

North Dakota Physician

FALL 2021

NDMA 2021 ANNUAL MEETING AND LEADERSHIP AWARDS

SEPTEMBER 30-
OCTOBER 1, 2021

ALERUS CENTER | GRAND FORKS

Breakfast with the Dean
Educational Sessions
Policy Forum
Leadership Awards
Exhibits

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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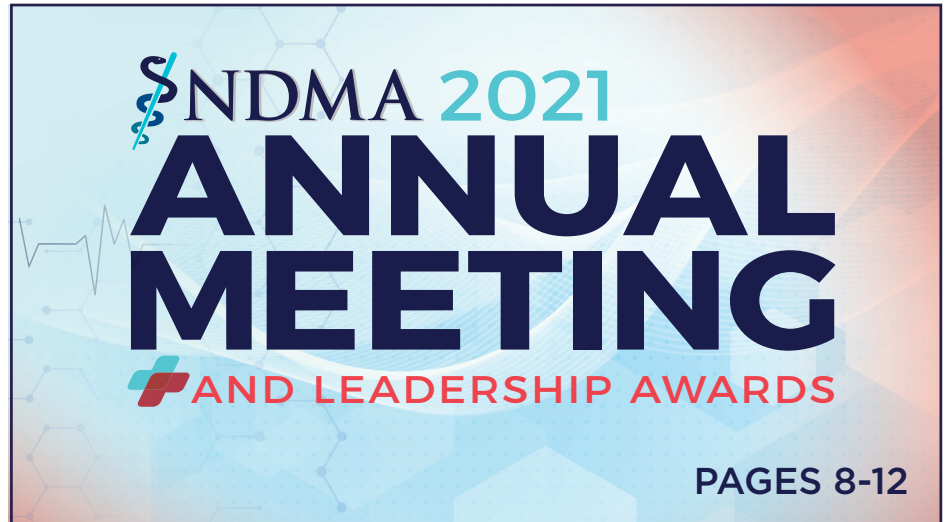
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Misty Anderson, DO
NDMA PRESIDENT

Advocating for Medicine and Your Health

I begin this message by saying thank you for the opportunity to serve as president of NDMA for the past two years. I have truly appreciated this time, despite the leadership challenges brought on by the pandemic. The situation further affirmed how important organized leadership is in promoting and advocating for healthcare policy that affects our medical practices.

Although my two-year term as president is nearing completion, my dedication to making the profession of medicine a priority continues. I invite you all to get involved, and what better way than to get involved by joining us at the 2021 NDMA Annual Meeting.

Once again, the NDMA Annual Meeting will feature the highly-sought-after Policy Forum and Leadership Awards Ceremony Luncheon. The in-person event will be held on October 1, 2021, at the Alerus Center in Grand Forks. To kick off the event, a Thursday evening social will take place, hosted by NDMA's Third District Medical Society. All participants and their guests are invited to attend.

Friday's events will not disappoint. The morning kicks off with the ever-popular breakfast with Dean Wynne followed by an American Medical Association update presented by Gerald Harmon, MD, President of the American Medical Association. In addition to the AMA update, Dr. Harmon will provide an update on telehealth and payment parity.

Following the AMA presentation, due to popular demand - we have dedicated an entire 90 minutes for the Policy Forum. This is a platform NDMA adopted on a trial basis two years ago to vet policy issues among the membership and has as proven to be very effective. It is designed to allow members time to discuss policy issues using an open platform. Some issues for this year's discussion may include topics such as recreational marijuana use and legalization; expanding postpartum Medicaid coverage; patient freedom of choice for health care services; and naturopath scope of practice. This is where voices are heard. You won't want to miss it.

Any issues that members would like discussed at the NDMA Policy Forum can be submitted to the NDMA office by Friday, September 17th by 5:00 pm C.T.

Late morning will feature our own Dr. Andy McLean as he kicks off his presentation on how to get your point across and effect change, followed by a legislative panel designed to educate participants on how to advocate for better health care policy.

The Leadership Awards and Recognition Luncheon will present the 2021 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. Other awards will include the Friend of Medicine Award,

the COPIC Humanitarian Award, and new for this year is the Outstanding Leadership in Health Care Policy award.

In closing I just want to mention a few thoughts about burn out and selfcare. While watching the Olympics I heard some discussions about the symptoms including trouble sleeping, mood changes, and increased muscle pain of Overtraining Syndrome. Sound familiar? Body and mind health are important so protect yourself moving forward and invest in your own health. Rest when you need to. Advocate for your own wellness and not just medicine. I recently heard a quote that we should not be measured by what we have accomplished but by what we have overcome. This certainly fits when I think of the events over the past year.

Be well. See you at the NDMA Annual Meeting.



Courtney M. Koebele, JD
NDMA EXECUTIVE DIRECTOR

NDMA Continues Its Work During the Interim Session

Although it feels like we just ended the 2021 legislative session, we are already into the 2021-2022 Interim session! As a refresher, following each legislative session, Legislative Management meets to determine upcoming interim studies. Each legislator serves on one or more interim committees during the two-year period between legislative sessions. Interim committees hold hearings, take testimony, and review information provided by the Legislative Council, state agencies, and interested parties as they consider alternative approaches to issues raised by studies.

As a result, interim committees submit a final committee report to the Legislative Management. The Legislative Management considers the results of all committee work and may accept, reject, or amend committee reports. The Legislative Management then presents its recommendations, together with bills and resolutions necessary for implementation, to the North Dakota Legislative Assembly. Committees meet every few months, and many times a bill will come out as approved by the committee to be filed during the next legislative session.

These interim meetings offer the opportunity for policymakers to more fully develop issues that perhaps need more testimony or more deliberation in an in-depth manner. Regular legislative session

operates at a break-neck pace, with every bill filed getting a hearing in committee and heard on the floor. Based on testimony given at one meeting, the interim committee can ask for more information and testimony at the next meeting without the session looming over it.

Some study topics being monitored by the North Dakota Medical Association are included in the following interim committees, which recently began meeting: the Acute Psychiatric Treatment Committee, chaired by Representative Jon O. Nelson (District 14), met on July 29; the Human Services Committee, chaired by Senator Judy Lee (District 13), met on August 3; and the Health Care Committee, chaired by Representative Robin Weisz (District 14), met on August 4.

NDMA monitors all activity that has the potential to impact physician practices and patient care during the interim and has about 13 studies on its radar within these three committees listed above. NDMA is closely following two studies in particular: the insurance network study and the telehealth study. The health insurance network study stems from the patient freedom of choice for health care providers bill also known as the any willing provider bill. The study proposes to do a deep dive into insurance products including narrow network plans and how that affects costs. The study is going to consider among

other issues, the use and regulation of broad and narrow networks in the state; a review of legislative and court history regarding the impact of choice-of-provider laws on exclusive and preferred provider organizations; and the impact of the consolidation of the health care market on consumer cash prices, insurance plan deductibles and premium prices.

The other study high on the NDMA priority list is telehealth. As originally filed, the telehealth study proposed to look at the barriers to telehealth, both from patients and clinicians. We expect to hear about barriers such as broadband and internet limits, problems with digital literacy and payment parity.

This is a great opportunity for NDMA members to attend hearings and get to know legislators without the regular hectic pace of the legislative session. Legislators have told us time and time again how important it is to hear from the physicians. Now is the time to get to know your legislators and become involved in policy development in North Dakota.

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UND School of Medicine & Health Sciences

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

The new school year is in full swing. Because of major changes in the medical student curriculum that allow the students more elective time earlier in their studies, the Class of 2025 started in early July. The remainder of students arrived during the summer. We remain in hybrid mode for education of our pre-clinical students with a combination of in-person and virtual experiences; clinical experiences continue to be in-person. Several of our clinical affiliates where clinical training is done now require proof of vaccination not only of their own employees but also of our students and residents. We've clarified with legal counsel that students and residents do need to comply and that our affiliates are within their rights to refuse entry to unvaccinated students. I don't anticipate that this requirement will be particularly problematic for students, although it contrasts somewhat with our university system where there is no similar mandate. We do require students, faculty, staff and visitors to mask when indoors at any UND SMHS facility or function because of our frequent contact with potentially vulnerable patients. This is because of the recent realization that fully vaccinated individuals may transmit the delta variant of SARS-CoV-2 even without symptoms or evidence of infection. Time will tell as the school year progresses whether additional protective measures may be required.

The good news is that the School is doing well. The educational enterprise continues, thanks to the dedication of

faculty, staff, and especially students. Research productivity continues to grow and expand as external funding is at an all-time high. Service to the community continues as well; an example is our Center for Rural Health, which provides support in every county in the state of North Dakota.

Despite the pandemic, we are moving forward. It's not without its costs, however, and the greatest cost clearly is not financial but emotional. Through it all, we worked to provide as much support as feasible for faculty, staff, and students in need. One of the programs found helpful is an on-line meditation session lead by student wellness advocate Michelle Montgomery. As someone who has a go-go-go mentality and personality, it has been surprisingly refreshing to try to stop-stop-stop!

One way we're moving forward is by recognizing the fantastic contributions of our faculty. To formalize this recognition, I recently announced the appointment of several faculty members to new deanship positions. By doing so, we officially welcome them into our senior leadership team so that we can easily solicit their thoughts and recommendations. The newly appointed faculty include:

- Dr. Holly Brown-Borg, Assistant Dean for Gender Equity
- Dr. Jane Dunlevy, Assistant Dean for Phase 1 (of the medical curriculum)
- Dr. Susan Zelewski, Assistant Dean for Phase 2/3 (of the medical curriculum)

- Dr. Minnie Kalyanasundaram, Assistant Dean for Academic Support and Longitudinal Integration
- Dr. Kurt Borg, Assistant Dean for Assessment

I'm also delighted to report on two additional administrative appointments:

- Dr. Cornelius "Mac" Dyke, the new chair of the UND Department of Surgery
- Dr. Scott Engum, the new associate dean of the Southeast (Fargo) Campus

These appointments strengthen our already high-performing leadership team and should help us prepare even better for our upcoming medical program accreditation visit scheduled for next April. As mentioned before, visits by the Liaison Committee on Medical Education (LCME) are a big deal. Not too long ago, almost one in three medical schools was put on "warning" status or worse by the LCME, so the upcoming visit is taken seriously. We've finished preparatory components, such as the Independent Student Analysis (ISA) and the Data Collection Instrument (DCI). But still have a lot of work to do between now and April. For more on our accreditation process, visit med.und.edu/lcme-accreditation.

Finally, I'll highlight some remarkable achievements by Dr. Don Warne, associate dean for Diversity, Equity, and Inclusion and director of our Indians into Medicine and public health programs, and his

colleagues. Last year, they started the world's first Indigenous Health Ph.D. program that is now attracting students locally and from afar. Brian Schill, director of our Office of Alumni and Community Relations and the media team from UND highlighted this impressive milestone, and their publicity efforts were recognized by receiving a Gold Award for Excellence in the Diversity, Equity and Inclusion category through the Association of

American Medical Colleges. To further support the efforts, we established the world's first Department of Indigenous Health at the school so faculty working in this area can share an academic home.

That's a brief update on what's happening at your UND School of Medicine & Health Sciences. Thank you again for your interest and support. As always, I welcome your feedback and comments.



Building HOPE for Tomorrow

A year ago, the Bismarck Cancer Center launched its building expansion 'Healing for Today, Building HOPE for Tomorrow' Capital Campaign. The much-needed expansion will provide over twice the square footage of the previous space by adding a second-floor addition and a first-floor major renovation.

The main floor extra space will include new exam rooms and a special procedure room. Additional treatment areas are being added, such as a dedicated HDR (High Dose Rate Brachytherapy) suite, a 3rd linear accelerator (treatment machine), and a 2nd CT scanner for specialized radiation treatments. The new second floor will include rooms for support groups and counseling, a conference room and an onsite cancer registry, just to name a few.

The estimated cost of this initiative is \$14 million, with the Bismarck Cancer Center covering \$10 million. With the help of donors and local businesses joining the mission to fight cancer, the campaign is raising the remaining \$4 million. The goal is well in reach with only \$2 million left to go.

Join the Bismarck Cancer Center today to bring a transformative health care experience for those in need. Together, we can build a new future of cancer care at the Bismarck Cancer Center.

To learn more about the Capital Campaign and expansion, visit: <https://www.bismarckcancercenter.com/capital-campaign-building-hope/> or call 701-222-6100 for more information.



WE ARE GROWING OUR OWN HEALTH CARE PROVIDERS FOR NORTH DAKOTA

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



med.UND.edu



NDMA 2021 ANNUAL MEETING AND LEADERSHIP AWARDS

September 30 | October 1

Alerus Center | 1200 South 42nd Street | Grand Forks

It is my pleasure to invite you to the NDMA 2021 Annual Meeting featuring the highly-sought-after Policy Forum and Leadership Awards Ceremony. After a year of doing business virtually, NDMA is excited to, once again, bring people together to network, share policy ideas and celebrate achievements. Please join us. You'll be glad you did.

NDMA President Misty Anderson

Thursday, September 30

3:00 pm

NDMA Council Meeting

(council members only)

Alerus Center, 1200 South 42nd Street, Grand Forks

5:30 pm

NDMA Annual Meeting Social

Hosted by Third District Medical Society

Canad Inn Playmakers All American Lounge
1000 South 42nd Street, Grand Forks

Friday, October 1

7:15 am

Breakfast with the Dean

Serving North Dakota Today
and Tomorrow

Sponsored by UND School of Medicine & Health Sciences.

Dr. Wynne shares insights on the latest developments for the UND School of Medicine & Health Sciences and how it may impact the future of health care for the medical profession and patient care.



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

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

Friday, October 1

8:00 am

Physician Leadership in Shaping the Future of Medicine

Dr. Harmon will provide an American Medical Association update, and discuss broad trends in U.S. health care and key advocacy issues for physicians that go far beyond COVID-19.

The presentation includes a focus on the ongoing federal and state advocacy efforts of the AMA and partner organizations, including the work to advance telehealth and ensure physicians have a voice in the design of new technologies that promise to transform the delivery of care.



Gerald E. Harmon, MD
President, American Medical Association

Friday, October 1

8:45 am

Policy Forum

NDMA leadership encourages all NDMA members to participate in the Policy Forum.

NDMA's transition from the House of Delegates to a policy forum has been met with great results. The Policy Forum platform allows participants to discuss and consider policy relevant to your physician practice and care of patients.

10:15 am

Break

Sponsored by Vogel Law Firm

Show your support! NDMA sponsors have gone above and beyond to support this event. Take this opportunity to grab a refreshment and visit the booths. See what's new and be sure to express your thanks for their support to make this event happen.



10:45 am

The Risks and Benefits of Righteous Indignation: Advocacy in Medicine.

How to Get Your Point Across and Effect Change Amid Potential (and often self-inflicted) Obstacles.



Andrew McLean, MD, MPH
Clinical Professor and Chair, UND School of Medicine & Health Sciences Department of Psychiatry and Behavioral Science

11:30 am

The Power of a Health Care Advocate: How to Advocate for Better Health Care Policy

A panel featuring North Dakota Legislators will share how advocacy can make a difference in health care policy. Advocates let policymakers know what they, as citizens and constituents, believe elected officials should do. Advocacy can be easy, and it can make a difference in the outcome of our state's health care. Learn from policymakers the best way to have your voice heard.



Senator Judy Lee
West Fargo, District 13



Representative Corey Mock
Grand Forks, District 42



Representative Emily O'Brien
Grand Forks, District 42



Representative Greg Westlund
Cando, District 15

12:30 pm - 2:00 pm

Leadership Awards Ceremony & Luncheon

JOIN US FOR A

Social

Hosted by Third District Medical Society

Thursday, September 30

5:30 p.m.

Canad Inn Playmakers All American

Lounge - Upper Level

1000 South 42nd Street * Grand Forks

We encourage everyone to attend an evening of networking and fun.

To kick off the event, the Third District Medical Society will host a social on the upper level of the Canad Inn Playmakers All American Lounge.

We encourage all Third District members and NDMA Annual Meeting participants and their guests to attend the social. The private, upper-level space lends itself to a great networking experience while enjoying complimentary Hors d'oeuvres. Limited complimentary beverages will also be provided.

The Canad Inn accommodations are directly connected to the Alerus Center - so your feet may be the only transportation you need!

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

Leadership Awards

CEREMONY & LUNCHEON

FRIDAY, OCTOBER 1
12:30 PM – 2:00 PM

The historic Leadership Awards Ceremony and Luncheon will present awards for outstanding achievement to commemorate the year 2021.

Physician Community and Professional Services

This award is recognized as North Dakota's most prestigious physician award and since inception in 1977, has been awarded to forty-five distinguished physicians across the state. The award honors a NDMA physician member recognized for outstanding leadership and service to the profession of medicine.

40 Year Medical School Graduates

We continue to honor our tradition of recognizing physicians who have achieved at least 40 years of service to the medical community upon graduation from medical school.

Friend of Medicine Award

This award is dedicated to a non-physician individual dedicated to making a difference by serving as an effective advocate for health care, patient services, or the profession of medicine.

COPIC Humanitarian Award

Now for the third year, this award is presented to honor a physician for volunteer medical services and contributions to the community. The award seeks to recognize a physician who volunteers outside the spectrum of their day-to-day lives.

The award provides a \$10,000 grant from the COPIC Medical Foundation to a health-related nonprofit organization of the recipient's choosing.

Outstanding Leadership in Health Care Policy

This award recognizes an individual who has made a dedicated contribution to advance health care policy with a commitment to improve the health of individuals, families, and communities in the state of North Dakota.

NDMA Slate of Officers

Each year, NDMA officer positions are chosen based on a vote of NDMA membership. Members will receive an online ballot through your designated email. In addition, voting notices will be posted in the weekly e-Physician News. Members will be asked to choose from the following slate of officers:



President
Joshua C. Ranum, MD
Hettinger, ND



Vice President
Stephanie K. Dahl, MD
Horace, ND



Policy Forum Chair
Parag Kumar, MD
Bismarck, ND



Secretary-Treasurer
Erica C. Hofland, MD
Dickinson, ND



AMA Delegate
Fadel E. Nammour, MD
 Fargo, ND



AMA Alternate Delegate
David F. Schmitz, MD
Grand Forks, ND

NDMA Policy Forum

NDMA's transition from the House of Delegates to a policy forum has been met with great results. The Policy Forum platform allows participants to discuss and consider policy relevant to your physician practice and care of patients.

NDMA leadership encourages all NDMA members to participate.

All NDMA members are invited to submit policy issues prior to the forum. Submit policy issues by September 17th by completing a Policy Issue form. The form and information on how to submit is available online at www.ndmed.org.

LODGING

A block of rooms has been reserved for Thursday, September 30, and Friday, October 1, 2021, at the Canad Inns Destination Centre located at 1000 South 42nd Street, Grand Forks, ND.

Room rates are \$109.00, plus tax, for a standard room. Check-in time is 3:00 pm.


To make a reservation, call 1-888-33-CANAD or contact the hotel directly at 701-772-8404. To receive the designated room rate of \$109.00, be sure to reference the Group Identification number #1751. Rooms are available on a first come, first-served basis, so make your reservation early.

Cancellation policy: 24 hours before the day of arrival.

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.



NDMA 2021 ANNUAL MEETING

AND LEADERSHIP AWARDS

September 30 | October 1
Alerus Center, Grand Forks, ND

REGISTER TODAY!

Complete the form or register online at ndmed.org

First Name _____ MI _____ Last Name _____
Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone _____ E-mail _____
Guest(s) First/Last Name _____

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

_____ Number attending Thursday, September 30 evening NDMA social
_____ Number attending Friday, October 1 breakfast
_____ Number attending Friday, October 1 educational program
_____ Number attending Friday, October 1 awards ceremony luncheon
_____ I will ONLY attend the Policy Forum

I wish to contribute to the NDMA PAC (Suggested donation \$200) \$ _____
_____ Number attending annual meeting @ \$50 per person \$ _____
Total Amount Enclosed \$ _____

CONFERENCE CANCELLATION POLICY: No refunds after September 23, 2021.

Please mail this form along with payment no later than September 24, 2021 to NDMA; 1622 E. Interstate Ave., Bismarck, ND 58503-0512
Fax credit card orders to: NDMA at 701-223-9476

Name on credit card (please print) _____
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Signature _____
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NDMA 2021
ANNUAL MEETING
 AND LEADERSHIP AWARDS

On behalf of NDMA and its leadership, we express our sincere gratitude for the following generous sponsors to our 2021 Annual Meeting. Please take the time to visit the booths, learn what's new and thank them for their support.



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM



Thank you!



Opioid and Naloxone Education

The ONE Program (formerly ONE Rx): Continued Growth and Expansion

ONE Rx changed its name. It is now called The ONE Program (Opioid and Naloxone Education Program) <http://one-program.org>. But, the focus remains the same – upstream prevention of opioid-related harms through screening for opioid misuse and accidental overdose risks.

What is the ONE Program?

The ONE Program is an evidence-based mechanism for identification of risk of opioid-related harms and takes 5 minutes. It is an opioid misuse prevention program designed by North Dakota healthcare researchers that focuses on upstream prevention of opioid-related harms. ONE Program pharmacists use the Opioid Risk Tool (ORT), which has been previously validated in pain clinics, to help identify patients at risk of opioid misuse. It involves screening of patients with an opioid prescription to identify risks of accidental overdose and misuse. Screening leads to delivery of tailored interventions by pharmacists including: medication take-back options, education, referral to community support services, naloxone prescribing and, in conjunction with the prescriber, consideration of use of the lowest effective opioid dose and/or non-opioid alternatives.


ONE Program new initiatives:

Public Health Nurse Home Visit Screenings for opioid-related risks:

- The ONE Program has partnered with nurses across ND to initiate education and preventative health screenings for opioid misuse and overdose risk prevention. Five public health units (Barnes, Burleigh, Custer, Richland, and Cavalier) and Catholic Health Initiatives are participating, with the hopes of further expansion. Nurses conduct a medication safety screening for all clients every 6 months – they screen for safe medication storage, safe medication disposal, and the use of pain medications, and risk of overdose and misuse. All clients who are using an opioid are given a medication lock box and Narcan is provided to those at risk of misuse or overdose.

Pharmacy Technician Follow-up Telephone Call:

- Pharmacy technicians trained to conduct follow-up phone calls 3 days after a patient filled an opioid prescription
- Technicians discuss with patient:
 - o whether opioid supply remains
 - o whether patient is experiencing side effects
 - o how the patient is using the opioid (including assessing for use above what is prescribed)
 - o safe opioid storage and disposal options
 - o whether the patient has questions for the pharmacist



ONE

Opioid and Naloxone Education

This Opioid and Naloxone Education program addresses potential opioid risks when a patient picks up their prescription from their local pharmacist.

ONE Program pharmacists:

- Screen patients on a voluntary basis when they pick up their opioid prescription
- Assess risk for accidental overdose or opioid misuse
- Prescribe and dispense naloxone
- Contact prescriber if concerns present
- Offer info on community support services

8,000+ patients screened

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

10% dispensed naloxone

Find out how the ONE Program can enhance your patient care at <https://one-program.org>



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The Benefits of Private Banking with First International

Whether it's a routine medical checkup, dinner at your favorite restaurant, or a visit to your financial institution, we all want to work with someone we know and trust as well as someone who understands our specific needs. However, the unfortunate truth is that oftentimes the people we rely on for this top notch service have other commitments and aren't always there to take care of us. But, when it comes to banking, there's another option. Rather than being at the mercy of other people's schedules and working with someone you don't know, you can choose to work with a designated Private Banker who will come to know you and your finances inside and out.

First International Bank & Trust (FIBT) offers Private Banking as a way for us to serve you in a highly personalized way, allowing you to realize your specific goals. But it's more than that. Our clients enjoy exclusive customized benefits, attentive service, and a more artful approach to banking. Think normal banking

services but heightened. We start with a Relationship Review where we spend time getting to know each other, talking about your goals, family, and passions. This discussion allows us to gather data to present customized solutions, because to us, it's a respected relationship and not merely a transaction. Once our strategy is determined, we efficiently implement it, monitor it, and update it as life changes directions.

Our Private Bankers develop a strong relationship with our clients through trusted, honest advice and by demonstrating the highest level of service possible. As a Private Banking client, you'll speak with the same trusted person each time you need a service. No more waiting on hold. Your Private Banker will quickly become knowledgeable about your specific financial situation and will leave you amazed not just served.

Private Banking clients at FIBT have an entire team of specialists helping them execute their

plans and stay on track to their goals. Your day-to-day needs are handled with expert guidance and a personal touch. Other benefits include exclusive products, access to senior leadership, and invites to special events.

Driven by our entrepreneurial family-owned spirit, FIBT uses collaborative thinking to find creative solutions to suit your needs. World-class service is the foundation of our relationships. We put your goals first and work from there to create a plan that helps you stay on track for success. Looking holistically at your entire balance sheet allows FIBT Private Banking to help you, live first.



2021 PEDIATRIC AND PRIMARY CARE BEHAVIORAL HEALTH SYMPOSIUM

SEPTEMBER 23 | VIRTUAL EVENT

The North Dakota Pediatric Mental Health Care Access Program, in conjunction with the North Dakota Department of Health, Sanford Health and Sanford Research, is hosting the 2nd annual virtual symposium focused on "Trauma Treatment, Suicide Intervention and Behavioral Health Clinical Skills to Enhance Patient Care." This one-day virtual event brings together pediatric, primary care and behavioral health providers, and experts in trauma and suicide intervention, to share strategies and skills that influence pediatric patient care.

Register by Monday, Sept. 20
To register or learn more, visit www.ndpmhca.org

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,500,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.



556-646-349 8/21

Intensive Outpatient Program Produces Successful Results



Medical issues coupled with anxiety, depression, suicidal thoughts, and Post-Traumatic Stress Disorder were too much for Chris to handle on his own. Even simple tasks, like shopping at a store or getting ready in the morning, were difficult.

“I would go to a Costco and I would go to the parking lot there and I would have to leave,” Chris says. “I would be so overwhelmed by the thought of going inside that I would just turn around and go home, even though I needed to go in there and get some things.”

That’s when Chris reached out to The Village Family Service Center. Through individual counseling and group therapy with The Village’s Psychiatric Intensive Outpatient Program (IOP), Chris learned skills to take care of himself and live again.

“Help from The Village improved just about every aspect of my life,” he says. “I can’t thank them enough for what they’ve guided me through.”

IOP helps patients stabilize mental health symptoms in a less restrictive environment. Participants attend group three hours a day, four days a week, and weekly individual therapy sessions, at The Village, 2701 12th Ave. S., Fargo.

In the program, clients learn problem-solving and coping skills, self-compassion, healthy self-talk, and strategies to improve their overall life. The length of programming varies; average attendance is 12 weeks. “At first you’re scared,” Chris says. “I don’t know these people. I don’t know if I want to tell them anything. But eventually you open up and peel back some of the layers.”

IOP consists of three hourlong groups – Psychotherapy, Psycho-Education and Skills – facilitated by compassionate, licensed therapists. Clients build healthy relationships, learn new ways to cope, and gain educational knowledge to assist in promoting wellness.

“The most surprising thing was how welcoming everybody was in the group. It was really strange for me. Somebody looked me right in the eye on my first day and said, ‘I’m so glad you’re here.’ I was just put at ease at that point,” he said. “From that point on, I knew things were going to be OK and improve.”

Group therapy can be intimidating, says JoDee Knipfer, IOP program supervisor, but it can be the catalyst clients need to stabilize their emotions and grow. “IOP is more than a group program,” she says, “it is an opportunity for clients to be vulnerable, heal, and move forward in their lives.”

The Village IOP for mental health meets Monday through Thursday. Referrals are accepted but not required. No-charge screening appointments are available. To learn more, visit www.TheVillageFamily.org/IOP or call 701-451-4900.

“I would recommend The Village 1,000 times if I could,” Chris says. “I’m just so grateful.”

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



JoDee
M.Ed., LAPC,
LAC, MAC

Mental Health

IS JUST AS IMPORTANT AS OUR PHYSICAL HEALTH



Kristie
MA, LPC,
LPCC

THE INTENSIVE OUTPATIENT PROGRAM (IOP)
AT THE VILLAGE GIVES YOUR CLIENTS THE OPPORTUNITY TO

heal FROM THE PAST,
live IN THE PRESENT,
AND hope FOR THE FUTURE



Lyne
PhD,
LPCC, NCC

Referrals are welcome but not required
701-451-4900 | TheVillageFamily.org/IOP



The Benefits of Women's Way

Women's Way has a long history of providing financial assistance to help women pay for breast and cervical cancer screening and diagnostic services in North Dakota. Women's Way began offering screening services in 1997. Over the past 23 years, 15,500 women have benefited from Women's Way services. There are more than 850 participating providers located in nearly 300 facilities throughout the state of North Dakota, allowing most women the ability to access services through their regular providers.

Women's Way pays for office visits that pertain to breast and cervical cancer screening services including mammograms, breast MRIs for high-risk women, Pap and HPV tests. Coverage is also available for breast and cervical diagnostic tests such as breast ultrasound, colposcopy, breast and cervical biopsies, pathology, and surgical consultations.

Other benefits for eligible women include:

- reminders for when their breast and/or cervical cancer screenings are due and assistance with scheduling appointments upon request
- assistance with scheduling diagnostic follow-up for abnormal results
- help to reschedule an appointment if needed

A North Dakota woman is eligible for Women's Way if she is between the ages of 40 and 64, is uninsured or underinsured, and meets income guidelines. Women between the ages of 21 and 39 may also be eligible if they have breast symptoms such as a lump, are due for a Pap test, or need breast or cervical diagnostic procedures.

Your recommendations make a difference. Some women may still be reluctant to get breast and cervical cancer screening or diagnostic services due to the cost. One in 22 women may be eligible for financial assistance.

Make a difference in the fight against cancer – make a referral to Women's Way. For more information on how to refer a patient, go to www.health.nd.gov/womens-way.

Twenty Three Years
15,500
Women Screened!



HELP CONTINUE THE TRADITION.

Make a referral today.

health.nd.gov/womens-way/providers



WOMEN'S WAY
A Breast & Cervical Cancer
Early Detection Program



EDITH SANFORD BREAST CENTER SYMPOSIUM

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SANFORD CENTER, DAKOTA ROOM
2301 E. 60TH ST. N., SIOUX FALLS, SD 57104**

Medical professionals are invited to come together to learn about the latest advances and best practices in breast health and breast cancer care. At the full-day event, breast cancer experts will present on genetics, prevention and detection, treatment, surgery and survivorship.

Cost \$50 or \$25 for Sanford Health employees and students.

Register by Friday, Sept. 24.

Visit edith.sanfordhealth.org/symposium to register or learn more.





Ensuring Access to Cancer Screening Technologies for Medicare Beneficiaries

By Congressman Kelly Armstrong

Under current law, Medicare coverage of preventive services is limited to circumstances that are explicitly authorized by Congress or recommended by the U.S. Preventive Services Task Force. Multi-cancer early detection screening is not included in this coverage.

A cancer diagnosis is an emotional situation for anyone, and a missed or delayed diagnosis can make fighting the disease more difficult. As cancer screening technologies advance through innovation, it is important that patients who are most at risk can access them without delay. This is critical in our current healthcare climate as primary care visitation has decreased during the COVID-19 pandemic, resulting in even more missed or delayed cancer diagnoses.

I am a cosponsor of the *Medicare Multi-Cancer Early Detection Screening Coverage Act*, which is bipartisan legislation that will ensure Medicare beneficiaries in North Dakota and across the nation have coverage for innovative tests that can detect multiple types of cancer before symptoms develop. This legislation will be beneficial for both patients and taxpayers by detecting cancer sooner to save lives and, as a result, lower costs to the health care system.

Specifically, the legislation will:

- Give authority to the Centers for Medicare and Medicaid Services (CMS) to cover the latest diagnostic technologies, once approved by the U.S. Food and Drug Administration (FDA), including blood-based multi-cancer early detection tests and future testing methods using samples of urine or hair.
- Maintain CMS authority to use an evidence-based process to determine coverage parameters for these new tests.
- State that these new tools will supplement, not replace, existing screenings and will not affect existing coverage and cost-sharing.

- Direct the Government Accountability Office to issue a report that tracks utilization and makes recommendations to expand usage.

Without this legislation, it could take several years after FDA approval for Medicare to cover these tests. Patients deserve timely, consistent coverage for services, and this legislation will establish a defined benefit category, reducing delays and returning health care decisions to providers and patients.

I am proud to support this legislation that will help Medicare keep pace with medical advancements so that North Dakotans and all Americans have access to life-saving medical care as soon as possible.

★ REFERRALS NEEDED ★

I wish to have a room makeover

Oliver, 5
Minot
leukemia

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Supporting Biomedical Research, Access to Affordable Medications to Prevent and Treat Chronic Disease

By Senator John Hoeven

Chronic diseases can have a devastating impact on families and their loved ones, undermining quality of life while placing a large strain on caregivers as well as our health care system. Prior to the COVID-19 public health emergency, the largest causes of death for North Dakotans were heart disease, cancer, and Alzheimer's disease, while chronic diseases as a whole are the leading cause of death and disability across the U.S. In addition to the very real human impact, these diseases represent a significant financial toll on our state and nation, resulting in hundreds of billions of dollars in health care costs. That's why advancing biomedical research and improving access to affordable medications for treating chronic disease has been a top priority during my time in the U.S. Senate.

Thankfully, much progress has been made in the fight against chronic disease as a result of medical research, including through the research being done at the National Institutes of Health (NIH). In order to continue building on this progress, I've worked as a member of the Senate Appropriations Committee to ensure strong support for the NIH, having helped secure a 43 percent increase in the agency's funding since Fiscal Year (FY) 2016.

A significant portion of these important investments have been targeted toward more effectively addressing chronic diseases. For example, through the year-end bipartisan funding legislation passed by Congress in December, we provided:

- A \$300 million increase for Alzheimer's disease and dementia research;
- A \$120 million increase for the National Cancer Institute (NCI); and
- A \$17.7 million increase for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

At the same time, I am cosponsoring legislation to better prevent and treat obesity, a significant risk factor for chronic disease. The Treat and Reduce Obesity Act of 2021 would expand access to

treatment for obesity under the Medicare program by requiring coverage of both behavioral therapy and safe and effective prescription drugs used to treat obesity.

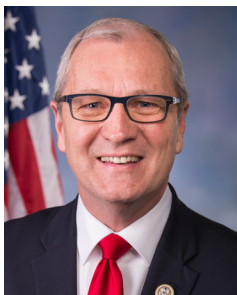
Ensuring that medical research is conducted and that federal health programs cover safe and effective treatments are two important components of improving quality of life and treating and preventing chronic diseases. The third is to help foster an environment that allows medications to become more affordable so that these treatments can become more accessible.

To this point, I have also signed on to legislation, the Fair Accountability and Innovative Research Drug Pricing Act of 2021, that would increase transparency in prescription drug pricing and hold manufacturers publicly accountable if they increase their drug prices. As the Ranking Member of the Senate Agriculture and Food and Drug Administration (FDA) Appropriations Committee, I have also worked to fund the FDA budget so that it has the resources to address the backlog of generic drug applications, which will increase competition and help lower costs.

These efforts align with legislation I cosponsored and helped pass in the 116th Congress to improve access to affordable prescription drugs. These bills include:

- The CREATES Act, which closed loopholes that some drug makers were exploiting to hinder the development of cheaper generic drugs.
- The Affordable Insulin Approvals Now Act, legislation to help ensure a more timely approval process for lower-cost generic insulin products.

At some point, we will all be impacted by chronic diseases, whether as a patient, family member or caregiver. Through these and other efforts, we are working to better address, prevent and treat these diseases, meaning a higher quality of life for all involved and reducing the burdens placed on individuals, families and our nation.



Helping Provide for our Health Care Providers

By Senator Kevin Cramer

In March 2020, as the Coronavirus Disease 2019 (COVID-19) pandemic began to consume our daily lives, the Senate sprang into action and wrote the largest stimulus bill in history. Known as the Coronavirus Aid, Relief, and Economic Security (CARES) Act, it passed unanimously. In addition to meeting the urgent needs of the economy, we appropriated \$178 billion to the Health and Human Services (HHS) Department to establish the Provider Relief Fund (PRF). This fund offers financial assistance to the nation's health care providers as they combat the COVID-19 pandemic.

Unfortunately, after HHS allocated that money for the program, the Department released imprecise guidance about the requirements for how health care providers could spend the money and when it had to be spent. This vague bureaucratic guidance prevented many of the program's first recipients from using the funds they received before the later-established June 30, 2021, deadline. This was unfortunate because providers still had several needs this money could help them address.

To help fix this problem, I have been working with my colleagues on a bipartisan basis to secure some flexibility and stability for our providers. Near the end of June, Senator Joe Manchin (D-WV) and I sent a letter to HHS about this problem as the June 30 deadline approached. HHS responded by informing us that those qualifying providers would not have to report how they have spent their funds until later this fall, an explanation many providers would not have otherwise received.

Then in July, with the help of Senator Michael Bennet (D-CO), I introduced the Provider Relief Fund Deadline Extension Act. This bipartisan bill would extend the initial deadline for PRF recipients to spend the funds they were given before having to return them. It also would give health care providers more time to use these resources by extending the spending deadline at least through the end of 2021.

Many hospitals, especially smaller ones in rural states like North Dakota, are managing the funds they received to ensure the money covers the influx in costs caused by COVID-19 beyond one year. We should not discourage them from exercising fiscal responsibility with the funds they have received. Nor should we let vague regulations from the federal bureaucracy prevent our constituents from getting the help they need. If the effects of COVID-19 are going to last well beyond the end of the year, then I believe the assistance we offered to those who worked to combat the pandemic should remain available as well.

Thank you for all you have done to ensure the delivery of quality health care this past year. As always, I welcome your feedback on this and other issues impacting medical care across North Dakota.



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Dakota Lions Sight & Health Marks 30 Years of Service

Chad Hohwieler

Dakota Lions Sight & Health's Community Outreach Coordinator

Since its founding 30 years ago, Dakota Lions Sight & Health (DLSH) has remained dedicated to restoring sight and health through excellence in eye and tissue donation throughout the region. What was once a small volunteer part-time organization has grown into a large professional organization, serving a multi-state region helping to restore sight and health worldwide.

Today, Dakota Lions Sight & Health recovers a variety of tissues and provides those tissues to transplant surgeons for restoring sight and health and also to researchers for the advancement of medical science. The service area encompasses the states of South Dakota and North Dakota, along with northern Nebraska and western Minnesota.

In addition to preparing tissue for transplantation, DLSH offers a compassionate donor family bereavement program as well as education and training to medical professionals, including CEU credits for nurses, social workers, and first responders.

In recognition of Dakota Lions Sight & Health's 30th anniversary, Dr. Michael

Greenwood of Vance Thompson Vision Fargo and DLSH Associate Medical Director, said, *"Not only is the technology among the best in the country, the people are the best in the world. Having Dakota Lions Sight & Health in our community has made countless lives better over the past 30 years!"*

Dr. John Berdahl of Vance Thompson Vision Sioux Falls and DLSH Medical Director, said, *"Dakota Lions Sight & Health eye bank has been steadfast and wonderful stewards of vision in our community. Not only do they provide a high-quality cornea transplant and tissue for humans in our local community and around the world, they have also been instrumental in training medical personnel and helping advanced science through research."*

From the 99 corneas placed in Dakota Lions Sight & Health's first year in 1991 to more than 1,000 corneal transplants in 2021, they continue to strive to ensure surgeons have the materials they need, prepared to their exact specifications, to significantly improve lives.

"Dakota Lions Sight & Health has provided high quality access to transplant tissues for 30 years. The service they provide has restored vision and function, improving the lives of patients and the

communities they serve," said Dr. Mike Eide from Ophthalmology Ltd and DLSH Associate Medical Director.

While celebrating 30 years of service, Dakota Lions Sight & Health is looking forward with the addition of a birth tissue donation program that is another important step in furthering their Mission of Helping to Enable the Restoration of the Gifts of Sight & Health.

"The achievements of this organization are built upon the foundation laid by Dr. Thomas White and the Lions Club members those many years ago," said Marcy Dimond, CEO. *"I am thankful for their hard work and I am proud to work with a team of professionals who strive every day to serve our communities and meet our Mission."*

To learn more about Dakota Lions Sight & Health please visit dakotasight.org.



Dakota Lions Sight & Health
Eye and Tissue Donation



Dakota Lions Sight & Health was originally located in central Sioux Falls in this brick building.



In 2010, the organization moved into a new, larger facility in northwestern Sioux Falls.



CELEBRATING

30 YEARS

IN THE CRUSADE
AGAINST DARKNESS



Dakota Lions Sight & Health

Eye and Tissue Donation

FOUNDED IN 1991

dakotasight.org

Making the Case for Under-Utilized Stool Tests for Colorectal Cancer Screening

by **Jeff Hostetter, MS, MD, FAAFP**

UND Center for Family Medicine, Bismarck

In 2018, the American Cancer Society updated the guidelines for colorectal cancer (CRC) screening to start screening at age 45 rather than age 50 for people of average risk. This was done after updating an analysis of the incidence of CRC in the American population. Through anecdotal reports and observations of population statistics, it had become apparent that the incidence of CRC in the younger age group was increasing. This revisiting of the data and new analysis confirmed this to indeed be the case. In May 2021, the US Preventive Services Task Force (USPSTF) also endorsed this recommendation ranking it as a grade B recommendation. CRC screening for people 45 years of age and older will now be covered under ACA compliant plans as well as by Medicaid.

One concern in some corners has been that this recommendation will put a large burden on the need for colonoscopy. If we relied entirely on colonoscopy, we could not reach the goal of 80% compliance with screening in North Dakota given our current capacity for colonoscopy. It is important to note that these guidelines apply to average risk people. In this group of people, screening through the use of stool studies has been shown to be as effective at preventing CRC death as colonoscopy as long as positive screening stool studies are followed up with a colonoscopy. A comparison by the USPSTF done in 2015 showed that for every thousand people screened using colonoscopy every 10 years, 24 deaths (range 22-24) could be averted. If stool FIT cards were done yearly on the same thousand people, 22 deaths (range 20-23) could be prevented.¹ There was no statistical difference between the benefits of the two testing strategies.

Yet the uptake of using stool studies for CRC screening in North Dakota has been disappointing. In 2016, ND BRFSS data showed 5.8% of people were screened using stool studies while 62.2% of people were screened using colonoscopy. By 2018 those numbers had not changed significantly with only 6.9% of people getting stool studies, and 63.5% of people getting colonoscopies. Additionally, while CRC screening rates in people over 55 is between 65% and nearly 80%, the rate in those under 55 is only about 50%. Given the limited capacity for colonoscopy in North Dakota, it is clear that in order for us to reach our goal of 80% of people screened, we are going to have to rely more on stool studies—either FIT tests or stool DNA tests.

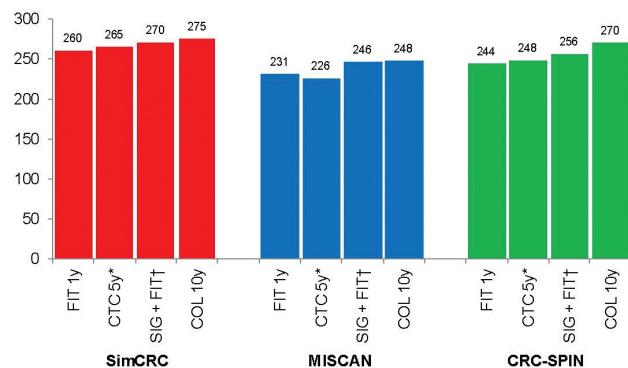
The good news about the state of CRC screening in 2021 is that we have great data to show that stool studies, which are convenient and have much better patient uptake than colonoscopy, are effective at saving lives. If we can use this strategy to increase our rates of CRC screening to 80%, we can save a significant number of lives. A study from the American

Cancer Society in 2015 calculated that an increase in CRC screening from 50% to 80% would save over 200,000 lives nationally over 20 years.² The challenge we will face is that lowering the age of screening for average risk people has added a large number of people to those eligible for CRC screening. We will have to employ new strategies to educate our patients and our clinic staff in order to reach this extremely important goal.

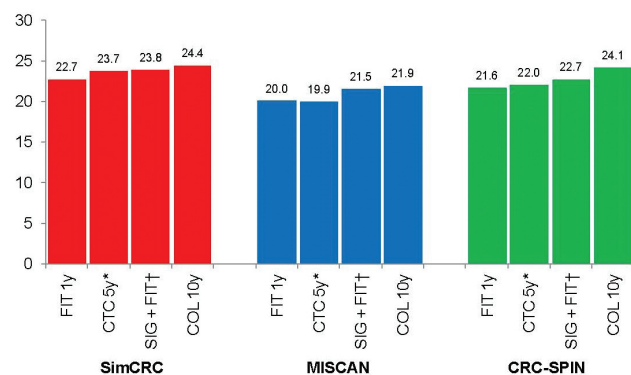
The medical community in North Dakota has made great strides over the last five years in our battle to stop CRC death. By implementing strategies to employ the under-utilized tools of stool studies for screening, we have the potential to make even greater advances towards reaching our goal of “80% in Every Community.”

Summary outcomes for the set of model-recommended strategies with age to begin screening of 50 and age to end screening of 75, assuming colonoscopy strategy with a 10-year interval is selected

Panel A: Life-years gained per 1,000 compared with no screening.



Panel B: Colorectal cancer deaths averted per 1,000 compared with no screening.



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Date	Topic	Presenter
September 14	Medication	Rebecca Brynjulson, PharmD, B.C.A.C.P.

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<https://ruralhealth.und.edu/projects/project-echo/topics/geriatrics>



Stop the Stigma: *It's ok to ask for help.*

SUBMITTED BY THE NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM (NDPHP)

Hi, I'm David (name has been changed for publication) and I'm an alcoholic. I knew those words were true long before I ever spoke them out loud.

There are many reasons why, but primarily because of fear, shame, and pride. Fear because I had tried to negotiate with my problem for years and no matter what I did, I couldn't control my drinking and the wreckage it was making of my life.

Shame because of all of the things I had done to myself and my loved ones, and the fact that as a doctor I should "know better." Pride because I thought I could do it alone and couldn't face what people would think about me.

Because I didn't get help, like many

alcoholics, I had to suffer serious consequences before I could get better. I wish I could say that I only got sober for my family or myself, but in reality, it took nearly losing my career. These events and the ability to tell someone, "I don't know how to make myself better" finally allowed me to get into treatment and eventually long term recovery.

Since my sobriety date almost 4 years ago, I have spent a lot of time healing myself and my relationships. I can honestly say that I would not be here today if I didn't have the support of my family, friends, colleagues, employer, and the North Dakota Professional Health Program (NDPHP).

NDPHP exists for all of us and provides a structured environment that gives healthcare providers with a substance use disorder a

significantly higher likelihood of success compared to facing it alone.

Physician burnout, compassion fatigue, life stressors, and a myriad of other reasons lead to substance abuse, which remains a significant problem for physicians and other health professionals.

Addressing addiction will improve your life and makes you a better partner, parent, and provider. If you or someone you care about is struggling with substance abuse, please reach out and get the necessary help. If you don't, it may be too late.



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Center for Rural Health Awards Presented to NDMA Physician Members

The Center for Rural Health presented awards to two outstanding NDMA physician members during this year's Dakota Conference on Rural and Public Health.



William McKinnon, MD
Medical Director
Regional Operations for
Altru Health System

Outstanding Rural Health Professional

This year's award was presented to Dr. William McKinnon, physician and medical director of regional operations for Altru Health System in Grand Forks. The award recognizes his outstanding dedication and vision to the Grand Forks Community and region where he has served for over 30 years.



Erling Martinson, MD
Family Medicine
Specialist and Medical
Director Nelson County
Health System

Outstanding Rural Health Career

This award is presented to a healthcare professional who has devoted a career to making significant contributions to improving healthcare in rural North Dakota.

This year's award was presented to Dr. Erling Martinson for his 40-year career practicing in small rural facilities. Dr. Martinson is the medical director of Nelson County Health System in McVile,

in spite of offers from larger facilities. He believes in rural health care and is committed to employees, patients, and families. His leadership is an inspiration to all those he serves.

Dr. Richard Vetter Recognized as Prairie Business Leader



Richard Vetter, MD
Chief Medical Officer
Essentia Health,
Fargo ND

Prairie Business, a Grand Forks-based magazine distributed through North Dakota, South Dakota and Minnesota, recognized Dr. Richard Vetter for his community leadership. Each year, Prairie Business presents Leaders & Legacies awards to honor people with outstanding achievements.

Dr. Todd Schaffer Honored for Recent Graduation of the US Army War College



Todd Schaffer, MD
Sanford Health
Bismarck

Todd Schaffer, MD, was honored at a ceremony hosted by Sanford Health Bismarck for his recent graduation from the United States Army War College.

Dr. Schaffer is the first physician in North Dakota to complete the program. Dr. Schaffer has practiced medicine for more than 25 years, including four tours of duty in Iraq and Afghanistan and currently serves as State Surgeon for the North Dakota Army National Guard.



UND School of Medicine & Health Sciences Appoints New Positions



Cornelius "Mac" Dyke, MD

Dr. Cornelius "Mac" Dyke was recently named chair of the UND SMHS Department of Surgery.



Scott Engum, MD

Assuming Dr. Dyke's previous role, Dr. Scott Engum is now serving as Associate Dean for the School's Southeast Campus in Fargo.



Complying with OSHA Regulations and COVID-19 in the Workplace



KrisAnn Norby-Jahner

On June 10, 2021, the Occupational Health and Safety Administration (OSHA) released updated Emergency Temporary Standard (ETS) to employers providing healthcare services to minimize/prevent the spread of COVID-19: 29 C.F.R. § 1910.502 – 509. OSHA aligned with Centers for Disease Control (CDC) recommendations and provided direction for COVID-19 plans; patient screening and management; Standard and Transmission-Based precautions; personal protective equipment (PPE); aerosol-generating procedures (AGPs); physical distancing; physical barriers; cleaning and disinfection; ventilation; health screening and medical management; vaccination; training; anti-retaliation; cost-free to employees; recordkeeping; OSHA reporting requirements; and compliance dates. *As of July 2021, these are five issues where healthcare employers were grappling:*

1. What does an OSHA-approved COVID-19 plan look like?

Healthcare employers must develop and implement COVID-19 plans for each work site that designates one or more COVID-19 safety coordinators who “must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations.” Plans must include a hazard assessment process to help employers identify and understand where COVID-19 hazards potentially exist and implement controls to minimize transmission risk. Employers have some discretion, but must include evaluation of potential workplace exposure, including patients, coworkers, independent contractors, visitors etc. Plans should identify congregation areas; how employees enter/leave/travel through the workplace; high-risk areas/tasks/occupations; communication of planned actions to high-risk employees; controls to eliminate/mitigate hazards; among other requirements. Input and involvement of non-managerial employees and their representatives (e.g., union steward) in developing the plan is required. OSHA provides a model plan on its website.

2. What are the requirements for facemasks and patient screening?

Employers must provide and require facemasks for employees when indoors or in a vehicle with others for work purposes, unless: (1) employee is alone; (2) employee is eating/drinking 6 feet away from others or separated by a physical barrier; (3) employee is wearing respiratory protection; (4) employee’s mouth must be seen; (5) medical necessity/condition/disability/religious belief accommodated under the law; or (6) facemask presents a hazard of serious injury or death. Exceptions 4-6 require alternative protection, such as a face shield, if conditions permit. Employers must limit and monitor direct patient care entry points; screen and triage all clients, patients, residents,

delivery people, and other non-employees/visitors entering the premises; and adhere to the CDC’s “Covid-19 Infection Prevention and Control Recommendations.”

3. What is required for health screening and medical management?

Employers must: (1) screen employees before shifts (self-monitoring allowed); (2) provide employer-required testing at no cost; (3) require employees to notify employer if COVID-19 positive, if suspected of having COVID-19, or if experiencing symptoms; (4) notify employees within 24-hours when a co-worker is COVID-19 positive; (5) follow requirements for removing workplace employees; and (6) return employees to the workplace in accordance with guidance from a licensed healthcare provider or CDC guidance.

4. What are the paid leave requirements for medical removal protection benefits?

Employee medical protection benefits must be provided to those medically removed from the workplace. Benefits include those “to which the employee is normally entitled” and payment of “the same regular pay the employee would have received had the employee not been absent from work, up to to \$1,400 per week, until the employee meets the return to work criteria.” Beginning the third week of medical removal, should removal last that long, employers with fewer than 500 employees may reduce pay to 2/3 of regular pay up to \$200 per day. Sick leave, vacation leave, other benefits, and/or other additional sources of income the employee receives may be used to reduce the required paid leave under OSHA regulations. Employees cannot be retaliated against for this situation.

5. What are the OSHA recordkeeping and reporting requirements?

Employers must record all work-related confirmed cases of COVID-19 on OSHA Forms 300, 300A, and 301 (or equivalent forms). Also, employers with more than 10 employees must: (1) retain all versions of the COVID-19 plan implemented to comply with the ETS while in effect; (2) maintain a log of each instance an employee is positive, regardless of whether the instance is connected to exposure at work, within 24 hours of learning of the positive result; and (3) upon employee request, provide the COVID-19 plan, a COVID-19 log entry related to the request, or a redacted version of the full COVID-19 log. OSHA reporting requirements include each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality; and (2) each work-related COVID-19 in-patient hospitalization within 24-hours of the employer learning about the in-patient hospitalization. As regulations may shift and change*, employers are encouraged to work with professionals, including employment lawyers, when navigating COVID-19 issues and OSHA regulations. **This article is based upon OSHA regulations as of July 30, 2021.*



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6 Ways to Minimize Medical Liability Risk

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When it comes to medical liability risks, you can never overemphasize prevention. The best way to avoid adverse outcomes is implementing measures that prevent them from happening in the first place. The following are six ways to be proactive and minimize your liability.

1. Err on the Side of Overcommunication with Patients

A common culprit of adverse outcomes can be insufficient communication. For example, some medical liability lawsuits allege that significant incidental findings never got communicated to patients. Always make sure to directly communicate to patients the results of any image or test, as well as any recommended follow-up. Take the time to determine the patient's expectations and desired outcome, summarize the conversation, and assess the patient's understanding. In addition, make sure to conduct those conversations yourself, instead of assuming that the discharge nurse or another staffer will do it.

2. Ensure Effective Patient Handoffs

To avoid miscommunication in patient handoffs, adopt two critical habits. First, if you come across anything notable in an examination or test, make sure to assume the responsibility for telling the patient's care team and the next provider to see the person, as well as any personnel responsible for discharge (if it's at a hospital). In addition, make sure your EHR system enables notifications for any abnormal findings, so that every member of a patient's care team will receive an alert when opening the patient's medical record.

3. Appropriately Oversee Advanced Practice Providers (APPs)

Physicians should understand supervisory requirements, such as what qualifications need to be reviewed and how often, as well as what documentation needs to be in place. One recommendation is to create a specific list for which treatments and procedures require direct oversight and which don't. It's key to review this list on a regular basis, making sure to include and account for new technology and medical advances. And since state licensing boards for APPs dictate rules and regulations for compliance, make sure to stay apprised of your state's policies.

4. Thoroughly Document Patient Communication in the Medical Record

When you're busy and moving from one interaction to the next, making the time to note everything important is one of the biggest challenges of modern medicine. In the effort to keep up, it's easy to forget to include one of the most crucial pieces of any case: the why. Not only do you need to capture what you recommended, said or did, but you also need to document why you recommended, said or did it. Always remember to include your thought process when you're updating someone's medical record.

5. Use Best Practices for Dealing with Nonadherent Patients

When patients seem resistant to following your advice, try to find out where they're coming from in a curious, non-judgmental way. Do they not understand the reason for what you're recommending? Have they heard bad things about it? The more you can understand, the better chance you have of influencing their thought process and their likelihood of being proactive about their health. Since nonadherence can open you up to liability in certain cases, also make sure to take these steps to protect yourself: Note in the medical chart whenever you discuss a recommended action or treatment, why you recommended it, and any objections that the patient voiced (do this whether you're communicating via phone or in-person). In the case of a test result that triggers a treatment recommendation or further action, explain the risk of not following through. If a patient decides against the recommended course of action in spite of that risk, consider using an "against-medical-advice-informed refusal" form to document that a patient has arrived at a decision after thorough discussion, no coercion, and a full understanding of the risks and benefits.

6. Make Sure Your Electronic Health Record (EHR) Tells a Story

All too often, EHRs—with their series of click boxes and drop-down menus—provide a fragmented account of a patient's treatment and medical status, as opposed to a clear, summarized story. In the past, before EHRs, health care professionals would dictate a summary of the patient's story and what they were thinking to share with a colleague. Now you have to make sure that's coming through in the boxes and drop-down selections of whichever EHR you use. Make relevant notes wherever there's a comment box and review each record to make sure the most important information is clear. In addition, be judicious when using "copy" and/or "paste" and carefully edit and remove irrelevant or unintended content.



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