

North Dakota Physician

FALL 2024

NDMA ANNUAL MEETING 2024 + AND LEADERSHIP AWARDS +

OCTOBER 3 - 4, 2024

BISMARCK EVENT CENTER | BISMARCK, ND

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.

Advertising

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

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

Copyright 2024 North Dakota Medical Association. All rights reserved.

North Dakota Medical Association Council Officers

Stephanie K. Dahl, MD, President
Parag Kumar, MD, Vice President
Erica C. Hofland, MD, Policy Forum Chair
Joan M. Connell, MD, Secretary-Treasurer
Joshua C. Ranum, MD, Immediate Past President
David F. Schmitz, MD, AMA Delegate
Misty K. Anderson, DO, AMA Delegate

Councilors

Joseph E. Adducci, MD
Misty K. Anderson, DO
J'Patrick C. Fahn, DO
Kent R. Hoerauf, MD
Kristopher W. Holaday, MD
Scott E. Knutson, MD
Ross R. Meidinger, MD
Kevin J. Mork, MD
Sarah L. Schatz, MD
Randolph E. Szlabick, MD
Ana M. Tobiasz, MD
Dennis E. Wolf, MD

Commission and PAC Chairs

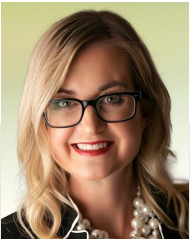
Parag Kumar, MD, Socio-Economics
Fadel E. Nammour, MD, Legislation and Governmental Relations
Shari L. Orser, MD, Medical Services and Public Relations
Dinesh Bande, MD, Medical Education
Thomas I. Strinden, MD, NDMA PAC

Staff

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



- 3** PRESIDENT'S MESSAGE
Join Us for the 2024 Annual Meeting
Stephanie Dahl, MD
NDMA President
- 4** DIRECTOR'S MESSAGE
Addressing Prior Authorization Challenges
Courtney M. Koebele, JD
NDMA Executive Director
- 6** DEAN'S MESSAGE
UND School of Medicine & Health Sciences
Joshua Wynne, MD, MBA, MPH
UND Vice President for Health Affairs, Dean UND School of Medicine & Health Sciences
- 9** FEATURE
2024 NDMA Annual Meeting and Leadership Awards
- 15** NDMA President Dr. Stephanie Dahl Presents at UND SMHS '28 Doctor of Medicine (MD) White Coat Ceremony
- 16** Bismarck Cancer Center's Technological Leap: Introducing the Versa HD
- 17** NDMA Delegation Attends AMA House of Delegates Meeting
- 18** The Benefits of Private Banking with First International Bank & Trust
- 20** Community Skin Cancer Screening
- 21** CONGRESSIONAL UPDATE
Improving Seniors' Access to Timely Health Care & Reducing the Burden of Prior Authorization on Physicians
Senator John Hoeven
- 22** CONGRESSIONAL UPDATE
Telehealth Extends Access for Rural Patients
Senator Kevin Cramer
- 23** CONGRESSIONAL UPDATE
Reflecting on Six Years in Congress and Our Journey to Make North Dakota the Healthiest State to Live In
Congressman Kelly Armstrong
- 24** Wearable Wisdom or WebMD on a Wrist?
- 26** McKenzie Health Expands Services to Williston
- 28** Why Refer a Child to Make-A-Wish?
- 29** Physician Promotions and Recognition
- 30** Virtual Scribing: Using Ai In Medical Practices



Stephanie Dahl, MD
NDMA PRESIDENT

A Message from the President Join Us for the 2024 Annual Meeting

It is my pleasure to invite you to the 2024 NDMA Annual Meeting, held in conjunction with the ND Chapter of the American College of Physicians and the ND Chapter of the Society of Hospital Medicine, on October 3rd and 4th at the Bismarck Event Center. A hotel block is available at the Courtyard by Marriott in Bismarck (701-223-6667).

On Thursday, October 3rd, NDMA will host a social at X Golf for an indoor golf game or hit your best shot on the indoor driving range. If you're not a golfer, come anyway! It's a great opportunity to chat with colleagues and meet new friends.

On Friday, October 4th, the meeting will begin with Breakfast with the Dean, featuring a school of medicine update from UND SMHS Dean and VP for Health Affairs, Dr. Joshua Wynne. Following the breakfast, NDMA members are invited to participate in the Policy Forum. This platform allows physicians to discuss and consider policies relevant to the practice of medicine and patient care. If you have a concern you'd like to see addressed, please reach out to the NDMA staff.

NDMA invests a great deal of time and effort in policies that make a difference in how physicians practice medicine and provide care to patients. In January, NDMA will continue our efforts at North Dakota's legislative assembly. Now more than ever, we need to promote and advocate for the practice of medicine.

The Friday morning session will also include an update on the state's Health Care Task Force presented by the ND Health and Human Services Commissioner and an informative session on the health risks of radon, particularly in our state, which has some of the highest radon levels in the country. We also have a great line-up of speakers during the afternoon session, covering topics including perioperative medicine, diversity, integrative medicine, and updates in medicine.

The event includes the Leadership Awards Ceremony and Luncheon where awards will be presented for outstanding achievements. Awards include the Physician Community & Professional Services award. This award is recognized as North Dakota's most prestigious physician award and since its inception in 1977, has been awarded to forty-eight distinguished physicians across the state. Other awards presented will be the Friend of Medicine, 40 Years of Service, and the COPIC Humanitarian Award.

In closing, thank you all for being an NDMA member. Your membership gives physicians a strong, independent voice.

NDMA is always on the frontlines to address issues that impact all physicians and their patients, and your membership keeps this organization strong.

I thank you all for the opportunity to serve as your president this past year. It has been an honor and a privilege.

POLICY FORUM

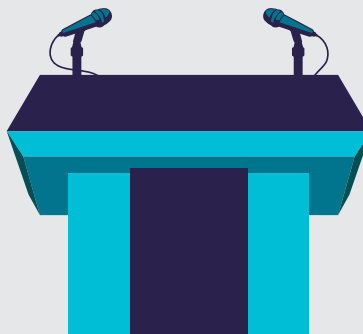
LET YOUR VOICE BE HEARD

Submit a policy issue now to be shared at the 2024 NDMA Annual Meeting

How to Submit a Policy Issue

NDMA members are invited to submit policy issues by completing a policy submittal form.

The form can be downloaded at ndmed.org or contact the NDMA office at 701-223-9475 and a form can be emailed to you.



The deadline to submit a policy issue is **Friday, September 13th by 5:00 pm (CT)**. If you need assistance contact NDMA at 701-223-9475.

If you would like to vet a policy concept, or just need feedback prior to submitting, contact NDMA at 701-223-9475.



Courtney M. Koebele, JD
NDMA Executive Director

Prior Authorization Challenges

I've just returned from an insightful American Medical Association (AMA) advocacy conference. The conference is an opportunity to gather state societies and medical specialty associations to discuss issues critical to the nation's healthcare system.

Many of the challenges faced by North Dakota physicians mirror those by other states, including scope of practice, reproductive healthcare, and the overdose epidemic. One issue that stood out among the rest is of particular importance: reforming prior authorization.

Prior authorization is a health plan cost-control process that was initially designed by insurers to prevent overuse of expensive medications or new treatments. Over time, the prior authorization process has become more commonly used for a broad variety of procedures and medications, including generics.

One of the most frequent complaints about prior authorization is that it is increasingly burdensome and causes delays in patient care. A recent survey conducted by AMA reports that delays caused by the prior authorization process lead to more serious consequences causing patients to abandon care and negatively affecting patient outcomes.

The research reports that the average physician practice completes 45 prior authorizations per week, and physicians and their staff spend nearly two business days a week completing the requests.

The extra time needed to complete the workload puts an additional strain on our healthcare workforce with 95% of physicians reporting the process leads to an increase in burnout. Work overload is

a strong predictor of burnout and intent to leave the profession, which reduces patients' access to care.

The issue of prior authorization reform is not new to NDMA and our physicians. During the last legislative session, attempts to compromise on the prior authorization process were resisted, claiming a bill was not necessary. Some opponents cited that federal reforms would fix the issues. However, the federal rules set to go into effect apply only to Medicare Advantage, Medicaid, Medicaid Managed Care, CHIP, CHIP Managed Care, and Qualified Health Plans (QHPs) on federally facilitated exchanges (FFE). The rules do not encompass all programs or address outpatient drugs, whether administered in a physician's office or by the patient at home.

A consensus from the conference concluded that state legislators should work to align commercial payer requirements with federal rules. State policymakers should use the federal requirements as a baseline and strive to enhance patient protections within each of their respective states and address gaps by building upon federal standards.

A common misconception about prior authorization is that it lowers costs. However, research shows otherwise.

According to a study published by the Council for Affordable Quality Healthcare, the industry spent \$1.3 billion on administrative costs related to prior authorization last year. That represents a 30% increase over 2022 due to the rise in the volume of prior authorizations. It costs about \$6 per transaction for physician practices, health systems, and others to conduct prior authorization-related administrative functions.

Another misconception is that prior authorization improves patient outcomes. Research shares a different story. A survey conducted by the American Society for Clinical Oncology reported that prior authorization caused delays in treatment 96% of the time and 94% of patients were forced to receive second-choice therapy. This delay in treatment had real adverse effects, including disease progression. It is clear that prior authorization impedes evidence-based care.

Minnesota recently updated its prior authorization laws. The Minnesota Legislature expanded the existing prohibition on prior authorization for emergency services to include non-medication treatments for outpatient mental health, substance use disorders, and cancer care in alignment with national guidelines. The new law also eliminates prior authorization for preventive services recommended by the U.S. Preventive Services Task Force, pediatric hospice services, and neonatal abstinence programs.

Furthermore, the updated Minnesota legislation stipulates that prior authorization for chronic conditions remains in effect unless there is a change in treatment. It also mandates that utilization review organizations must report annually to the Department of Health on the frequency of prior authorization requests, approvals, and denials.

At NDMA, we look forward to working with the 2025 North Dakota Legislature and other stakeholders to bring prior authorization commonsense solutions to North Dakota.

Please feel free to reach out to me with questions about the issues, both federal and state.

When it comes to advocacy, now is the time to take action. The 2025 legislative session is right around the corner. Do you know who your legislators are? Make a point to get to know your legislators.



Trustworthy. Dedicated. Caring.

Sanford Hospice is a trusted partner for quality, compassionate end-of-life care. Our team provides comfort through the next steps of life's journey.

We can ease the journey for your patients and their families with:

- 24-hour room service
- Bereavement counseling
- Pain management
- Spiritual and social support

Learn more about Sanford
Hospice at sanfordhealth.org.

622-499-689 1/24

SANFORD[®]
HEALTH



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

A Message from the Dean Learning, Discovery and Service

With the arrival of a new cohort of students and the return of current students for the start of the fall semester, there is a lot of activity at the School. The start of the school year also signals the reality of my transition out of my administrative roles as UND's vice president for health affairs and dean of the UND School of Medicine and Health Sciences this fall. The search process for my replacement is in full swing, and we anticipate that UND President Andy Armacost will be naming the new dean soon. I am now in my sixteenth year as dean and I'm ninth on the medical school dean seniority list (out of 158 medical schools). Four of us in the top nine slots have indicated that we'll be stepping down soon, so I have plenty of company!

I expect a very smooth transition of leadership as the SMHS is in good shape from many perspectives, but perhaps most importantly from a financial point of view. We are fortunate to have a solid financial position for three important reasons. First, due to the outstanding efforts of our faculty and staff, we run a tight financial ship. One important measure of this is the cost to attend our medical student program (for students who hail from North Dakota, as the majority of our students do) where we are at the 9th percentile compared with other medical schools, meaning that 91% of other schools in the country are costlier to attend than UND. To be fair, another important reason is that we don't employ a large cadre of clinicians to both deliver care and teach our students. Rather, we employ a small cohort of employed physicians and rely on a large cadre of volunteer physicians who typically work for one of the hospital systems in the state. Second, the state of North Dakota has provided exceptionally strong financial support over the years; during the past decade, many other medical schools saw a decrease in state support while we saw an increase. Finally, our faculty and staff have



THANKS FROM YOUR SCHOOL OF MEDICINE AND HEALTH SCIENCES

Our community-based medical training program relies on volunteer physicians and partner systems to help train our students across the state. Thank you for helping us produce exceptional physicians prepared for any practice environment.

UND SCHOOL OF MEDICINE
 & HEALTH SCIENCES
 UNIVERSITY OF NORTH DAKOTA



med.UND.edu

been extremely productive in generating revenue from other sources – typically the federal government through scientific research grants that usually emanate from the National Institutes of Health. The investigators at the school have been exceptionally successful, especially over the past decade; the amount of funding they've attracted to the School has doubled in that time. And funding for this calendar year is already in the range of \$22 million!

Of particular note in this regard is the recent announcement of funding of almost \$11 million for a five-year grant submitted by Dr. Gary Schwartz, professor and chair of our Department of Population Health, to expand our efforts in clinical and translation research and hopefully accelerate the development of new treatments and preventive strategies for various diseases. The grant is called TRANSCEND, for Translational Science Engaging North Dakota. The end result of the grant will be a shortening of the time between discovering something in the laboratory and using that discovery to help a patient in need in the clinical or hospital setting.

Our educational efforts have been similarly successful. Over the past few years our faculty and staff, working with our students, have made innumerable improvements in our educational programs. One major change in our medical student program, for example, has been a major revamping of the curriculum to achieve four important goals, all of which were brought to us by our medical students: 1) Earlier medical student inpatient and ambulatory patient clinical experiences; 2) Earlier and an increased number of elective experiences for medical student exploration of interests and potential career pathways; 3) Intentional horizontal and vertical curricular integration of basic biomedical and clinical sciences; 4) Preparation for and completion of USMLE Step 1 during the clinical phase of the curriculum.

The final component of our mission – in addition to education and discovery/research – is the service we provide to the people of North Dakota. By far the biggest service that we provide is through our healthcare workforce productivity, where your UND School of Medicine and Health Sciences provides a substantial portion of the healthcare providers in your community. We educate roughly half of the healthcare workforce in the state in

those areas where the school has programs, specifically medical doctor, physical and occupational therapist, medical laboratory scientist, athletic trainer, and physician assistant. And in the vitally important field of family medicine, nearly 80% of the family physicians in the state went through our medical doctor program and/or graduated from one of the four in-state family medicine residency programs.

The expectation that we fulfill the three foundational missions – education, discovery, and service to the people of North Dakota and the region – is embedded in the language of the North Dakota Century Code, the laws of the state that have been passed by our legislature and signed by the governor. We are the only institution of higher learning in the state that has its purpose specifically and clearly defined by state law (see NDCC Chapter 15-52-01).

The three missions are essential components of the UND LEADS Strategic Plan, where the L is for learning (education), the D is for discovery (research and scholarship), and the S is for service. Also integral to how we function as an institution of higher learning is E for equity (inclusiveness) and A for affinity (community).

Thus, I believe that the school is very well positioned for the future, especially in view of the outstanding blueprint we have for going forward through the LEADS strategic plan. I anticipate a smooth transfer of leadership from me to the next vice president and dean, much like the smooth transition we had in 2020 when I was interim president of UND until Andy took the reins. I'm looking forward to watching the continued growth and success of the UND SMHS, albeit from the sidelines.

Nearly 80% of North Dakota's family physicians are graduates of UND SMHS or completed residency from one of the four in-state family medicine programs.



COMPREHENSIVE SUPPORT FOR PATIENTS DURING & AFTER RADIATION THERAPY

*Transportation • Lodging • Dietary • Yoga • Massage Therapy
Physical Therapy • Art Therapy • Equine Therapy • Survivorship
Emotional Care • Support Groups*

 **BISMARCK
CANCER
CENTER
FOUNDATION**

bismarckcancercenter.com | 701-222-6100

WHY OPTIMIZE OLDER ADULT HEALTH CARE?

To find out, consult
Dakota Geriatrics



The Dakota Geriatric Workforce Enhancement Program offers evidence-based strategies to strengthen geriatric knowledge among health professionals to integrate and improve geriatric care, including improved dementia care, into primary healthcare settings.

Get digital badging and certification as a Geriatrics Specialist.
Contact www.dakotageriatrics.org or 701-777-6936.

Learn Geriatrics through Telementoring

ECHO Geriatrics

Meet monthly with geriatric content experts via Zoom meetings to review case reports and up-to-date best practices in older adult healthcare. Free registration and CEUs.



Learn about the key components of the 4Ms Framework:

- What Matters
- Medication
- Mentation
- Mobility

On-Demand Geriatrics Curriculum

Gerochampion

Become a Gerochampion by learning evidence-based geriatric principles of health care through self-paced micro-lectures.



Age-Friendly Healthcare Microlearning

Transform your clinical practice into Age Friendly Healthcare and learn how to apply the Geriatric 4Ms to achieve higher quality health care for older adults.



These educational resources are supported by a HRSA grant to UND Geriatrics, a Geriatric Workforce Enhancement program. Dakota Geriatrics is supported by funding from the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.75M with 15% financed with nongovernmental 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.

Connect with us on social media.



@Age_friendly



@Dakota_GWEP

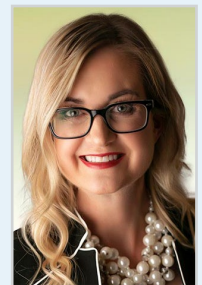
NDMA ANNUAL MEETING 2024 AND LEADERSHIP AWARDS

OCTOBER 3-4 | BISMARCK EVENT CENTER | 315 S 5TH ST | BISMARCK, ND

From the North Dakota Medical Association, the state's oldest and largest physician organization, and me, it is my pleasure to invite you to the NDMA 2024 Annual Meeting.

The meeting is once again held in conjunction with the ND Chapter of the American College of Physicians, and the ND Chapter of the Society of Hospital Medicine. The combined effort is a chance to network with an even greater audience and increase program dynamics.

This is an exciting time to share policy ideas and celebrate achievements. Please join us. You'll be glad you did.



NDMA President Dr. Stephanie Dahl

PROGRAM AT A GLANCE

THURSDAY, OCTOBER 3

1:00-5:00 pm | **Council Meeting**
(Council Members Only)

5:30-8:00 pm | **Social**

FRIDAY, OCTOBER 4

7:00 am | **Registration Opens**

7:30 - 8:15 am | **Breakfast with the Dean:**
Dr. Joshua Wynne

8:30 - 10:15 am | **Policy Forum**

10:15 - 10:45 am | **Break - Network with Vendors**

10:45 - 11:15 am | **State Health Care Task Force Update**

11:15 - 12:00 pm | **Radon Awareness:**
What You Need to Know

12:00 - 1:30 pm | **Leadership Awards Ceremony**
Luncheon and Networking

1:30 pm | **Afternoon Session: Welcome**

1:30 - 2:15 pm | **Perioperative Medicine**

2:15 - 3:00 pm | **Diversity**

3:00 - 3:15 pm | **Break**

3:15 - 4:00 pm | **Integrative Medicine**

4:00 - 4:45 pm | **Updates in Medicine**

4:45 pm | **Adjourn**

THURSDAY, OCTOBER 3

1:00 pm | **NDMA Council Meeting**

North Dakota Medical Association | 1622 East Interstate Avenue
(council members only)

5:30-8:00 pm | **Social**

Hosted by Sixth District Medical Society

X Golf | 1441 East LaSalle Drive

FRIDAY, OCTOBER 4

Event Locations

Event rooms are located at the Event Center's Upper Level

Policy Forum and Educational Sessions: Prairie Rose 105

Breakfast, Breaks, and Leadership Awards Luncheon: Prairie Rose 102-104

7:30-8:15 am | **Breakfast with the Dean**

Serving North Dakota Today and Tomorrow

Prairie Rose 102-104

Sponsored by: **UND SCHOOL OF MEDICINE & HEALTH SCIENCES**
UNIVERSITY OF NORTH DAKOTA



Join Dr. Wynne for breakfast as he shares insights on the latest developments for the UND School of Medicine & Health Sciences and how they may benefit the future of health care for the medical profession and patients.

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

JOIN US FOR A
SOCIAL

Thursday, October 3
5:30 – 8:00 pm

Hosted by



Join us for a social at X Golf!
Bring those clubs and buddy up
with your cohorts to try your
hand at indoor golf! Not much
into a full game of golfing? Try
your hand at the driving range,
or just simply socialize!

X Golf is located at
1441 East LaSalle Drive

**POLICY
FORUM**

Let Your Voice Be Heard!

The Policy Forum platform allows
physicians to discuss and consider
policy relevant to your practice and
care of patients.

NDMA leadership encourages all
NDMA members to participate.

Submit your policy issues
by **September 13th** by
completing a policy issue
form located online at
www.ndmed.org.

FRIDAY, OCTOBER 4, CONTINUED

8:30 – 10:15 am | **Policy Forum** - *Prairie Rose 105*

NDMA leadership encourages all NDMA members to participate in the Policy Forum. The open forum platform allows members to discuss and consider policies relevant to physician practices and the care of patients.

10:15 – 10:45 am | **Break – Network with Vendors** - *Prairie Rose 102-104*

Show your support! Take this opportunity to grab a refreshment and visit the booths.

Reasons to support your vendors:

- Build relationships – here is your chance to expand your network when it comes to business and professional services.
- Learn what's new – perhaps there is a service you are not aware of. Here is where you can learn more about a service that can have long-term benefits.
- Swag – many vendors are equipped with merchandise to make your time at the booth worthwhile, from pamphlets to useful items for your home or office.

10:45 – 11:15 am | **State Health Care Task Force Update** - *Prairie Rose 105*



North Dakota Health and Human Services Commissioner Wayne Salter will provide an update on the state's Health Care Task Force. The Task Force, created by the 2023 North Dakota Legislature, is an organized effort to understand and create transparency around healthcare costs and lessen the impact of rising healthcare costs.

Wayne Salter

North Dakota Health and Human Services Commissioner

11:15 – 12:00 pm | **Radon Awareness: What You Need to Know** - *Prairie Rose 105*

Radon exposure is the second leading cause of lung cancer and is estimated to cause about 21,000 U.S. deaths each year. When people are unaware of radon, they miss the opportunity to protect themselves and others from lung cancer. This session will share the educational efforts being conducted in our state and how efforts can be improved.



Stephanie K. Dahl, MD
Specialist in
Reproductive
Endocrinology

Dr. Dahl, a graduate of the UND School of Medicine and Health Sciences, is a board-certified reproductive endocrinologist and infertility physician and serves as NDMA President. Through her own experiences, she is committed to creating awareness for others on the harms caused by radon exposure.



Justin Otto
North Dakota
Department of
Environmental
Quality Radon
Program
Coordinator

Justin is passionate about educating the public on the harms of radon exposure and has been doing this job for the past 16 years. His educational efforts make a difference for North Dakota as he reaches out to the public to encourage radon testing in homes, businesses, and public buildings like schools.

12:00 – 1:30 pm | **Leadership Awards Ceremony & Luncheon** - *Prairie Rose 102-104*

This historic Leadership Awards Ceremony and Luncheon recognizes individuals for outstanding achievement and service to the community.

1:30 pm | **Welcome**

1:30 – 2:15 pm | **Perioperative Medicine** - *Prairie Rose 105*

This session will focus on the practice of patient-centered, multidisciplinary, and integrated medical care of patients before, during, and after surgery.



Dr. Potluri, a hospitalist at Sanford Health Fargo, completed his Internal Medicine residency at the University of Pittsburgh Medical Center Shadyside Hospital. He serves as Core Faculty for the UND Internal Medicine residency program.

Rajendra Potluri, MD
Hospitalist, Sanford Health Fargo

2:15 – 3:00 pm | Ethical and Social Issues Managing American Indian Patients - Prairie Rose 105

This session will help improve compliance and engagement. She will discuss breaking down barriers while interacting with American Indian patients.



Dr. Littlewolf is a hospitalist specializing in Internal Medicine. Her work also includes serving as Assistant Clinical Professor at the UND School of Medicine and Health Sciences and as an Academic Advisor for the school's Fargo campus. She works closely with Sanford and the community to ensure health equity for all underrepresented patients and underserved populations.

Ciciley Littlewolf, MD
Hospitalist, Sanford Health Fargo

3:00 – 3:15 pm | Break - Prairie Rose 102-104

3:15 – 4:00 pm | Integrative Medicine: Bringing the Patient and Joy Back to Medicine - Prairie Rose 105

This session will help to develop a practical method to use patient-centric and integrative medicine-focused questions during medical examinations.



Dr. Ottenbacher attended the University of South Dakota for undergraduate and medical school degrees. During medical school, he was commissioned into the Army National Guard. After completing his residency, he began private practice with the Internal Medicine Associates of Fargo and later transitioned to the Fargo VA where he now serves as Deputy Chief Health Informatics Officer. He continues to serve in the South Dakota Army National Guard as a Lieutenant Colonel.

Ronovan Ottenbacher, MD
Internal Medicine, Fargo VA Medical Center

4:00 – 4:45 pm | Updates in Medicine - Prairie Rose 105

This session is a summary of the updates from the national meetings of the American College of Physicians (ACP) and the Society of Hospital Medicine (SHM).



Christopher Pribula, MD
Hospitalist,
Sanford Health
Fargo & ND
Chapter of the
SHM President

Dr. Pribula, a graduate of the UND School of Medicine and Health Sciences, completed his residency training at the University of North Carolina Greensboro. Since then, he has served as a hospitalist at Sanford Health. He is active in teaching for UND SMHS and has won several teaching awards. He has an active interest in teaching medical decision making and evidence-based care as well as high-value care.



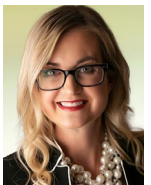
Dre Steinwehr, MD
Internal Medicine
Resident

Dr. Steinwehr, an internal medicine third-year resident, attended the North Dakota State University for his undergraduate degree and the UND SMHS for his medical degree. He is active with the ACP where he leads and coordinates Doctor's Dilemma, the medical jeopardy competition for residents, and competed at the national ACP meeting for the Doctor's Dilemma competition.

4:45 pm | Adjourn

NDMA Slate of Officers

Each year, NDMA officer positions are chosen based on a vote of NDMA membership. Members vote through an online ballot. Links to the ballot are sent to each member's email and posted in the weekly e-Physician News. Members will be asked to choose from the following slate of officers:



President
Stephanie K. Dahl, MD
Horace, ND
NDMA | ND Physician - Fall 2024



Vice President
Parag Kumar, MD
Bismarck, ND



Policy Forum Chair
Erica C. Hofland, MD
Dickinson, ND



Secretary-Treasurer
Joan M. Connell, MD
Bismarck, ND

LEADERSHIP AWARDS

Ceremony & Luncheon

Friday, October 4
12:00 – 1:30 pm

The historic Leadership Awards Ceremony and Luncheon will present awards for outstanding achievement.

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-eight distinguished physicians across the state. The award honors an 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 nonphysician 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 sixth 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 COPIC to a health-related nonprofit organization of the recipient's choosing.

LODGING

A block of rooms has been reserved at the Courtyard by Marriott.

Reservations must be booked by September 3. If the block fills up, no additional rooms can be added. Book early.

Room rates: \$139, plus tax.



To reserve, call 701-223-6667 or simply scan the code



Courtyard Bismarck North
3319 North 14th Street
Bismarck, ND

CONTINUING MEDICAL EDUCATION

The American College of Physicians (ACP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ACP designates this other activity (live component and enduring component) for a maximum 3 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 3 medical knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

NDMA

ANNUAL MEETING

2024

AND LEADERSHIP AWARDS



OCTOBER 3-4 | Bismarck Event Center
315 S 5th St | Bismarck, 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, October 3, evening NDMA social

_____ Number attending Friday, October 4, breakfast

_____ Number attending Friday, October 4, educational program

_____ Number attending Friday, October 4, awards ceremony luncheon
(contact NDMA for special dietary needs: 701-223-9475)

_____ 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 19, 2024.

Please mail this form along with payment no later than September 19, 2024 to

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

Name on credit card *(please print)* _____

Card Number _____

CSC _____ *(3 digit code /Am. Express 4 digits on front of card)*

Expiration Date ___ / ___ / ___ Telephone _____

Signature _____

Zip Code _____

NDMA ANNUAL MEETING 2024 AND LEADERSHIP AWARDS

On behalf of NDMA and its leadership, we express our sincere gratitude for the following generous sponsors to our 2024 Annual Meeting. Please take the time to visit the booths, learn what's new and thank them for their support.



Thank You To All Our Sponsors

Make a healthier North Dakota
TOGETHER WITH BLUE.



As a care provider, you help lead our state toward better outcomes. Blue Cross Blue Shield of North Dakota (BCBSND) is proud to work alongside you to improve the health and well-being of North Dakotans.

bcbsnd.com/carryblue

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



CARRY BLUE. CARRY ON.

NDMA President Dr. Stephanie Dahl Presents at UND SMHS '28 Doctor of Medicine (MD) White Coat Ceremony



NDMA President Dr. Stephanie Dahl presents to UND SMHS Class of 2028

In July, the University of North Dakota School of Medicine & Health Sciences first-year medical students, Doctor of Medicine (MD) Class of 2028, began their journey to become physicians.

Medical students' first week is dedicated to an overview and the building of foundational principles and concludes with a White Coat Ceremony, where students recite the Oath of Hippocrates and receive their first white coats, which are sponsored by the North Dakota Medical Association.

Historically, the donning of the white coat symbolizes the social contract

that exists between society and health care providers – the relationship between doctor and patient – and serves as a symbol of the trust that patients bestow in their doctors.

As part of the Ceremony NDMA President Dr. Dahl shared an insightful message for the students as they begin their four-year journey into medicine.

“May you wear your coats with pride yet be always mindful of the responsibilities embodied in them,” said Dr. Dahl. “Medicine will change many things about you, but don’t let it change your essence. Take time for yourself, your family, and your community.”



2028 UND SMHS Doctor of Medicine (MD) Class



**SCAN THE QR CODE TO SEE
THE CLASS OF 2028 LISTING**

Bismarck Cancer Center's Technological Leap: Introducing the Versa HD



Submitted by Bismarck Cancer Center

The Bismarck Cancer Center is excited to announce a significant milestone at the Bismarck Cancer Center (BCC). In our ongoing commitment to providing world-class cancer care, we have upgraded our technology to ensure the highest level of precision and compassion in treatment.

The Upgrade Journey

In March 2020, BCC approved a significant upgrade to our treatment capabilities and built a vault to house our third linear accelerator with a state-of-the-art Versa HD. This was followed by the replacement of our two existing treatment machines. This was more than just an equipment upgrade; it was a decisive step forward in our mission to offer the best possible care for those we treat.

Why Versa HD?

The Versa HD offers precise customization of radiation beams, which is essential for targeted tumor treatment. It features Elekta's HexaPOD, an advanced robotic patient positioning system that ensures sub-millimeter accuracy. This cutting-edge technology enhances our clinical workflow and boosts confidence in the treatments we provide.

Overcoming Challenges

The journey began with the approval of an expansion days before the COVID outbreak, followed by extensive construction to accommodate the new equipment. Despite challenges, our dedicated team installed three new Versa HD linear accelerators over two years.

A Landmark Achievement

On May 16, 2023, with the last of the three Versa HDs installed, we treated our first person with the third Versa HD, marking a new era in our cancer treatment capabilities. This upgrade means the Bismarck Cancer Center now offers three matched-technology machines, ensuring uninterrupted care for individuals and allowing them to receive the necessary treatment on any of our machines without compromise.

Why This Matters to Patients

The Versa HD is a game-changer for those we treat. Its advanced technology allows for more precise and targeted radiation therapy, reducing side effects and improving outcomes. The enhanced accuracy of the HexaPOD positioning system ensures that each treatment is delivered precisely where needed, minimizing damage to healthy tissues. This leads to shorter treatment times and a more comfortable experience.

Additionally, having three matched-technology machines means those under treatment can receive consistent, high-quality care without delays, even if one machine is under maintenance. This reliability is crucial for patients undergoing intensive treatment schedules.

This investment underscores our commitment to delivering cutting-edge cancer treatment and improving outcomes. The Versa HD symbolizes hope and progress in our ongoing fight against cancer.



NDMA Delegation Attends AMA House of Delegates Meeting

NDMA's AMA delegation Dr. David Schmitz and Dr. Misty Anderson were represented at the Annual Meeting of the American Medical Association's House of Delegates. As members of the North Central Medical Conference (NCMC), the delegation provides valuable input on important topics that impact physician practices and patient care.

The NCMC consists of five states: Iowa, Minnesota, Nebraska, North Dakota and South Dakota. The group's purpose is to vote on issues brought forward to the AMA House of Delegates to adopt as a resolution for policy support.

Dr. Schmitz and Dr. Anderson were represented at the conference, along with nearly 700 physicians nationwide, to consider a wide range of proposals. The policies adopted at this meeting provide AMA direction and act as a driving force on the future of American medicine.

Some main topics that continued to build momentum include:

Fixing the Medicare Physician Pay System

The Medicare payment system is on an unsustainable path, threatening patients' access to physicians. Medicare physician payment has effectively been cut by 30%, adjusted for inflation, from 2001–2024.

AMA Delegate Dr. Misty Anderson said the Medicare physician payment system lacks an adequate annual physician payment update, unlike those that apply to other Medicare provider payments.

"Physicians fall into the only group that do not qualify for an annual inflation increase to cover the rising costs of doing business," said Dr. Anderson. "If physicians received inflationary adjustments like hospitals and other health professionals, physicians would receive a 4.6% increase in payment in 2024."



Fixing Prior Authorization

Prior authorization is a health plan cost-control process where research shows it leads to delayed and abandoned care and can negatively affect patient outcomes.

AMA survey research shows that 31% of physicians report that prior authorization criteria are rarely or never evidence-based, with 89% saying prior authorization has a negative impact on patients' clinical outcomes.

The focus on prior authorization reform includes:

- Cut the overall volume of prior authorizations
- Increase transparency of requirements
- Promote automation
- Ensure timely care for patients

Across the country, physicians see firsthand the consequences of prior authorization delaying medical care. The good news is that progress is being made to fix prior authorization at the federal level, but more work needs to be done to ensure that all patients can be covered.

At the federal level, the Centers for Medicare & Medicaid Services (CMS) issued a final rule earlier this year that will reduce patient care delays as well as the administrative burdens long shouldered by physicians by right-sizing the prior authorization process imposed on medical services and procedures by Medicare Advantage and other government-regulated plans.

NDMA's delegates are committed to helping advance medicine not only on the state level but also nationwide. By working together, we can improve the lives and health of our patients.



Learn more about prior authorization reform here.



Learn more about fixing the Medicare payment system here.



The Benefits of Private Banking with First International Bank & Trust

Submitted by First International Bank & Trust

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.

Our Private Bankers develop a strong relationship with our clients through trusted, honest advice and by demonstrating the highest level of service possible.



We've Got Your Back

JOIN or RENEW TODAY!

Pay online at www.ndmed.org or contact us at 701-223-9475.

Learn more about membership at ndmed.org

NDMA is the only statewide physician organization that provides advocacy & legislative representation to protect your practice.



PRIVATE BANKING

THE PHYSICIAN LOAN PROGRAM SOLUTIONS TAILOR-MADE FOR YOU

From all of us at First International Bank & Trust, we would like to say thank you for the incredible work you do in our communities. We know it's not always easy and that's why we are committed to providing you with unique home loan solutions, designed with physicians like you in mind.

Our Physician Loan Program offers a loan process designed to meet your needs. We know you're busy - so our Private Bankers and Mortgage Loan Officers will work together to create a custom loan process on your schedule. It's an out-of-the-box strategy that takes into consideration your individual circumstances. The program applies to primary residences only and offers:

- Long-term fixed rates
- As little as 0% down with no Mortgage Insurance
- Closing within ninety days of a signed contract with your employer
- Adjustable Rate Mortgages

Thank you for the vital role you play in strengthening the health and well-being of our communities. We invite you to connect with the Private Banking team today to explore how we can help you Live First.



Renee Daffinrud
Bismarck, ND
Private Banking Manager
(701) 751-8511 | rdaffinrud@FIBT.com
NMLS#: 814596



Lindsey Rath-Wald
Mandan, ND
Private Banker
(701) 851-0110 | lrath-wald@FIBT.com
NMLS#: 1993737



Member FDIC

FIBT.com

live first

*Eligible medical professionals include medical doctors who are actively practicing, medical fellows and residents who are currently employed in residency/fellowship, and salaried medical students and medical doctors who are about to begin their new employment/residency for fellowship within 90 days of closing.



Community Skin Cancer Screening

Dr. Rachel Ness
Dermatologist at Fargo Dermatology



FARGO CENTER
FOR DERMATOLOGY

The month of May holds special significance in the healthcare industry for raising awareness about skin cancer. May is designated as Skin Cancer Awareness Month featuring dedicated days such as Melanoma Monday and No Fry Friday. Here at the Fargo Center for Dermatology, early detection and prevention of skin cancer is one of our primary focuses. The Fargo Center for Dermatology's constant year-round focus on early detection and prevention of skin cancer prevention makes the month of May even more impactful. For almost fifteen years we have celebrated and honored skin cancer awareness month by hosting a complimentary skin cancer screening event for our community. On May 16th, we hosted our annual Skin Cancer Screening event, aiming to raise awareness about the importance of annual skin exams and proper sun protection.

Our clinic's dedicated team of medical dermatology providers, along with 15 enthusiastic

volunteer medical students from the University of North Dakota Medical School, screened over 84 individuals. This impressive turnout underscored the critical role of early detection in combating skin cancer. The event not only provided free, thorough skin checks but also served as an educational platform, informing participants about the essential and lifesaving benefits of regular dermatological care.

Each of the 84 patients received personalized consultations and informative appointments where their skin was thoroughly examined by one of our experienced medical providers. Our attendees learned about the various types of skin cancer, risk factors, and preventive measures that they should be taking and sharing with their loved ones. The atmosphere was one of community and support as our team worked diligently to ensure everyone left with a better understanding of their skin health.

By empowering individuals with knowledge and providing accessible screenings, Fargo Center for Dermatology continues to champion proactive health measures, reinforcing the message that early detection can save lives.

This event has become one of the most important and highly anticipated events we host at Fargo Center for Dermatology. By providing this opportunity for our community members to receive free skin examinations and education, we are directly impacting the number of skin cancers that go undetected within our community. Furthermore, this event offers medical students in our area a valuable chance to see firsthand how they can continue to make an impact in the future. As we look forward to next year's screening, we remain committed to promoting skin health, fostering early detection, and empowering the next generation of medical professionals to carry on this vital work.

F|D FARGO CENTER
FOR DERMATOLOGY
MEDICAL | SURGICAL | AESTHETIC

Don't wait to get your patients in for any of their dermatology needs!
Fargo Center For Dermatology can see all North Dakota patients
through Telehealth or at our clinic! With a Board-Certified
Dermatologist on-site we treat the entire family from infants to seniors!

DR. RACHEL NESS
BOARD-CERTIFIED DERMATOLOGIST



701-478-8780 | FARGODERM.COM

Improving Seniors' Access to Timely Health Care & Reducing the Burden of Prior Authorization on Physicians



John Hoeven
North Dakota Senator

Convenient access to health care is central to our quality of life, particularly for seniors who may be facing significant health challenges. While it's important to protect against fraud and waste in our healthcare system, bureaucratic hurdles frequently delay access to needed care and result in worse outcomes for patients.

authorization decisions within 72 hours for expedited requests.

This is a good step, however, more needs to be done. Accordingly, our legislation would:

- Require MA plans to establish an electronic prior authorization (e-PA) process.
 - This includes providing a standardized process for transactions and clinical attachments.
 - Doing so will create more consistency for providers, reduce the paperwork burden, and provide certainty to patients.

- Allow CMS to establish timeframes for e-PA requests, including real-time decisions for routinely approved items and services.
- Expand beneficiary protections to improve enrollee experience and outcomes.

This comes as part of our broader efforts to improve access to timely, quality health care for our seniors while supporting physicians in the essential care they provide every single day. Ultimately, measures like this can help result in a more cost-effective system and better outcomes for patients.

— ★ ★ ★ —

It comes as no surprise that one of the top issues I hear when I meet with physicians is the burden of prior authorization on not just them, but their patients.

— ★ ★ ★ —

Prior authorization requirements within Medicare Advantage (MA) plans complicate the doctor-patient relationship, creating barriers for seniors as they try to address real healthcare needs, while costing providers time and money.

That's why I'm cosponsoring the Improving Seniors' Timely Access to Care Act, legislation introduced by Senators Roger Marshall and Kyrsten Sinema to reduce the burden of prior authorization on both seniors with MA health insurance plans and the physicians who treat them. This legislation would streamline and make more transparent the prior authorization process for MA enrollees. I first signed on to the bill in 2022 during the 117th Congress, and I'm glad to see that the Centers for Medicare and Medicaid Services (CMS) has since implemented some of the reforms covered by our bill. In particular, CMS finalized a rule in January requiring insurance payers to notify providers and patients of prior



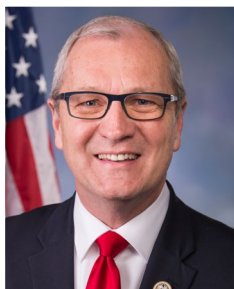
The Bone & Joint Center

NORTH DAKOTA'S LARGEST INDEPENDENT ORTHOPAEDIC PRACTICE

Our **team of experts** includes board-certified orthopaedic surgeons, a board-certified neurosurgeon, experienced therapists and customer service specialists. With **convenient locations** across the state, including Bismarck, Dickinson, Minot and several outreach clinic locations, we're ready to deliver **high-quality care** to patients in a safe, comfortable environment.



1.800.424.2663 | www.bone-joint.com



Telehealth Extends Access for Rural Patients

Kevin Cramer
North Dakota Senator

While telehealth existed to a small degree prior to the COVID-19 pandemic, the COVID-19 Public Health Emergency (PHE) provided new options for the delivery of its services to Medicare beneficiaries across the nation. This revolutionized healthcare delivery overnight by providing remote access to essential medical care and physicians, especially to patients residing in small, rural communities. The continuation of telehealth policies first adopted during the pandemic has remained an essential tool in ensuring Americans receive the healthcare they need, while connecting patients with providers from the comfort of their homes.

In rural states like North Dakota, ensuring access to healthcare services is an essential component of maintaining the well-being of our communities and overcoming health disparities. With nearly 85% of the state classified as non-metro areas, telehealth visits provide North Dakotans an important care delivery option allowing individuals to check in with their clinicians without ever leaving their homes.

For patients seeking behavioral health and chronic care services, telehealth allows patients to consult with their providers in a proactive manner. They are able to address all facets of their health, including prescriptions, discussion of test results, and tailored care plans, all while reducing the number of in-office visits. In fact, for many the option of telehealth saves patients a several-hour drive to the nearest specialist.

Congress recognized the importance of telehealth and passed provisions to support continued access to these services for Medicare beneficiaries last year. While the COVID-19 PHE ended on May 11, 2023, the Consolidated Appropriations Act of 2023 has extended many telehealth flexibilities through December 31.

While some telehealth flexibilities are now permanent, other important services such as allowing beneficiary access from their homes, remain temporary. Without an extension by the end of December, Medicare enrollees will face limited options for telehealth services and new hurdles to accessing the same care they've been receiving.

Earlier this Congress, I joined a bipartisan group of over 60 Senate colleagues in introducing the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT), which would permanently allow Medicare beneficiaries in all areas of the country to utilize telehealth services from their homes, and expand the types of healthcare providers eligible to deliver and be reimbursed for telehealth services. I also cosponsored the Protecting Rural Telehealth Access Act, which similarly provides a permanent extension of the current telehealth flexibilities, allowing providers to continue building out their infrastructure to enhance services without worrying about temporary policy changes. My staff and I are following these bills carefully, along with others addressing telehealth. With Medicare telehealth flexibilities set to expire at the end of the year, Congress needs to pass an extension to ensure continuity of telehealth services. An extension would provide patients and providers with much-needed certainty.



My door is always open, and I welcome hearing from you about telehealth issues and others affecting healthcare providers in North Dakota.



Reflecting on Six Years in Congress and Our Journey to Make North Dakota the Healthiest State to Live In



Kelly Armstrong
North Dakota Congressman

Serving the people of North Dakota in Congress for the past six years has been the greatest privilege of my life. I want to thank the North Dakota Medical Association, your members, and healthcare professionals from across the state for your tireless advocacy and for keeping me informed about how best to solve the healthcare challenges that we encounter.

While we haven't solved every issue facing the medical community, we have made great strides in expanding access to telehealth, lowering the costs of prescription drugs, providing additional resources to our rural communities, and providing resources to help combat the opioid and mental health epidemics.

Access to quality and affordable healthcare is a key component of a thriving state and strong communities. When faced with the unprecedented COVID-19 pandemic, the medical community quickly adapted to incorporate telehealth visits into their practices. The advancement and expansion of telehealth have proven to be one of, if not the only, positive outcomes of the pandemic. The ability to access healthcare from the comfort of your own home has allowed older North Dakotans to stay in their homes longer, allowed for sensitive appointments, like mental health counseling to be conducted without stigma, and improved access to lifesaving care, particularly for those in rural communities who might otherwise go without.

We worked to pass legislation to help ensure that state, local, and tribal communities have flexible, stable, and consistent resources to help combat the twin epidemics of substance use disorders and the mental health crisis. These epidemics are inextricably linked and more difficult to solve in rural areas where access to care, mental health providers, and crisis beds are limited. When it comes to resources, the need still greatly outpaces the availability, however, I remain hopeful that Congress will continue to support efforts to solve the crises and stop the flow of fentanyl into our communities.

Valor
HEALTHCARE

Great Place To Work Certified 2023 PLATINUM

Primary Care Providers Needed

Enjoy a lucrative and purpose-filled mission-

- Up to 8 weeks paid time off
- Relocation assistance
- Strong mission, "serving those who have served"
- Enjoy life with no nights, no weekends or call
- Robust benefits package with 401(k) employer match
- Great work/life balance

SCAN QR CODE TO LEARN MORE



As my time in Congress comes to an end, I want to thank you again for your confidence in me over the past six years, your tireless advocacy, and everything you do for the citizens of North Dakota to ensure that it is the best, and healthiest state to live in.





Wearable Wisdom or WebMD on a Wrist?

VOGEL
Law Firm

Briana L. Rummel
Attorney for Vogel Law Firm

Co-writer: Bridget B. Grathwohl | Summer Associate for Vogel Law Firm

From tracking step counts, sleep cycles, and heart rates, to detecting falls, menstrual cycle phases, and blood oxygen saturation, wearable devices have evolved from basic fitness trackers to a source of health data rivaling even some of the most sophisticated medical equipment. Most wearables are connected via Bluetooth or Wi-Fi to a corresponding smartphone app constantly monitoring and analyzing its wearer's various physiological metrics. Whether it's an Apple Watch, Fitbit, or Garmin, these rechargeable electronic gadgets are ever pervasive—as in 1 in 3 Americans report using a smartwatch or fitness tracker, according to the most recent data from the National Heart, Lung, and Blood Institute. There is a double-edge-sword when it comes to wearables as they empower patients to take control and be more mindful of their health, while potentially leading to an increase in self-diagnoses and prompting patients to scrutinize over every bit of data, regardless of its accuracy or importance.

So, what should providers do when patients bring weeks' worth of data to their next appointment? And, perhaps of even greater concern, how does this information impact the applicable standard of care?

Wearables collect a treasure trove of health data, and patients may expect all of it to be clinically relevant. Patients may be inclined to analyze the data themselves using the graphs, charts, and scoring systems found on the app neatly categorizing large volumes of data, at least at first glance. Patients are then likely to arrive at their own conclusions and potentially attempt to render their own treatment, similar to how patients interpret their symptoms using WebMD or other readily available electronic resources to self, and in some instances, mis-diagnose.

However, wearables, like any medical technology device, are not infallible and the data may be tainted by inaccurate readings, inconsistent usage, sensor failure, improper placement, or user error. Accordingly, providers should critically analyze wearable data and consider running further clinical tests to determine its accuracy and formulate a proper care plan.

Providers should be inclined to analyze health data from wearable devices the same way they analyze other patient-reported data—as a factor, not a singular source, in determining the patient's global health report to render an evidence-based diagnosis and care plan. Data from wearable technology may provide unique insights into the wearer's day-to-day (and sometimes up-to-the-minute) health metrics, which might otherwise be difficult to capture. However, this data should be used to supplement, not overshadow, trusted clinical methods of diagnosis and treatment.

The abundance of data from wearables may be especially overwhelming when transmitted through electronic healthcare portals. Healthcare professionals may not have the time and resources to properly analyze the collection of health markers and provide a timely review. Moving forward, it may be necessary for healthcare providers to manage patient expectations regarding the reliability of wearable devices and a realistic response time for a care team member to sift through large amounts of data. Some facilities report having started billing patients for messages requiring a clinician's time and expertise to answer.

It remains to be seen how health data from wearable devices may impact malpractice and other litigation. For example, a plaintiff in a malpractice action may claim they suffer from a lack of sleep and limited mobility while the data from their wearable device strongly suggests otherwise demonstrated by sleep charts evidencing long and peaceful nights and days filled with frequent walks and high step counts. However, authentication and other challenges may affect the admissibility of this evidence. As always, physicians and healthcare providers should consult with an experienced attorney regarding specific legal questions.

As always, physicians and healthcare providers should consult with an experienced attorney regarding specific legal questions.



Briana Rummel

Angie Lord

Brenda Blazer

OUR PRACTICE PROTECTING YOURS

When you as a healthcare professional need sound legal advice or a strong defense, Vogel attorneys are here to help. Our skilled and experienced team has an exceptional record partnering with physicians, multi-specialty health systems, hospitals, clinics, and other healthcare professionals on legal matters. Use our expertise to assist with:

- // Medical Malpractice Defense
- // Professional Board Matters
- // Risk Management
- // Compliance
- // Administrative Matters
- // Licensing

Bismarck // 701.258.7899

Fargo // 701.237.6983

vogellaw.com

VOGEL
Law Firm

With offices in Fargo and Bismarck, ND, and Moorhead and Minneapolis, MN



McKenzie Health Expands Services to Williston



Gary Ramage, MD
Chief of Medical Staff at McKenzie Health

On a quest to continue the journey towards regional healthcare excellence, Watford City and McKenzie Health have been expanding services to accommodate the growing population of McKenzie and Williams Counties.

As part of that journey, McKenzie Health expanded its services to downtown Williston by opening a full-time care and medical facility at the former Fairlight Medical Center. The expansion focuses on providing orthopedic services and comprehensive muscle and joint care. The facility also features a walk-in clinic, providing same-day care for various injuries, illnesses, vaccinations, and includes a state-of-the-art Magnetic Resonance Imaging (MRI) scanner to augment our existing X-ray and lab setup.

The expansion was a logical fit since McKenzie Health Orthopedics already offered services in the building. This was an opportunity to expand and do more for our population.

Further expansion plans include adding Physical Therapy and Occupational Therapy (PT/OT), General Surgery, Family Practice, Interventional Radiology, and a few special surprises to the newly renovated building.

McKenzie Health is based out of Watford City in McKenzie County and has recently hired its 53rd physician, hand in hand with 17 mid-level providers and 150 plus telemedicine specialists. The hospital employs more than 400 people at any given time.

This summer's Williston Grand Opening and Ribbon Cutting Ceremony was the culmination of many individuals dedicating hours of tireless work. Nearly 100 individuals and dignitaries attended the event, and a good time was had by all. Stories of necessity and future collaborations abounded in plenty!

NEW DEA CERTIFICATE RENEWAL REQUIREMENTS

ARE YOU READY?

Special Discount Available for North Dakota Medical Association Members!
Use NDMA100 for \$100 Off

[HTTPS://CLINICALOPTIONS.COM/CONTENT/DEA-RESOURCE-CENTER](https://clinicaloptions.com/content/dea-resource-center)



LEARN MORE

WHAT IS IT?

Effective June 27, 2023, the US Drug Enforcement Administration (DEA) requires all DEA license holders to take at least 8 hours of training on opioid or other substance use disorders, as well as the safe pharmacologic management of dental pain, to apply for or renew their DEA certification.

HOW CAN I FULFULL THIS REQUIREMENT?

In partnership with Clinical Care Options (CCO), MMA now offers a comprehensive, DEA-compliant CME course, Controlled Substance Prescribing and Substance Use Disorders. Learn at your own pace on-demand—with expert-led sessions that can be taken whenever, wherever.





Dr. Gary Ramage is passionate about his community and has been since 1995 when he arrived in small town Watford City to be part of the McKenzie Health medical staff.

He is respected by his peers and community for outstanding leadership skills as medical director of the trauma committee, for his medical directorship of long-term care, for serving as the medical director for McKenzie County Ambulance Service, and for serving as the medical officer for Watford City and McKenzie County.

Dr. Ramage was also the 2019 recipient of the Physician Community and Professional Services Award.

Pictured: Dr. Gary Ramage received NDMA's 2019 Physician Community and Professional Services Award



Dr. Gary Ramage and grandson Gabriel take a moment to soak up the excitement together.



Sharing the ribbon-cutting moment are Pete Edis CEO MCHS and Williston Chamber of Commerce President Anna Nelson.



Pictured from left to right: Chad Bowen, urgent care provider; Dr. Ravi Joshi, orthopedic surgeon; Pete Edis, CEO McKenzie County Healthcare Systems (MCHS); Angela Ekblad, orthopedic clinic provider; Valerie Lind and Victoria Zvyagelskiy, Williston clinic and nursing staff.

Why Refer a Child to Make-A-Wish?



Submitted by Make-A-Wish ND

At almost seven-years-old, Rylan from Grafton, N.D., was diagnosed with a neuromuscular disorder. Overnight, he and his family went from thinking about playtime, chores, and spending time at the lake, to coordinating schedules around doctor's appointments and reconsidering their new normal. Then, Rylan was referred to Make-A-Wish North Dakota.

For many North Dakota physicians and their teams, referring qualified patients to Make-A-Wish has been an important part of a patient's treatment journey. In a study conducted in 2021, 93% of surveyed medical providers said the wish experience strengthened their relationship with their patients, and 90% said they observed children increasing their compliance with treatment. While medical teams focus on the health and wellbeing of their patient, we at Make-A-Wish focus on reclaiming carefree ease of childhood that a critical illness can strip away.

During the Make-A-Wish journey, patients (known to us as wish kids) meet with volunteers and staff to discuss their favorite things, hobbies, and interests to come up with their one true wish. For Rylan, reclaiming his joy meant one thing: going to Disney World for his golden birthday!

Rylan's trip brought him joy, but it also served another purpose: it brought his family closer together. Rylan and his dad have birthdays in the same week, and he has always wanted to throw a joint party. Together, they experienced Magic Kingdom and were able to celebrate having each other in their lives. After their trip, Rylan's mom wrote, "We had the most magical week as a family that I don't think we realized we needed."

While positive feedback from families never hurts, numbers don't lie. Ninety-eight percent of surveyed medical providers observed the wish experience helping relieve a family from traumatic stress as a result of their child's critical illness. Furthermore, 98% said the wish experience has a positive impact on a child's physical well-being, and 75% said a wish improves a child's medical outcomes.

This is impactful news as we work to reach our vision of granting every eligible child's wish.

At the end of our Fiscal Year on August 31, we will have reached a record number of wish kids in North Dakota. Yet, we know there are more children out there that we don't know.

We believe every eligible child deserves the power of a wish and we're counting on you, their physicians and medical care teams, to help bring us together.

We're thrilled that wish kids Lane from Dickinson, Chloe of Bismarck, Kenobi of Columbus, Anna of Minot, Briley of Fargo, TJ of Emerado, and so many others, were referred by their physicians and medical care teams. We invite you to refer the next.

To learn more about what qualifies a child for a wish or to start a referral, please visit md.wish.org today. It's a decision that will change a life – maybe even yours, too.

★ REFERRALS START WITH YOU ★

I wish to have a gaming set-up!

Lane, 11 Dickinson
blood disorder

LANE
YOUR WISH FOR A GAMING SETUP HAS COME TRUE!

DON'T WAIT FOR HOPE. Create it.

Hope is essential for children with critical illnesses, and you can unlock its life-changing power today. Help make wishes come true.

REFER A CHILD AT MD.WISH.ORG

Make-A-Wish NORTH DAKOTA

Physician Promotions and Recognition

Dr. Ron Ottenbacher Promoted to Lieutenant Colonel



NDMA member Ron Ottenbacher, MD, received mile-marker recognition by being promoted in rank to Lieutenant Colonel.

The ceremony was performed at Vermillion, SD with the 730th Medical Company Area Support (MCAS).

Dr. Ottenbacher's family was present for the event, including his father, retired Army Colonel John Ottenbacher, MD, who assisted Ron's children through the pinning process.

Dr. Ron Ottenbacher specializes in Internal Medicine at the Fargo VA Medical Center and is also a member of the NDMA First District Medical Society.

Lieutenant Colonel Ron Ottenbacher, MD, expressed his gratitude for having a family tradition rich in both medicine and military service.

Dr. Andrew McLean Recognized for Service of Excellence



Recognized for his decade of volunteer mental health training and consultation, Dr. Andrew McLean was provided with the IHSAN Award.

The award was presented to Dr. McLean from the Islamic Social Services Association of Canada.

The IHSAN Award is an Arabic term meaning "perfection" or excellence." It is a matter of taking one's inner faith and showing it in both deed and action; a sense of social responsibility born from spiritual convictions.



MENTAL ILLNESS IS NOT A CHOICE
but healing is
**THE VILLAGE'S INTENSIVE
OUTPATIENT PROGRAM CAN HELP**

THE village
FAMILY SERVICE CENTER

Referrals are welcome but not required
701.451.4900 | TheVillageFamily.org/IOP



VIRTUAL SCRIBING: Using AI in Medical Practices

Alan Lembitz, M.D.
COPIC Department of Patient Safety
and Risk Management



The benefits of using AI tools to quickly and accurately generate a record of clinical interactions are obvious. However, there are many considerations to examine before implementing the use of such tools.

- Patients will need to be aware of and consent to the use of the recording devices in place to generate the records. Providers will need to learn to “narrate their examinations” to populate the record. A policy to erase the work product of the recording at regular, short intervals, as well as open access to the final record generated from that work product will help allay patients’ fears about how their information was captured and what is going in their permanent medical record.
- The need to provide the processes required by the Cures Act will be even more important. One can also predict that patients’ awareness of the record and their requests to edit, amend, or delete materials in it will increase and the provider or their staff will need to be cognizant of the necessary HIPAA processes and documentation.
- Finally, and most importantly, given how AI works and its inherent ability to produce fluent but possibly inaccurate, misleading, or even harmful output, the provider will absolutely need to read and verify the content of the notes generated by AI. The option of “dictated but not read,” in this case becomes “AI generated but not read” and will not be an accepted practice.

Is a HIPAA business associate agreement necessary?

Yes. Since AI/scribe functionality will almost invariably involve Protected Health Information (PHI), a Business Associate Agreement (BAA) is required by the HIPAA Privacy and Security Rules.

Do patients need to consent to the remote AI scribing? Verbal or written?

What are the elements of that consent? This depends entirely on state regulations. For “two party” states, where consent is required from both parties to record a conversation, it is absolutely necessary to obtain patient consent. For “one-party” states in which both parties are not required to consent to recording, this may not be a legal necessity, but is still strongly encouraged. There are many ways to obtain this consent. It can be incorporated into a broader consent form that a patient might

sign at the onset of treatment, or can be a specific document. The current state of the industry seems to be that providers obtain verbal consent which is then documented in the chart. That seems to be the minimum necessary standard that most healthcare organizations are using.

How long does the recording last and is it destroyed once the medical record is created?

This is completely vendor-dependent and not covered by any particular regulation. One major industry leader currently states that they hold on to the recordings for one full year, but we are seeing a trend towards the holding period becoming shorter. The medical record that was created from the recording is subject to the rules and policies for medical record retention and accessibility.

In the past, some providers included disclaimers about the possible irregularities of voice recognition (although our legal advice frowned against that, as it provided no relief and simply stated you were aware that it had errors and didn’t take steps to fix them). Is the healthcare community using disclaimers like this?

While guidance in the previous question states that transparency that AI was used to generate the clinical record is a best practice, the community is (rightly) moving away from additional disclaimers beyond that. They offer no real protection and may actually increase potential liability. By signing a document, providers are responsible for the content of that document, regardless of how that content was created. If some sort of disclaimer is still desired, a better practice would be to say something like “This document was created in part by using voice recognition software and was reviewed by the author. If errors are present, please bring them to our attention.”

Information in this article is for general educational purposes and is not intended to establish practice guidelines or provide legal advice.



C O N F I D E N C E

B E Y O N D

C O V E R A G E

As your premier medical liability insurance carrier, you can trust us to put our strength, expertise, and agility to work on your behalf. Our claims support includes access to alternative resolution programs designed to help you confidently manage unexpected outcomes and preserve patient relationships. If a claim progresses, we protect and guide you, help you understand your options, and are with you each step of the way. **That's Value Beyond Coverage.**

COPIC is proud to be the endorsed carrier of the North Dakota Medical Association. NDMA members may be eligible for a 10% premium discount.



CALLCOPIC.COM | 800.421.1834

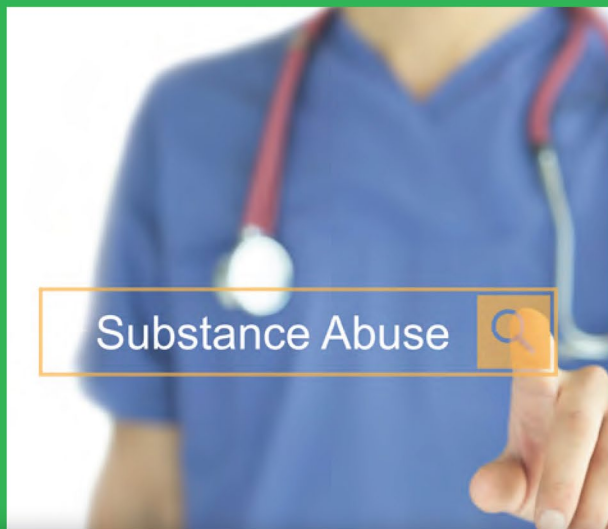
North Dakota Physician

North Dakota Medical Association

1622 E Interstate Avenue
Bismarck, ND 58503-0512

PRSRT STD
U.S. Postage
PAID
Bismarck, ND
Permit #433

ARE YOU WORRIED ABOUT YOUR WELLBEING?



DID YOU KNOW that Medical Providers are affected by Substance Use Disorders and Mental Illness at the same rate as the general population?

If you have concerns please contact the NDPHP.

NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

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

We are here to help.



NORTH DAKOTA PROFESSIONAL
HEALTH PROGRAM

919 S 7th St. Suite 305 Bismarck, ND

tel 701.751.5090 fax 701.751.7518

ndphp.org

NDPHP MISSION: To facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.