2. Be registered with the Drug Enforcement Administration (DEA)
3. Have DATA 2000 Waivered prescribers to prescribe buprenorphine
4. Become licensed as a Substance Abuse Treatment Program by the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services (DMHSAS).

Pam Sagness, LAC, Prevention Administrator with the Division of Mental Health and Substance Abuse Services

Once these steps are achieved, the program will become licensed as an Opioid Treatment Program by the DMHSAS and can practice in North Dakota. It is anticipated that the first program will begin operating late 2014 or early 2015. Currently, there are providers in the licensing process for tentative locations in Bismarck, Mandan, Fargo, and Minot.

For additional questions, contact the Division of Mental Health and Substance Abuse Services at dhsmhsas@nd.gov.

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3 Kakko, J., Svanborg, K., Kreek, M., & Heilig, M. (2003). 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: A randomized, placebo-controlled trial. The Lancet, 361(9358), 662-668.

Technology & Today's Physician

North Dakota Medical Association 2014 Annual Meeting

October 3, 2014 • Hilton Garden Inn • Grand Forks, ND

FRIDAY, OCTOBER 3

7:30 a.m. **Breakfast with the Dean** – *Joshua Wynne, MD, MDA, MPH*

8:30 a.m. **AMA Update** – *Maya Babu, MD, MBA*

9:00 a.m. **House of Delegates First Session**
Reference Committee of the Whole to Follow

10:30 a.m. - 12:30 p.m. Educational Sessions - Trish Lugtu, BS, CPHIMS, CHP, CHSS

10:30 a.m. **Dispelling the Myth: Cyber Risk is not a Technology Problem**

11:30 a.m. **Managing Physician Reputations: When Your Online Reputation is On the Line**

12:30 p.m. **Lunch and Award Presentations**

2:00 p.m. **House of Delegates Final Session**

The NDMA Council will meet at 4:00 p.m. on Thursday, October 2

House of Delegates

Misty K. Anderson, DO
Speaker of the House
Friday, October 3, 2014
9:00 a.m. and 2:00 p.m.

As NDMA's policy-making authority, the House of Delegates considers resolutions and reports on topics of importance to physicians and patients. Elections will be held for NDMA President, Vice President, Secretary-Treasurer, Speaker of the House, and AMA Delegates.

Delegates are elected by the district medical societies. Delegates consider and vote on resolutions, which are the foundation for NDMA policy and legislative efforts. All NDMA members may attend HoD meetings and introduce resolutions. To introduce a resolution or for assistance in drafting one, contact the NDMA office at 701-223-9475.

NDMA Officer Elections

NDMA members nominated for 2014-15 officer positions are listed below. Candidates may be nominated from the floor during the morning House of Delegates session.

PRESIDENT
Steven P. Strinden, MD, Fargo, ND
Nominated by 1st District Medical Society

VICE PRESIDENT
Debra A. Geier, MD, Jamestown, ND
Nominated by 7th District Medical Society

SECRETARY-TREASURER
Fadel E. Nammour, MD, Fargo, ND
Nominated by 1st District Medical Society

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

AMA DELEGATE
Robert W. Beattie, MD, Grand Forks, ND
Nominated by 3rd District Medical Society

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

Program Description

UND SMHS Serving North Dakota Today and Tomorrow

Dean Joshua Wynne

Joshua Wynne, MD, MBA, MPH, is the University of North Dakota's vice president for health affairs and dean of the UND School of Medicine and Health Sciences. Wynne joined the UND SMHS in 2004 and assumed his current leadership role in 2010. Under his direction, the school has intensified its focus on meeting the health care workforce needs of North Dakota.

Wynne will provide an overview of the changes happening at the school, including the new building project, the expanding class sizes, and the resources needed to accomplish these important evolutions, including the continued support of NDMA and its member physicians.

AMA Update

Maya A. Babu, MD, MBA
Member, Board of Trustees
American Medical Association

Maya Babu, MD, MBA, was elected to the AMA Board of Trustees in 2013 and currently serves on the AMA Council on Legislation as its resident member. Within the American College of Surgeons, Dr. Babu serves on the Advisory Council for Neurologic Surgery and the Resident and Associate Society Executive Committee. She chairs the Association for Women Surgeons National Resident Committee. Elected to serve on the American Association of Neurological Surgeons (AANS) Young Surgeons Committee, and most recently on the AANS's Washington Committee, she also serves on the board of trustees of the MMA and on the board of directors of the Minnesota Medical Association's Political Action Committee.

A native of Eagan, Minnesota and graduate of the University of Minnesota, Harvard Medical School, and Harvard Business School, her research focuses on health care delivery and cost in neurosurgical care. She is presently a neurosurgical resident at the Mayo Clinic in Rochester, Minnesota. Dr. Babu will provide an update from the American Medical Association, focusing on the use of technology in the practice of medicine.

Education Sessions

Trish Lugtu, BS, CPHMIS, CHP, CHSS
Midwest Medical Insurance Company (MMIC)

Trish Lugtu leads initiatives within Patient Safety Solutions at MMIC to evaluate and develop products and services leveraging technology and informatics to increase patient safety and strengthen risk management efforts.

Lugtu is certified in health information management systems, HIPAA Privacy and Security, and computer programming. Please join us for these educational sessions to further your knowledge about technology concerns within medical practice.

Dispelling the Myth: Cyber Risk is not a Technology Problem

There is no doubt about it, HIPAA has grown teeth. Just this last December, a twelve physician dermatology group settled a $150,000 resolution agreement with the Office for Civil Rights for *potential* HIPAA violations. Do you know what your organization can do to avoid the same scrutiny? The first step is to dispel the myth that cyber risk is a technology problem. Most breaches are caused by people processes and behaviors. This is why protecting patient health information begins with leadership and ends with solid risk management practices. This session will allow you to understand cyber risk, simplify cyber risk through findings in the field, and understand the top causes of data privacy breaches and how to minimize impact.

Managing Physician Reputations: When Your Online Reputation is On the Line

Patient satisfaction is critical to patient outcomes. So what happens when a patient publicly expresses dissatisfaction through social media? Risks abound for the physician.

Not only is the patient's outcome at risk, but negative reviews can lead a physician's online reputation spiraling downward. And reputations on the line don't just stay online. According to Pew Internet, 85% of all adults in the US are online this year with 72% of those searching online for health information. This translates into 146 million adults that are engaged with online health information. But this doesn't mean that online reputations are unmanageable.

During this presentation, providers will learn about key factors contributing to online reputation, how to manage and monitor online reputation, and the dos and don'ts of responding to negative reviews. This session will allow you to understand the factors contributing to an online reputation, how to manage and monitor an online reputation, and how to take action for a negative review.

Annual Lunch and Awards

The 2014 annual meeting luncheon and awards presentation will feature recognition of exceptional service in medicine, including the NDMA Physician Community and Professional Services Award and the Friend of Medicine Award. Also, we will recognize physicians who have served within the field of medicine for forty years.

Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Minnesota Medical Association through the joint sponsorship of Trinity Health and the North Dakota Medical Association. Trinity Health is accredited by the Minnesota Medical Association to sponsor continuing medical education for physicians.

Trinity Health designates this live activity for a maximum of *2.5 AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Lodging

A block of rooms is reserved at the Hilton Garden Inn in Grand Forks. To secure the discounted group rate ($99), please contact the Hilton at 701-775-6000 by September 3, 2014. The Hilton Garden Inn is located at 4301 James Ray Drive, Grand Forks. *www.hiltongardeninn3.hilton.com*

Cancellation Policy

No refunds will be made after **September 25, 2014**.

North Dakota Medical Association Annual Meeting Registration Form

First Name _____ MI _____ Last Name _____

Organization _____

Mailing Address_____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ E-mail _____

Guest(s) First/Last Name _____

There is a $25 registration fee which includes breakfast, CME, and lunch. Please indicate below which events you will be attending. If you choose to participate in only the House of Delegates session(s), there is no registration fee.

_____ **I will attend the Friday breakfast with the Dean**
_____ **I will attend the Friday educational program**
_____ **I will attend the Friday luncheon and award program**
_____ **I will ONLY attend the House of Delegates meetings**

Amount Enclosed $ _____

Please mail this form along with payment before September 25, 2014 to:

NDMA
PO Box 1198
Bismarck, ND 58502-1198

Fax credit card orders to 701-223-9476
❒MasterCard ❒Visa

Name on credit card (please print) _____

Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ CSC __ __ __

Exp. Date __ __/__ __ Phone _____

_____ _____

Signature ZIP Code *(as it appears on your statement)*

REGISTER ONLINE!
GO TO
http://ndmed.org/?id=150

Technology & Today's Physician
NORTH DAKOTA MEDICAL ASSOCIATION
2014 ANNUAL MEETING

Physicians and Disability Income Insurance

Traditionally, physicians as a group can be financially conservative. They may manage investments wisely, ensure that they have health and life insurance covered, and prepare in advance for retirement. However, many under-prepare for the consequences of a disabling illness or injury.

What if you could no longer perform surgery? What if your eyesight was affected or you were confined to a wheelchair? A two-income household would struggle with the loss of one paycheck. Even a family with one income may find it impossible to continue their lifestyle without additional financial support. A disability can be financially devastating. Unexpected injuries and illness cause 350,000 personal bankruptcies each year.*

Overcoming denial is the first step. Many white-collar professionals don't consider that an injury or illness could keep them from working for an extended period of time. But the numbers show that the chance of a disabling illness or injury occurring is surprisingly high, which is why you may want to consider disability income insurance.

CHANCES OF A DISABILITY OCCURRING

1 in 3 out of work 3 months or more
1 in 5 out of work 1 year or more
1 in 7 out of work 5 years or more

www.lifehappens.org/pdf/printable-consumer-guide/disability-pcg.pdf, viewed on September 1, 2010

With today's longer life expectancy, there is a larger risk of an extended disability during a person's career than the probability of premature death. Illnesses cause the majority of long-term disabilities.** There is a misconception that personal savings, Social Security, or Workers' Compensation will be enough to cover you when you're out of work due to a disability. To qualify for Social Security, you must be unable to do any kind of work, not just your job. Also, you must be completely disabled with no hope of recovery for at least one year, or have a disability that is expected to end in death. Worker's Compensation doesn't cover most disabilities as they are not work-related.

There is a misconception that personal savings, Social Security, or Workers' Compensation will be enough to cover you when you're out of work due to a disability.

Mike Stein

I often ask my physician clients what their most important asset is. Usually their answer is, themselves and their ability to earn income. Disability income insurance can help protect their most important asset.

I often ask my physician clients what their most important asset is. Usually their answer is, themselves and their ability to earn income. Disability income insurance can help protect their most important asset.

If you are covered by a group policy through your employer, this coverage may not be enough. Many group policies cover only 60 percent or less of your income and the benefit you would receive is taxed at your current income bracket. Group policies also may not be portable and may terminate when your employment ends.

Individual disability income insurance policies that provide an "Own Occupation" definition of disability provides cash to help meet expenses such as utilities or mortgage payments, if you are unable to perform the duties of your medical specialty. It's important to work with a qualified insurance professional to assist you in securing appropriate disability income insurance. *In the last 10 minutes, 490 American became disabled – ensure that you are covered in the case of a long-term disability.***

*www.disabilitycanhappen.org/docs/Disability_Stats.pdf, viewed on September 1, 2010
**National Safety Council: JHA U.S. Group Disability Rate and Risk Management Survey, reviewed on September 1, 2010
***National Safety Council, Injury Facts, 2008

Securian Financial Advisors of ND, Inc.'s home office is located at 4431 Memorial Highway in Mandan. The company also has advisors working in Bismarck, Mayville, Steele, and Valley City. For more information or to locate an advisor, please call 701-663-8401 or visit *www.securiannd.com*.

Physicians Boost the Economy

See the effect in North Dakota

North Dakota's physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole. Physicians also critically support the health of their local and state economies through the creation of jobs with their related wages & benefits, the purchase of goods and services, and large-scale support of state and local tax revenues. Results from a recent economic impact study conducted by IMS Health, on behalf of the AMA, demonstrate the significant level of support that physicians generate for North Dakota's economy. The study results also clearly indicate that creating an environment which would attract new and retain existing physicians to meet expanding healthcare demands will also have the added benefit of increasing the number of good jobs in North Dakota and improving the health of the local economy. Key economic benefits provided by physicians both nationally and in North Dakota in 2012 include:

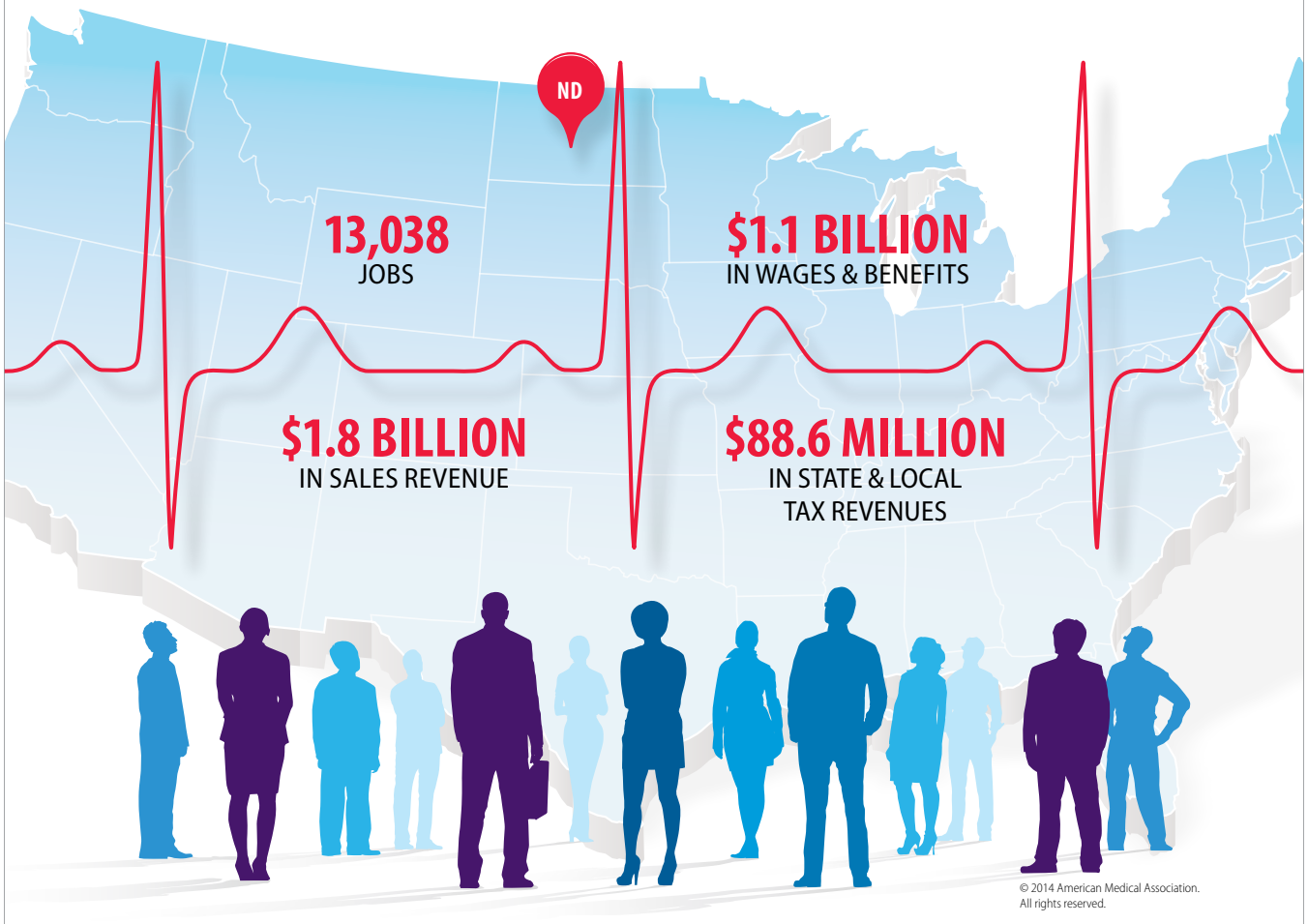
	North Dakota	National
TOTAL PATIENT CARE PHYSICIANS	**1,560**	**720,421**
JOBS		
Total Direct Jobs Supported by Physician Industry [1]	7,235	3,336,077
Total Indirect Jobs Supported by Physician Industry [1]	5,803	6,632,265
Total Jobs Supported by Physician Industry [1]	13,038	9,968,342
Average Jobs Supported by Each Physician Including His/Her Own [1]	8.4	13.8
SALES REVENUE		
Total Sales Revenue Generated by Physician Industry [1]	$ 1.8 Billion	$ 1.6 Trillion
% of Total GSP/GDP [2]	4.0%	10.2%
WAGES & BENEFITS		
Total Wages & Benefits Supported by Physician Industry [1]	$ 1.1 Billion	$ 775.5 Billion
LOCAL & STATE TAX REVENUE		
Total Local & State Tax Revenue Generated by Physicians [1]	$ 88.6 Million	$ 65.2 Billion

NDMA NORTH DAKOTA MEDICAL ASSOCIATION

AMA AMERICAN MEDICAL ASSOCIATION

1. *The State Level Economic Impact of Physicians Report (IMS Health, March 2014)*
2. *US Bureau of Economic Analysis: Current-Dollar GDP by State, 2012*

PHYSICIANS BOOST THE ECONOMY.



See the effect in North Dakota.

The American Medical Association 2014 Economic Impact Study, completed in conjunction with the North Dakota Medical Association, shows how much physicians add to the economic health of North Dakota.

Check the effect physicians have on the U.S. economy by viewing the national report from the AMA, as well as highlights from the North Dakota study, at **ama-assn.org/go/eis**.

AMA AMERICAN MEDICAL ASSOCIATION

NDMA NORTH DAKOTA MEDICAL ASSOCIATION

Please activate your 2015 AMA membership. Visit ama-assn.org/go/join or call (800) 262-3211.

The Physicians Foundation Releases Second Installment in Series on ACA Coverage Expansion

Preliminary figures suggest that the ACA has helped about 9.5 million individuals secure coverage, though it has not been without complication. Many aspects of the law continue to face political pushback, technological issues, regulatory changes, and persistent consumer confusion. Physicians are at the forefront of this uncertainty. They continue to care for their patients all while trying to navigate and manage the changes affecting their practices: adoption of EHR, new quality measures, data reporting requirements, and complex new payment models.

A comprehensive new report from The Physicians Foundation titled, *"The Patient Protection and Affordable Care Act Beyond the Horizon into 2015,"* examines the ACA's political and budget dynamics, initial successes and failures, and its most serious challenges moving forward, with particular focus on how these issues are of importance to practicing physicians. Specifically, the report provides updates on the Medicare physician fee schedule, emerging physician-insurer network and contracting issues, and new Medicare legislation.

It is the mission of The Physicians Foundation to ensure physicians are aware of ongoing and future changes that could potentially – and significantly – impact their practice of medicine. A final follow-up report on the Medicare program, which will focus on how the ACA is driving health system changes through Medicare regulatory dynamics, is slated for release later this year. Be sure to check The Foundation's website *www.physiciansfoundation.org* and follow us on Twitter at @PhysiciansFound for the latest healthcare news and physician resources. §

North Dakota District Medical Society Awards

Given by the district medical society on each campus to the medical student who best exemplifies high scholarship and characteristics of integrity, leadership and initiative.

FIRST DISTRICT, FARGO
Elizabeth C. Ewing,
Hendrum, Minnesota
Caleb P. Skipper,
Rugby, North Dakota

THIRD DISTRICT, GRAND FORKS
Krishan R. Jethwa,
Minot, North Dakota

FOURTH DISTRICT, MINOT
Tara R. Mertz-Hack,
Ellendale, North Dakota

SIXTH DISTRICT, BISMARCK
Erin C. Maetzold,
Dickinson, North Dakota
Brittany K. Snustad,
Wishek, North Dakota

North Dakota Medical Association Awards

Benjamin Axtman, Jason Henry, and Tarik Nurkic were the three outstanding graduates of the UND School of Medicine and Health Sciences class of 2014 to receive the prestigious North Dakota Medical Association Awards in May 2014, presented by NDMA President, Dr. Steven Strinden. Congratulations to all UND SMHS award winners and graduates!

From left to right: Benjamin Axtman, Jason Henry, Dr. Steven Strinden, Tarik Nurkic, and Dr. Joshua Wynne

NDMA also recognizes second-year students nominated by their peers, the Class of 2016, to receive awards in science and clinical application, leadership and professionalism, and peer teaching. We will be sure to watch these dedicated individuals as they continue their education.

Integration of Basic Science and Clinical Application: Michael Traynor

Ability to analyze problems, generate hypotheses, set priorities, test hypotheses and formulate alternative hypotheses, draw appropriate conclusions, and apply knowledge to patient cases.

From left to right: Dr. Kurt Borg, Michael Traynor, and Dr. Joshua Wynne

From left to right: Dr. Joycelyn Dorscher, Braden Burckhard, and Dr. Joshua Wynne

Group Leadership and Professionalism: Braden Burckhard

Engages in ethical conduct, facilitates group interaction and productivity, motivates others to learn, exhibits personal integrity, and interacts with others appropriately with respect and courtesy.

Peer Teaching: Rachel Fearing

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

From left to right: Dr. Patrick Carr, Rachel Fearing, and Dr. Joshua Wynne

UND Receives Top Ranking by American Academy of Family Physicians

The University of North Dakota School of Medicine and Health Sciences received the American Academy of Family Physicians Top 10 Award for UND's consistent contributions to building the family physician workforce. The award, presented during the Society of Teachers of Family Medicine Annual Spring Conference, marks the fourth consecutive year the school has received the honor.

Each year during the conference, the AAFP presents its Family Medicine Top 10 Awards to honor medical schools that, during a consecutive three-year period, graduated the greatest percentage of students who chose first-year family medicine residency positions.

Accepting the award for the UND SMHS was Kamille Sherman, MD, assistant professor of family and community medicine. "As someone new to academic medicine, I am amazed, when discussing medical education with my peers at national meetings, at how many things they say the school does well," Sherman said.

"Dr. Roger Schauer, clerkship director for over 20 years at the school, has implemented many educational tools that are respected and still being integrated at other medical schools across the country," she said. "Our outstanding and dedicated community physician preceptors are an asset not commonly found across the country. North Dakota's citizens are supportive of medical education. In return, it is an honor that this school is recognized for our commitment to encouraging and promoting family medicine among our students. This is also a testament to our students. Their humanism and desire to treat people and families as a whole will serve society for generations to come."

At a time when the United States is facing a shortage of primary care physicians, filling the family physician workforce pipeline is vital to the health of Americans, according to AAFP President Reid Blackwelder, MD.

"For the past five years, we have seen growth in student interest in family medicine," Blackwelder said. "Much of the credit for that increase goes to the medical schools that have actively supported family medicine as the comprehensive, challenging and professionally fulfilling specialty that it is. These 10 schools have demonstrated their consistent commitment to meeting the nation's need for family physicians, and I commend them, their leadership, and their faculty for helping ensure that Americans have access to the care they need."

The importance of family physicians also has escalated as the complexity of primary care has intensified. In addition to providing preventive and first-encounter care, family physicians diagnose and treat patients with conditions ranging from a sore throat to multiple, complex conditions such as diabetes combined with congestive heart failure. Research has shown family physicians are the usual source of care for more than six in 10 patients with anxiety, depression, or diabetes; six in 10 patients with cancer, and nearly six in 10 patients with heart disease. Most recently, the authors of "Patients with High-Cost Chronic Conditions Rely Heavily on Primary Care Physicians" in the January-February issue of the Journal of the American Board of Family Medicine reported 86 percent of visits for asthma occurred in primary care physician offices, compared to 14 percent in subspecialist offices, and 84 percent of visits for chronic obstructive pulmonary disease were in primary care physician offices, compared to 15 percent in subspecialist offices.

Stan Kozakowski, MD, AAFP director of medical education agreed. "Medical school admissions policies, the academic and clinical experiences with family physicians, and rural medicine tracks have significant influence on students' choices," he said. "The schools honored today have made important investments in these and other invaluable programs that help students understand the importance of family medicine and the professional satisfaction the specialty brings."

He commended the University of North Dakota School of Medicine and Health Sciences for its ongoing focus on ensuring North Dakotans have access to primary medical care.

"Four consecutive years of recognition says much about their focus on educating students to meet the needs of North Dakota," Kozakowski said.

Family Medicine Top 10 Award schools employ several initiatives that support students who are interested in and most likely to become family physicians. Those initiatives include student outreach, family medicine faculty involvement in medical school committees, admissions policies that target students from rural and medically underserved areas, clinical rotations that

The importance of family physicians also has escalated as the complexity of primary care has intensified. In addition to providing preventive and first-encounter care, family physicians diagnose and treat patients with conditions ranging from a sore throat to multiple, complex conditions such as diabetes combined with congestive heart failure.

emphasize positive experiences in family medicine, strong, student-run family medicine interest groups, and financial aid packages that minimize student debt.

The UND School of Medicine and Health Sciences has several unique programs designed to educate students about the benefits of family medicine. The nationally recognized Rural Opportunities in Medical Education (ROME) program places third-year medical students in several rural communities in North Dakota for a seven-month rotation. In 2010, the UND SMHS signed its first RuralMed Scholar; currently there are 19 students enrolled in the program. The goal of the RuralMed Scholarship Program is to recruit, educate, and retain physicians who will practice family medicine in rural North Dakota. The program absorbs the tuition costs for all four years of medical school for students who agree to practice family medicine in a rural area of North Dakota for five years.

The 2014 award recipients and the percentage of graduates entering family medicine are the following:

- The University of North Dakota School of Medicine and Health Sciences – 23.3%
- University of Kansas School of Medicine – 19.2%
- Oregon Health & Science University School of Medicine – 19.0%
- University of Missouri School of Medicine – 18.8%
- Brody School of Medicine, East Carolina University – 18.6%
- University of Minnesota Medical School – 18.0%
- University of Washington School of Medicine – 17.6%
- University of Nebraska College of Medicine – 16.7%
- University of Wisconsin School of Medicine and Public Health – 16.5%
- Wright State University Boonshoft School of Medicine – 15.9%

These schools earned the award among 129 U.S. allopathic medical schools accredited by the Liaison Committee on Medical Education. The percentages reflect students who graduated during 2011, 2012, and 2013 and who matriculated into U.S. family medicine residency programs accredited by the Accreditation Council on Graduate Medical Education.

"The school is grateful for the recognition bestowed on our efforts by the AAFP Top-Ten Award," said Joshua Wynne, MD, MBA, MPH, UND vice president for health affairs and dean of the UND SMHS. "Credit our success to Dr. Robert Beattie, chair of the Department of Family and Community Medicine, and Clerkship Director Dr. Roger Schauer, who have worked hard to develop our nationally recognized family and community medicine program, along with the many family physicians throughout the state who help educate our medical students and residents and demonstrate to them firsthand the joys of family medicine practice."

Ashley Bentley and Leslie Champlin with the American Academy of Family Physicians contributed to this article.

Contact: Denis MacLeod, assistant director, Office of Alumni and Community Relations, UND School of Medicine and Health Sciences, (701) 777-2733, denis.macleod@med.und.edu

UND School of Medicine and Health Sciences Recognizes Volunteer Faculty

The University of North Dakota School of Medicine and Health Sciences presented the Dean's Special Recognition Awards for Outstanding Volunteer Faculty to the following physicians during commencement ceremonies on Saturday, May 10.

- **Michael J. Dallolio, MD, Clinical Assistant Professor of Clinical Neuroscience, Minot, North Dakota**
- **Thandiwe C. Gray, MD, Clinical Associate Professor of Internal Medicine, Bismarck, North Dakota**
- **Brent D. Herbel, MD, Clinical Assistant Professor of Radiology and alumnus (MD Class of 1994), Bismarck, North Dakota**
- **Derek D. Kane, MD, Clinical Assistant Professor of Surgery, Bismarck, North Dakota**
- **Sarah J. Lien, MD, Clinical Associate Professor of Pediatrics and alumna (MD Class of 2001), Fargo, North Dakota**
- **Jerry M. Obritsch, MD, Clinical Professor of Obstetrics and Gynecology and alumnus (MD Class of 1987), Bismarck, North Dakota**
- **Sherry L. Stein, MD, Clinical Assistant Professor of Family and Community Medicine and alumna (MD Class of 2002), Bismarck, North Dakota**
- **Farhan A. Tariq, MD, Clinical Assistant Professor of Clinical Neuroscience, Mandan, North Dakota**
- **Michelle R. Tincher, MD, Clinical Assistant Professor of Family and Community Medicine and alumna (MD Class of 1995), Bismarck, North Dakota**
- **Beverly J. Tong, MD, Clinical Assistant Professor of Obstetrics and Gynecology, Williston, North Dakota**
- **Carla J. Zacher, MD, Clinical Professor of Pediatrics and alumna (MD Class of 1996), Bismarck, North Dakota**

"In large measure, the quality of our medical education program is dependent on the many physicians throughout the state who serve as volunteer faculty members," said Joshua Wynne, MD, MBA, MPH, UND vice president for health affairs and dean of the School of Medicine and Health Sciences. "They have added and incorporated this activity into their daily medical practices and welcomed our medical students to learn from them and their patients."

"These physicians have gone above and beyond the call of duty in giving our students the benefit of their time, experience, knowledge, and wisdom gained from years of caring for patients," Wynne said. "By example, they have served as superior role models and encouraged our students to define and adopt the highest standards of medical service."

Contact: Denis MacLeod, assistant director, Office of Alumni and Community Relations, UND School of Medicine and Health Sciences, (701) 777-2733, denis.macleod@med.und.edu

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701.777.2733 direct | 218.779.3107 cell
denis.macleod@med.UND.edu
med.UND.edu/

Nation Reaches "Turning Point" in Addressing Rx Abuse Crisis

From the American Medical Association

A remarkable development in the effort to solve the country's prescription drug abuse crisis was evident at a national summit of governmental and public health leaders held in Atlanta in April. Federal officials, state attorneys general, and the AMA all agreed on a needed change in focus to treatment and prevention.

The National Rx Drug Abuse Summit brought together hundreds of thought leaders and advocates from across the country, including executives from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, the U.S. Food and Drug Administration, and the National Institute on Drug Abuse.

"This summit marked a turning point for the national perspective of the prescription drug abuse epidemic," AMA Board of Trustees Member Patrice A. Harris, MD, said. Dr. Harris was part of a panel that looked at improving communications between physicians and pharmacists to ensure patients get the care and treatment they need.

The focus now has shifted from law-enforcement strategies to addressing the heart of the issue: prevention and treatment to keep people safe and healthy.

Dr. Harris discussed the AMA's strong support for an evidence-based, public health approach to addressing the crisis, including efforts to enhance education and increase access to treatment for substance abuse and addiction.

"The focus now has shifted from law-enforcement strategies to addressing the heart of the issue: prevention and treatment to keep people safe and healthy," Dr. Harris said.

CDC Director Thomas Frieden, MD, one of the keynote speakers, noted that success in combating prescription drug abuse and diversion was attainable, but the key now would be scaling up efforts and turning attention to a more holistic approach that would include a "cultural shift."

"Components of a robust public health response to prevent prescription overdose [are] real-time data, prevention, and clinical care," Dr. Frieden said in a recap tweet from the CDC.

Efforts to combat the crisis continue across the country. In early April, Wisconsin adopted a series of laws supported by the Wisconsin Medical Society that encompass a range of approaches, from placing overdose reversal drugs in the hands of trained first responders to creating safe community disposal opportunities and treatment programs for people in high-need areas.

Robust campaigns to promote prevention of prescription drug abuse also are being led by several state medical associations, including campaigns of the Medical Association of Georgia and the Pennsylvania Medical Society.

Just a few weeks ago a coalition of stakeholders that includes the AMA submitted policy recommendations to members of Congress during a special roundtable discussion in the nation's capital. The Stop Overdose Stat Act of 2013 also recently was introduced to Congress. The legislation supports community-based efforts to prevent drug overdose.

Visit the AMA's Web page on combating prescription drug abuse and diversion to learn about the AMA's work with state medical associations, federal agencies, and lawmakers to stop prescription drug abuse and preserve access to treatment for the patients who need it.

Side Effects

Avoid Unintended Consequences by Planning, Assessing, and Monitoring Your Electronic Health Record

Trish Lugtu, BS, CPHIMS, CHP, CHSS
Research and Development Manager
Health Informatics
MMIC Patient Safety Solututions

While the benefits of implementing Electronic Health Records (EHRs) – such as greater efficiency, increased quality of care, and improved patient safety – are powerful and well-documented, approaching the transition without anticipating and planning for roadblocks may leave you vulnerable to unintended consequences. These pitfalls may result in decreased provider acceptance, increased cost, failed implementation, and even harm to patients.

For example, work flow changes can create new work, add complexity, or slow the speed of documentation for a clinician. A work flow such as computerized physician order entry (CPOE) can reduce the number of clinicians in the ordering process. This may eliminate the manual checks that a nurse may have done previously. If not implemented with optimal thresholds, the process can create alert fatigue, causing providers to override the most critical drug interaction notifications.

A lack of defined processes can also cause unintended consequences. For example, without a process to notify an assigned clinician or clerk of a task documented within an EHR, a requested follow-up might be overlooked.

New types of risks are also appearing in EHR documentation. For example, some busy providers seeking efficiency may resort to work-around behaviors when faced with complicated work flows. They may bypass templates in favor of documenting free-text notes, inadvertently causing conflict with generated template documentation.

An EHR's convenient copy function can also create problems. If not used sparingly and specifically, copy functions can perpetuate old errors that may exist in previous records.

Another risky behavior is relying on the default values in an EHR template and changing them only when the actual values differ. For example, during a review of a system, all indicators may default to normal. But leaving the defaults intact implies that each factor was analyzed and a conscious choice made to assign it a value. This puts the integrity and validity of the record in question and raises the risk for charges of fraud.

The Office of the National Coordinator for Health Information Technology (ONC) has funded 62 centers nationwide to help providers through the process of adopting, evaluating, and implementing EHRs.

Of course, the human factor also creates unintended consequences. Frustrated clinicians can resist implementation and put up roadblocks. Efforts can also be derailed by managers who mistakenly assume their support staff has adequate computer skills to implement electronic work flows.

Learning from others

Regardless of whether you are new to EHRs or if you've already implemented, you have opportunities to leverage best practices and the lessons learned by other organizations. One resource to consider is your local Regional Extension Center (REC). The Office of the National Coordinator for Health Information

Technology (ONC) has funded 62 centers nationwide to help providers through the process of adopting, evaluating, and implementing EHRs. Other groups such as Health Information Management Systems Society (HIMSS) and the Agency for Healthcare Research and Quality (AHRQ) have also published best practices around EHRs.

Understand and identify

Where do unintended consequences come from? Remember that an EHR is a sociotechnical system – a system of complex interactions between people and technology in the workplace. The organizational performance of such a system depends on the management of interactions, encompassing social and human behavior, technical knowledge, and procedure. Unintended consequences arise when any of these factors are not managed properly.

Once you understand what the unintended consequences may be, assign responsibility for tracking a process in an issues log. Include a description, details of the discovery, impact, and causation of the issue, along with tracking and remediation tasks. A comprehensive view of prioritized issues will help organize efforts for managing them.

Assess, remediate, and monitor

Follow standard practices for managing your EHR risks. Leverage root cause analysis to concisely define the issue and potential risk. Use the root cause analysis to develop and communicate a remediation plan for the improved process or work flow, including metrics defining success. Throughout the process, keep communications open with your users and solicit continual feedback, adjusting where appropriate. Following a standard process will help to systematically manage the risks of unintended consequences.

For the ONC's "Guide to Reducing Unintended Consequences of Electronic Health Records," please visit its website, www.healthit.gov/unintended-consequences.

For More Information, Contact:

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References
Jones SS, Koppel R, Ridgely MS, Palen TE, Wu S, Harrison MI. Guide to Reducing Unintended Consequences of Electronic Health Records. Prepared by RAND Corporation under Contract No. HHSA290200600017I, Task Order #5. Agency for Healthcare Research and Quality (AHRQ). Rockville, MD. August, 2011.

This article originally appeared in the Summer 2013 issue of Brink, a quarterly risk solutions magazine published by MMIC. For more information, visit MMICgroup.com.

AMPAC Contribution to Cramer

In July 2014, the American Medical Association Political Action Committee (AMPAC) made a contribution to Congressman Kevin Cramer. NDMA PAC Chair, Thomas I. Strinden, MD, of the first district, presented the check to the Congressman in Fargo on July 26, 2014.

For more information about NDMA's PAC, please contact Courtney Koebele at the NDMA office: 701-223-9475.

2014 Events Calendar

September 5-6, 2014

North Dakota Society of Obstetrics and Gynecology
Ramkota Hotel
Bismarck, ND

For more information, contact Dennis Lutz, MD, at 701-852-1555

September 22-24, 2014

2014 Harold Rogers Prescription Drug Monitoring Program National Meeting
Marriott Metro Center
Washington, DC

For more information, go to their website at *http://www.pdmpassist.org/*

October 3, 2014

NDMA Annual Meeting
Hilton Garden Inn
Grand Forks, ND

For more information, contact the NDMA office at 701-223-9475 or register online

October 7-9, 2014

North Dakota Hospital Association Annual Meeting and Trade Show
Hilton Garden Inn
Fargo, ND

For more information, contact Lori Schmautz at 701-224-9732

October 20-22, 2014

North Dakota Autism Spectrum Disorder Conference
Ramada Inn
Bismarck, ND

November 8-11, 2014

American Medical Association House of Delegates Interim Meeting
Hilton Anatole
Dallas, TX

For more information, call 701-223-9475

October 22, 2014

Coroner Class
Environmental Training Center at the North Dakota Department of Health
Bismarck, ND

October 23, 2014

American Indian Health Research Conference
Alerus Conference Center
Grand Forks, ND

November 14-15, 2014

North Dakota Academy of Family Physicians Annual Meeting
Alerus Conference Center
Grand Forks, ND

For more information, go to *www.ndafp.org*

November 19, 2014

North Dakota eHealth/HIMSS Summit
Radisson Hotel
Bismarck, ND

For more information, go to *www.healthit.nd.gov/resources/e-health-summit-conference/*

November 20, 2014

National Rural Health Day
www.celebratepowerofrural.org

November 21, 2014

North Dakota Board of Medical Examiners Board Meeting
Bismarck, ND

For more information, call 701-328-6500