

INSIGHT

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Affecting Hospitals Today



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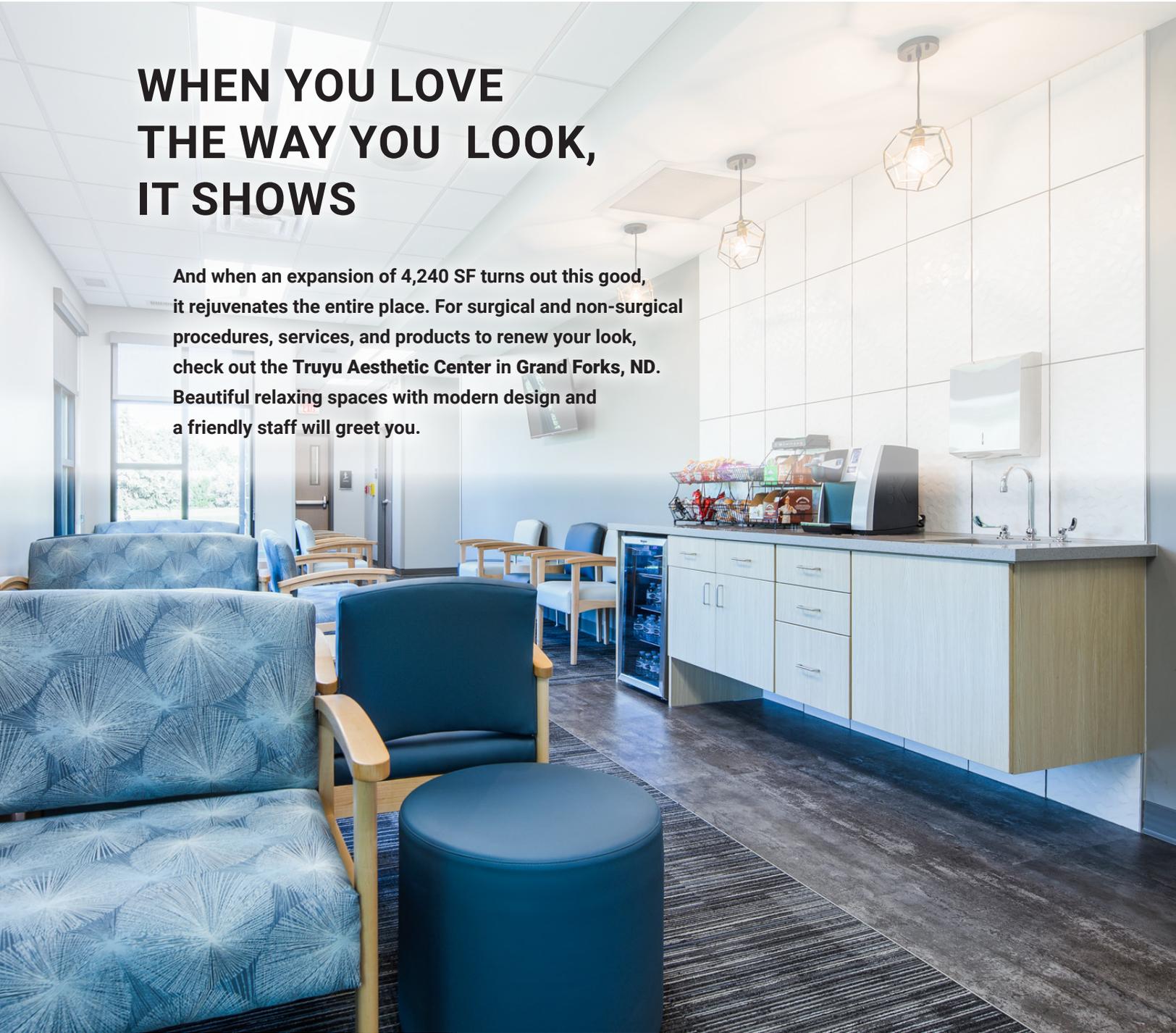
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Insight Submission Policy

The ND Hospital Association is pleased to accept submissions for Insight. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDHA at:
pcook@ndha.org

The deadline for the Spring Issue is April 1st, 2020.

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WELCOME TO INSIGHT OCTOBER 2019

I would like to take this opportunity to thank those individuals who attended NDHA's annual convention and tradeshow earlier this month in Fargo. Pam

Cook and the education committee provided two and half days of great education and networking opportunities. We look forward to seeing you in Bismarck next year.

Now that the summer has officially ended, NDHA shifts its focus to legislative studies during the interim. Legislative Management met this past summer to decide which discretionary studies should be performed. It was decided that 46 studies will be completed before the next legislative session.

NDHA will be tracking 16 studies that have potential to impact healthcare. I've summarized some of the key healthcare studies below.

HEALTH CARE DELIVERY: Study the delivery of health care in the state, including the needs and future challenges of the North Dakota health care delivery system and rural access to primary health care, the use of emergency medical services, strategies to better serve residents, and the role of health care services in the future development of the state. *(2019 SB 2012, section 48)*

HEALTH FACILITY CONSTRUCTION AND RENOVATION: Study the Department of Health licensing process for health facility construction and renovation projects, including the appropriate role of the Department. *(2019 SB 2317, section 3)*

BEHAVIORAL HEALTH SYSTEM: Study implementation of Human Services Research Institute's recommendations for the North Dakota behavioral health system; receive updates on each major recommendation; identify availability, access, and delivery of behavioral health services; seek input from stakeholders, law enforcement, social and clinical service providers, medical providers, mental health advocates, emergency medical service providers, juvenile court personnel, educators, tribal governments, and state and local agencies; and consider options for improving access and the availability of behavioral health care. *(2019 SCR 4014)*

HEALTH INSURANCE PREMIUM RATES: Study ways the state may be able to positively affect the current trend of health insurance premium rates increasing, with a focus on the high-risk and subsidized markets. The study must be solution based to reduce costs and may include consideration of whether a strict managed care model might be effective. *(2019 HB 1106, section 3)*

STATE GUARANTEED ISSUE PROVISIONS FOR HEALTH INSURANCE: Study the feasibility and desirability of state guaranteed issue provisions for health insurance, including consideration of protections for individuals with pre-existing conditions and consideration of whether to restructure the Comprehensive Health Association of North Dakota (CHAND). *(2019 SB 2010, section 17)*

We will keep members updated throughout the interim as these studies go forward.

Enjoy the magazine.

*Tim Blasl, President
ND Hospital Association*



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HEALTH INFORMATION TECHNOLOGY: THE EVOLUTION OF HEALTHCARE

Over the past few decades health information technology has played an increasingly vital role in the evolution of healthcare.

Changes in medical costs, the economy, and aging baby boomers continue to have exponentially greater effects on the healthcare field. Now more than ever, healthcare companies and facilities are relying on more information to make smarter decisions and position themselves for the future. With the rapidly changing industry and employment environment, healthcare organizations are increasingly relying on big data and information technology to dictate and guide how they should go about setting themselves up for future success.

While the healthcare industry scrambles to figure out how to make medical care more accessible and affordable, they are also discovering that the aging generation can now expect to live well into their

eighties which means that the levels of care that will be required have never been seen before, and healthcare organizations need to find a way to combat this rising problem. The world has never seen or had to care for patients at levels as seen in the baby boomer generation. In the US alone, there is an estimated 74 million baby boomer Americans. Everybody ages at some point and needs some kind of care one way or another and the baby boomer generation is no different.

In addition, the healthcare industry is already facing a massive healthcare talent shortage, well before the baby boomer generation retirement is in full swing. We're on the verge of the problem and it's already really bad. This all means that the industry is facing major changes

moving forward and turning to healthcare information technology to help solve the challenges ahead. The field has started to shift the way it addresses and stores data for organizations' patient portals, which is good news for students and people currently in the job market. The reason for this is due to the increased legislation and consumer demand for enhanced security when it comes to private user information and healthcare medical records. This means that healthcare organizations and facilities need to find qualified professionals who not only know

how the security and information technology landscape is changing, but also have the skills to implement new tools and technology that will safeguard their patients' and employee information.

In addition, healthcare organizations and facilities are willing to spend millions of dollars in protection and technology investments to ensure that

their facility is on the cutting edge of this new wave of healthcare information technology safeguards because it helps reduce the potential financial risk or litigation exposure they might incur from potential data breaches. The healthcare industry has seen an increasing number of attacks and data breaches, which make it more critical than ever for healthcare organizations and facilities to recruit and implement revised healthcare information technology strategies.

Healthcare organizations cannot sit idly by and hope that their existing information technology infrastructure is good enough for the future, as they open themselves up to potential government fines and consumer lawsuits.

Another way that the healthcare industry is rapidly



changing and needs to quickly evolve using information technology is the speed at which decisions need to be made. Now more than ever, healthcare organizations are seeking ways to improve patient care numbers, increase revenue, increase patient retention, and cut down on costs. All of those things are possible through better forms of care and reduced downtime.

Information technology can significantly advance the speed at which decisions are made, identify potential cost cutting methods, implement time saving methods, personalize care more efficiently to increase patient retention, and ultimately increase revenue in the long run.

Information technology isn't just impacting the healthcare industry, it's shaping nearly every industry around the

globe. For those job seekers who are looking to position themselves for the future and secure their career, working in information technology in the healthcare industry is one of the most stable prospects you can consider. Obtaining a specialized degree that allows you to use your knowledge of coding, technology, and entering the medical industry is looking to be one of the more secure ways to delve into the healthcare industry and start a successful career, without spending nearly a decade obtaining your post-secondary credentials.

Hospital Careers; 8/20/19

<https://www.hospitalcareers.com/blog/health-information-technology/>

GANNON JOINS HOSPITAL SERVICES, INC., AS ACCOUNT EXECUTIVE



Dan Gannon has joined Hospital Solutions, Inc., (HSI) a subsidiary of the North Dakota Hospital Association, as Account Executive on July 1, 2019.

Mr. Gannon is a result driven territory manager possessing over 17 years of experience in the healthcare field. He has

worked several years as a pharmaceutical manufacturer representative and on the wholesale pharmaceutical side of the business.

Mr. Gannon received his Bachelor of Science in Business Administration from Valley City State

University, in North Dakota, and dual Master of Business Administration (MBA) and Master of Management (MIM) degrees from the University of Mary, Bismarck, ND.

“Dan has a strong history of success in sales”, said Tim Blasl, President of the North Dakota Hospital Association. “We are very fortunate to have someone of Dan’s experience and caliber sitting down with our members and listening to them to find the products and services they need at the lowest cost.”

Dan makes his home in Bismarck with his wife Nancy and three daughters.

Dan can be reached via email dgannon@hsisolutions.org or cell (701) 471-4588.



John Hoeven



202 · 224 · 2551



LEVERAGING TECH ENTREPRENEURSHIP HAS EMPOWERED NORTH DAKOTA COMPANIES TO HAVE A GLOBAL IMPACT IN HEALTH CARE

Senator John Hoeven (R-ND)

Opinion Contact: Kami Capener or Alex Finken

Kami_Capener@hoeven.senate.gov

October 17, 2019

North Dakota's economy has developed in ways that have defied expectations and caught some by surprise. We've long been leaders in agriculture and energy, but we are also now seeing our technology sector take off in a big way. Tech serves as the third wave in our economic growth and has allowed us to leverage new opportunities in a wide range of industries, including health care. As a result, companies here at home are making a tremendous impact on the health and well-being of people around the world.

One such business is Aldevron, a bioscience manufacturing firm that is making key advancements in areas like gene therapy and vaccines, having even advanced a malaria vaccine to the final stage of FDA testing. Aldevron, which was born out of a single lab at North Dakota State University, has continually invested in the Fargo area, opening the largest plasmid manufacturing facility in the world last year and then breaking ground on an 189,000 square foot expansion in August, which altogether will house more than 1,000 employees.

We are also home to Protosthetics, a startup that uses 3D printing to produce affordable orthotics and prosthetics that help improve quality of life. Such innovation helps increase access to medical devices, including for those in the developing world and young children, who quickly outgrow their prosthetics and whose families must repeatedly bear this cost.

These are just two examples of the North Dakota-based companies that are making important health care advances. We've been able to achieve this growth due to our work since my time as governor to establish our state as a hub of tech entrepreneurship. This includes building a pro-growth business climate and investing in our research institutions through initiatives like the Centers of Excellence program as well as our universities' technology incubators.

Now, as a member of the U.S. Senate, I continue working to foster such entrepreneurial achievements. Our ongoing efforts include my annual State of Technology Conference, where we highlight local innovators – including Aldevron and Protosthetics – and which serves as a catalyst for new innovation and investment. Further, we are working to keep our nation on the cutting edge of biomedical science by securing increased funding for the National Institutes of Health (NIH), including a \$2 billion increase last year. Initiatives at the NIH and other agencies have directly supported medical research at North Dakota institutions, including NDSU and UND, creating opportunities for new innovations to be realized and brought to market, such as new treatments, medicines and medical devices.

At the same time, I helped introduce the Portable Benefits for Independent Workers Pilot Program Act, bipartisan legislation that would help make a wide range of benefits, including health, education, retirement and disability benefits, more accessible for entrepreneurs, providing greater certainty to them and their families. I also continue to prioritize Science, Technology, Engineering and Mathematics education (STEM) and have cosponsored bipartisan bills, like the Employer Participation in Repayment Act, to make higher education more affordable.

Technology has long been the driving force behind growing our economy and improving our quality of life, and this trend continues to accelerate. Our efforts will help strengthen the entrepreneurial ecosystem in North Dakota and the U.S. That means we will continue to benefit from new breakthrough technologies that tackle the challenges faced by our health care providers, empowering them to succeed in their vital work.

SUBSTANCE USE & MENTAL ILLNESS

in North Dakota Adults (18+)

2015-2016 National Survey on Drug Use and Health (NSDUH)

SUBSTANCE USE | MENTAL ILLNESS

9%
OR
52,145
adults had a Substance Use Disorder (SUD) in the past year



17%
OR
98,843
adults have Any Mental Illness (AMI) in the past year



BEHAVIORAL HEALTH IS
a state of mental/emotional being and/or choices and actions that affect wellness.

In the past month,
34%
OR
198,150
adults engaged in binge drinking



4%
OR
23,175
adults have Serious Mental Illness (SMI) in the past year



In the past month,
7%
OR
40,557
adults used illicit drugs



▶ FACT
By 2020 mental & substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

An estimated
19,699
adults have co-occurring behavioral health disorders (both SUD and AMI)

Substance Use Disorder (SUD): Individuals with alcohol or illicit drug dependence or abuse are defined as having SUD. The questions used to measure dependence and abuse are based on criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Population estimates from 2017 Census estimates.

Any Mental Illness (AMI) is defined as individuals having any mental, behavior, or emotional disorder in the past year that met DSM-V criteria (excluding developmental and substance use disorders).

Serious Mental Illness (SMI) is defined as adults with any mental, behavior, or emotional disorder that substantially interfered with or limited one or more major life activities.

Created by the North Dakota State Epidemiological Outcomes Workgroup (SEOW)
www.prevention.nd.gov/data



CONGRESS HAS AN OPPORTUNITY TO PUT ASIDE POLITICAL GAMES AND FIX HIGH DRUG PRICES

By Sens. Chuck Grassley and Kevin Cramer

Washington is consumed with wall-to-wall

coverage of impeachment, Ukraine, and transcripts. Every question we receive from the DC press corps is about that. But do you know who isn't obsessed with this? Our constituents.

Every day, we hear from people across North Dakota and Iowa. Most of them are not talking to us about impeachment. They are coming to us because they worry about being able to afford the medications they need to live. They face heartbreaking calculations, trying to figure out if they can pick up their prescriptions and still afford to put food on the table or pay for their housing.

This is reality for people living outside the Washington bubble. It's the reality for many of our constituents and people all across the country. It's the reality we're determined to fix through bipartisan and thoughtful legislation.

There are a lot of factors that keep the cost of prescription drugs high. One of them is pharmacy benefit managers, or PBMs. These middlemen in the drug supply chain act as a go-between for pharmacies and insurers. Under Medicare Part D, PBMs negotiate the price of prescription drugs. In a perfect world, they would use the savings to lower the amount the patient pays at the pharmacy counter, but unfortunately that rarely happens.

Prescription drug middlemen, as well as drug manufacturers, too often respond to the current incentives in the system by putting their financial gain ahead of patients. A pointed example is the egregious increase in the cost of insulin. Though the drug has been available for nearly a century, the list price has skyrocketed. In Medicare alone, out-of-pocket costs for insulin have more than quadrupled since 2007. It's been estimated that the price of a 40-day supply of the diabetes medication rose from \$344 in 2012 to more than \$660 just four years later.

Though manufacturers set the list price for insulin, PBMs play a critical role in pricing as the primary negotiators. The American Diabetes Association found that as PBMs have secured increased rebates as a percentage of the list price, the heightened rebates have contributed to the higher cost of insulin for too many patients. Patients who have to pay out-of-pocket or pay a percentage of the list price instead of a lower flat copayment can face financial challenges that can have devastating consequences. Earlier this year, the Senate Finance Committee held a hearing on drug pricing. At that hearing, one witness testified that her son, worried about the financial burden his monthly \$1,700 insulin prescription was putting on his parents, began rationing his treatments.

Tragically, that can have life-threatening consequences.

Bipartisan legislation, on top of aggressive oversight of insulin manufacturers and PBMs, are the steps we've already taken to help bring down costs of insulin and other prescription drugs. But other factors contribute to high prices at the pharmacy counter.

Other PBM practices also keep drug prices high so that patients pay more at the pharmacy counter. PBMs use direct and indirect remuneration (DIR) fees, also called "clawback" fees, that they require pharmacies to pay back months after a prescription is filled. This practice not only puts a strain on pharmacies' ability to serve their communities, it requires patients to pay based on an amount that is higher than the true cost of the drug. Another way is through spread-pricing. PBMs buy drugs from wholesalers at one price and sell them to pharmacies at a much higher price. The discrepancy between prices is often significant, particularly for generics. The inflated prices are good for PBMs, but bad for patients and taxpayers.

Increasing transparency in the drug pricing system is critical to lowering costs for patients and taxpayers. That's why we've been working on legislation that shines a light on manipulative practices by drug makers and PBMs, including the Prescription Drug Pricing Reduction Act (PDPRA).

PDPRA not only increases transparency into the opaque practices of PBMs, it also addresses the lack of transparency in manufacturer drug pricing decisions. Further, it improves incentives to increase negotiation between prescription drug plans and manufacturers in order to help reduce costs at the front end of the process and provide true savings to patients at the pharmacy counter.

The Congressional Budget Office (CBO) estimates that PDPRA would save taxpayers more than \$100 billion, with \$90 billion in Medicare and more than \$15 billion in Medicaid. Medicare beneficiaries would also save \$25 billion in out-of-pocket costs and \$6 billion in premiums. Americans in the commercial market would also see savings due to a provision in the bill that would reduce Medicare costs for prescription drug benefits also offered by commercial insurance plans.

The day-to-day political dramas that shroud "Beltway Insiders" don't represent the wants and needs of most Americans. It's the kitchen table issues, such as the high cost of prescription drugs, that folks in North Dakota, Iowa, and other states want and need solutions for. With leaders on both sides of the aisle recognizing this problem, we have an opportunity to pass meaningful, bipartisan legislation to help those we serve. While no legislation is ever perfect, we urge our colleagues to join our efforts and work with us to pass real reforms.



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SPOTLIGHT ON INTALERE'S SOLUTION GROUP

Intalere has created the Solutions Group, a division to assist healthcare organizations with addressing and overcoming their pain points and challenges. These programs offer a full spectrum of clinical and operational solutions that enable healthcare providers to optimize patient care through quality, operational and financial enhancement and to overcome healthcare challenges. A unique aspect of the Solutions portfolio is that an organization does not need to be an Intalere member. Many of these offerings are not available through any other group purchasing organization. Here are just a few popular offerings.

INTALERE REVOLUTION LABORATORY

Intalere REvolution is a full-service, customizable revenue cycle management consulting solution that will examine your laboratory and radiology departments to help collect more of the cash, in a timely fashion, that your organization has earned. Intalere's operational improvement expertise, coupled with its cloud-based analytics and billing and collections management services, can contribute substantial margins for your organization. This program is designed for hospital labs, clinic labs, physician labs, and free-standing commercial labs.

INTALERE LABOR ADVANTAGE

Intalere partners with Altius Healthcare Consulting Group to deliver the Intalere Labor Advantage, an all-in-one business solution for improving productivity and efficiency. Intalere Labor Advantage brings value to your organization by guiding it through benchmarking, implementation and monitoring in order to achieve your established goals—and realize sustainable results.

This program is designed to build accountability and drive the organization to meet financial goals **WITHOUT LAYOFFS, WITHOUT HIRING FREEZES AND WITHOUT SALARY FREEZES**. Facilities can expect a minimum of 10:1 return on investment in both the labor management and organizational assessment areas. Every client has achieved a minimum of \$1 million in savings. This program is designed for acute and non-acute care facilities.

INTALERE ROBOTIC PROCESS AUTOMATION (RPA)

A software “robot” that will match the repetitive processes and actions of a human interacting within digital systems. Robotic Process Automation (RPA) “mimics” the way human workers perform a transaction, using a virtual workforce (“bots”) to interact with your company's systems in the same way the human worker would. Essentially, any high-volume, business-rules-driven, repeatable process qualifies for automation. It's also non-invasive as it's overlaid on existing systems without modifying the application's code. This program is designed for all facilities using digital systems.

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OPTIANALYTICS Spend delivers both spend and contract visibility to continually uncover savings opportunities, make informed decisions, and spend more effectively.

INTALERE Clinical Advantage® a collaborative process to engage staff support and reduce costs in the areas of orthopedics, cardiology and neurology while not impacting patient outcomes.

These are just a few of the offerings available from Intalere Solutions Group for the healthcare market. Intalere's Cory Sylvester, who attended this year's NDHA Member Conference, is available to meet with your team to review and provide more in-depth explanation of these and all Intalere Solutions offerings. If you are interested in these services, or any Intalere products, please contact John Schreier at jschreier@hsisolutions.org or Dan Gannon at dgannon@hsisolutions.org or call our offices at 701-354-0316.



NEW THERAPY FOR VETERANS AT FARGO VA HEALTH CARE SYSTEM

By Rep. Kelly Armstrong

Innovation comes in fits and starts. Sometimes it's inventing something entirely new, while other times it's adapting an old tool or technique. When it comes to providing care to those who served our nation, we must continually drive medical innovation into unproven fields. Our veterans deserve nothing less.

In 2017, the Department of Veterans Affairs repurposed a therapy pioneered in the 19th century for current veterans. The VA announced it would offer hyperbaric oxygen therapy (HBOT) for veterans with traumatic brain injuries (TBI) or post-traumatic stress disorder (PTSD) symptoms that have not responded to traditional treatment.

Hyperbaric medicine increases oxygen in the body by placing the individual under greater than atmospheric pressure. It is most commonly associated with the treatment of decompression sickness suffered by divers, but it has also been used to treat carbon monoxide poisoning, enhanced healing of certain wounds like burns or skin grafts, and other acute conditions that involve restricted blood flow to a part of the body.

While the treatment has shown some promise, it is still unproven for PTSD and TBI. Some veterans say HBOT has helped them immensely, like Tyler Einarson, who told the West Fargo Pioneer in September that HBOT helped alleviate his PTSD symptoms. Einarson is now an employee at a local hyperbaric medicine facility that is a part of the VA pilot program.

However, clinical studies performed for the VA have thus far been inconclusive and hotly debated. A 2018 report outlined statistically significant improvements in several areas, including cognitive functioning and quality of life. The report noted, however, that a statistically significant

improvement in these areas does not always equal clinically significant symptom benefits. The report recommends additional studies but adds that offering HBOT to veterans with TBI or PTSD is "reasonable."

We owe it to our veterans to study every possible treatment option that may help them. "We have to explore every avenue, particularly for our most medically vulnerable veterans, and be open to new ideas and strategies for their optimal health and well-being," then-VA Secretary David Shulkin said in the VA's 2017 announcement.

Currently, the HBOT clinical demonstration program is only available to a small number of veterans who are geographically near the handful of facilities chosen to participate. In September, the VA added the Fargo VA Health Care System to the program, opening the therapy to veterans in North Dakota, South Dakota, and western Minnesota, yet many veterans are still unable to access the treatment.

To open this therapy to veterans across the country, I cosponsored the TBI and PTSD Treatment Act (H.R. 4370), which would provide HBOT to veterans diagnosed with TBI and PTSD in the VA system.

Veterans who have fought for our freedom deserve the freedom to choose this treatment. As bill author Congressman Andy Biggs noted, the legislation rightly places medical decisions between a veteran and his or her doctor, not between the patient and the VA bureaucracy. The bill has two vocal – and local – champions in the Senate. North Dakota's own Sen. John Hoeven and Sen. Kevin Cramer have introduced the Senate companion legislation.

I'm proud to support this bill and will strive to ensure that veterans have access to any safe and effective treatment that may serve them. They've earned it.

PARENTS LEAD.ORG

Teen Suicide

IDENTIFYING WARNING SIGNS AND WAYS TO RESPOND

Youth who are contemplating suicide frequently give warning signs – some more subtle, others more pronounced. Parents, friends, and other trusted adults are in a key position to identify the signs and get help. **Suicide is preventable.**

Talking openly and honestly about emotional distress and suicide is okay. It will not make someone more suicidal or put the idea of suicide in their mind. While teens who feel suicidal are not likely to seek help directly, knowing how to acknowledge and respond when thoughts of emotional distress or suicide are shared with you is important.

Risk Factors Associated with an Increased Likelihood of Suicidal Thoughts

- ☑ Mental illness (e.g. depression, conduct disorder) or substance abuse
- ☑ Environmental risks, including presence of a firearm in the home
- ☑ Family stress/dysfunction
- ☑ Situational crises (e.g., traumatic death of a loved one, physical or sexual abuse, family violence, bullying)

SUICIDE IS THE
2ND LEADING
CAUSE

of death among
teens and young
adults 15 to 19
years of age

Underage Drinking and Teen Suicide

Pre-teens who drink alcohol are substantially more likely to be involved in violent behavior as adolescents and young adults. In fact, research has shown that high-risk teens who drink alcohol underage are three times more likely than their non-drinking peers to attempt suicide, and those who begin drinking before age 13 are more likely to also be victims of dating and peer violence.



WARNING SIGNS

- Suicidal threats in the form of direct statements such as, "I am going to kill myself"
- Suicidal threats in the form of indirect statements such as, "I wish I could fall asleep and never wake up again"
- Suicide notes and plans, including messages and posts shared online
- Prior suicidal behavior
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions)
- Preoccupation with death
- Changes in behavior, appearance, thoughts and/or feelings

HOW TO RESPOND

- Remain calm
- Ask the teen directly if he or she is thinking about suicide
- Focus on your concern for their well-being and avoid accusations
- Listen attentively
- Reassure them that there is help and they will not feel like this forever
- Do not judge them or their thoughts
- Offer to stay with them. Do not leave the teen alone
- Offer to go with them to get help or contact a crisis line
- Remove means for self-harm
- Never keep what you've heard a secret
- Seek help from school or community mental health resources as soon as possible

If you or someone you know is struggling with thoughts of suicide, get help now.

- Talk with a friend, family member, counselor, or therapist
- Text "START" to 741741
- Call 1-800-273-TALK (8255)

Kids Health. About teen suicide. Retrieved from: <http://kidshealth.org/en/parents/suicide.html#>

Georgia State University Institute of Public Health (2008). New research links teen alcohol use with suicide. Retrieved from: <https://medicalxpress.com/news/2008-02-links-teen-alcohol-suicide.html#jCp>

Helpguide.org. Parents Guide to Teen Depression: Recognizing the signs of depression in teens and how to help. Retrieved from: <https://www.helpguide.org/articles/depression/teen-depression-signs-help.htm?pdf=true>

NORTH DAKOTA MEDICAL MARIJUANA PROGRAM UPDATE

By Melissa Hauer, General Counsel/VP

The North Dakota Legislative Assembly made numerous changes to the state's medical marijuana law during the 2019 legislative session. Several affect the role of health care providers in the process that authorizes a patient to use medical marijuana. Physician assistants (PA) were added to the definition of health care provider, which permits a PA with a bona fide provider-patient relationship to complete the written certification of medical conditions. The requirement that a health care provider state on a written certification that, in their professional opinion, the patient is likely to receive a therapeutic or palliative benefit from the medical use of marijuana was removed. And a requirement was added that a health care provider who had completed a written certification for a patient may notify the regulatory agency, the North Dakota Department of Health (Department), if the bona fide provider-patient relationship ceases to exist or if a patient no longer has a debilitating medical condition.

The definition of debilitating medical condition was also modified to add the following 12 conditions:

- Anorexia nervosa
- Anxiety disorder
- Autism spectrum disorder
- Brain injury
- Bulimia nervosa
- Ehlers-Danlos syndrome
- Interstitial cystitis
- Endometriosis
- Migraine
- Neuropathy
- Rheumatoid arthritis
- Tourette syndrome

The Department recently issued a report on the status of the state's implementation of the program. In fiscal year 2019, there were 1,183 applications submitted for medical marijuana registry identification cards. As of June 30, just over 800 individuals were approved and registered to use medical marijuana. The state has two medical marijuana manufacturing facilities and seven dispensaries. The eighth dispensary is set to open by the end of the year.

There were 155 health care providers that completed written certifications during fiscal year 2019. The percent of written certifications completed by health care provider was:

- 73% Physicians
- 23% Advanced Practice Registered Nurses
- 4% Physician Assistants

The Department's medical marijuana program 2019 annual report has more information, including the complete list of debilitating medical conditions and the top conditions submitted in written certifications. For more information, contact the Division of Medical Marijuana North Dakota Department of Health at medmarijuana@nd.gov or (701) 328-1311.

TWO GROUPS SEEKING RECREATIONAL MARIJUANA BALLOT MEASURES

We may see more changes in the state's regulation of marijuana. There are two groups in North Dakota seeking to put marijuana legalization in front of voters again. One group seeks to amend the state Constitution to allow people 21 years or older to possess, use, grow, process, and transport marijuana. The measure would allow marijuana to be sold or transferred to a person under age 21 "as prescribed by law." It would also allow possession of up to 12 plants per person for personal use and would require the legislature to set up a licensing and regulatory system for the manufacturing, packaging, and selling of marijuana products. The leader of the group has indicated that the major motivation behind the measure is because patients are having difficulty getting access to medical marijuana. Because it would be a constitutional amendment, supporters will need to gather 26,904 signatures in order to get the measure on the ballot – which they hope to do for the June 2020 primary election.

The other group, Legalize ND, is leading an effort for a statutory initiated measure to legalize marijuana. The group hopes to put its measure on the general election ballot in November 2020. This group says its mission is to pass full legalization of marijuana for those over the age of 21 and to expunge records of those who have been convicted of marijuana related crimes in the past. The proposed petition has not been finalized yet, but the group has said that it is working to write it to gain more public support than the measure it sponsored in 2018, which failed. There are three major differences in their new proposal: creating a regulatory framework governing such things as who may grow it, giving local communities the choice to opt out of having a local dispensary, and providing child protections in the packaging and labeling requirements.

The group intends to include a 10 percent excise tax in addition to sales tax. Half of the revenue generated would go into the state's general fund. The other half would be used to sustain a Marijuana Control Commission, which would be sole regulatory authority, and 10 percent each would go to state agencies for addiction treatment programs, education, parks and recreation, and workforce development, and 10 percent would go to the Legacy Fund. In order to be placed on the ballot, 13,452 signatures will be required.



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The National Organization of State Offices of Rural Health sets aside the third Thursday of every November – **NOVEMBER 21, 2019** – to celebrate National Rural Health Day.

Rural communities are wonderful places to live and work, which is why nearly 60 million people – one in five Americans – call them home. These rural communities also have unique healthcare needs. National Rural Health Day is an opportunity to celebrate the “Power of Rural”, bringing to light

the unique healthcare challenges that rural citizens face and showcasing the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address those challenges.

The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences produced a short video which features images from around the state of North Dakota highlighting picturesque scenes and dedicated providers who make living and working in rural a wonderful place to be.

**GET A FLU VACCINE.
IT'S NOT TOO LATE!**

National Influenza Vaccination Week
www.cdc.gov/flu/nivw

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A close-up photograph of a silver stethoscope with a blue tube resting on a white surface. In the background, a portion of a white computer keyboard is visible. The image is framed by a teal border.

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