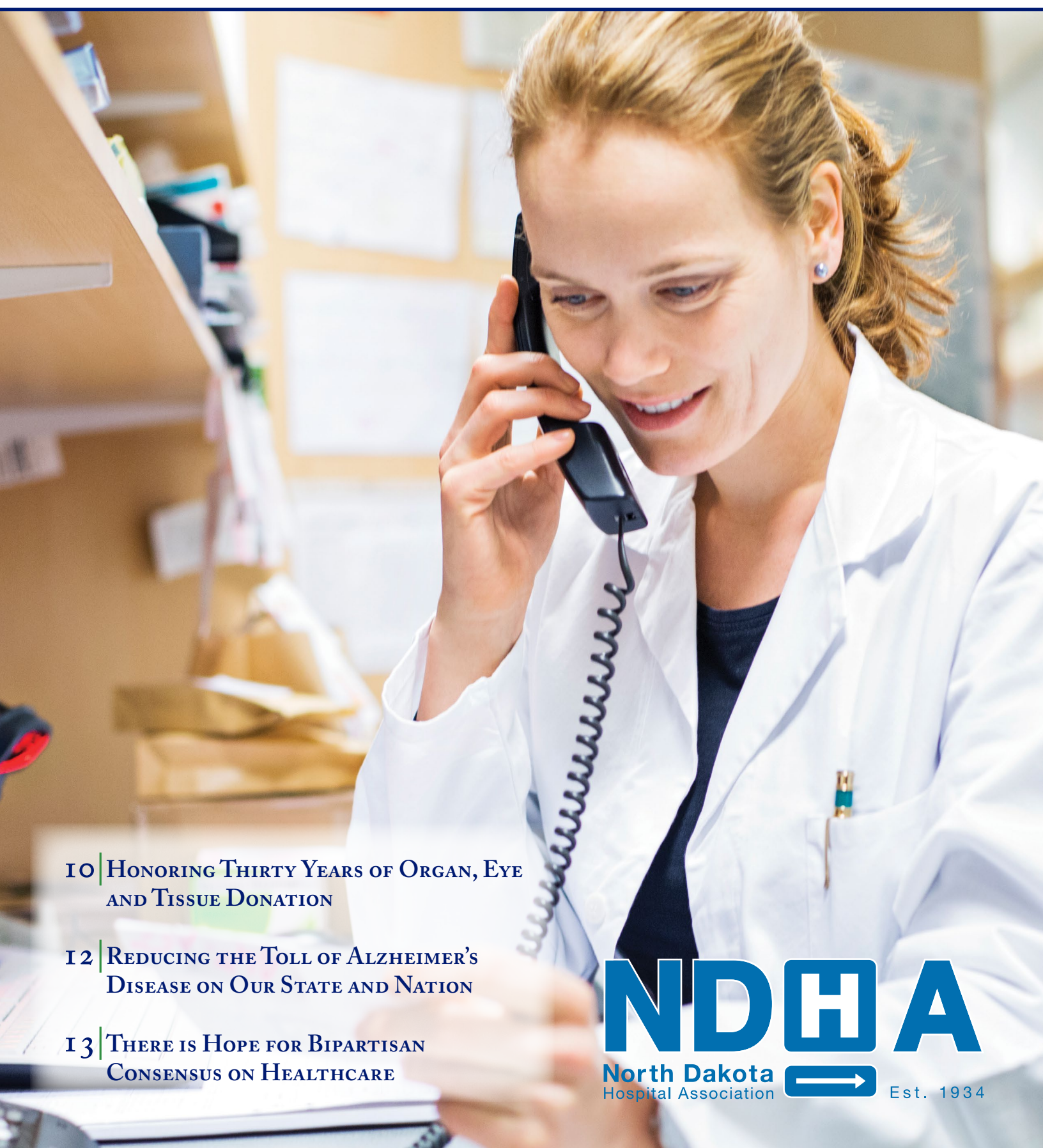


INSIGHT

Volume 4 • Issue 2 • Spring 2019



Affecting Hospitals Today



**I 0 | HONORING THIRTY YEARS OF ORGAN, EYE
AND TISSUE DONATION**

**I 2 | REDUCING THE TOLL OF ALZHEIMER'S
DISEASE ON OUR STATE AND NATION**

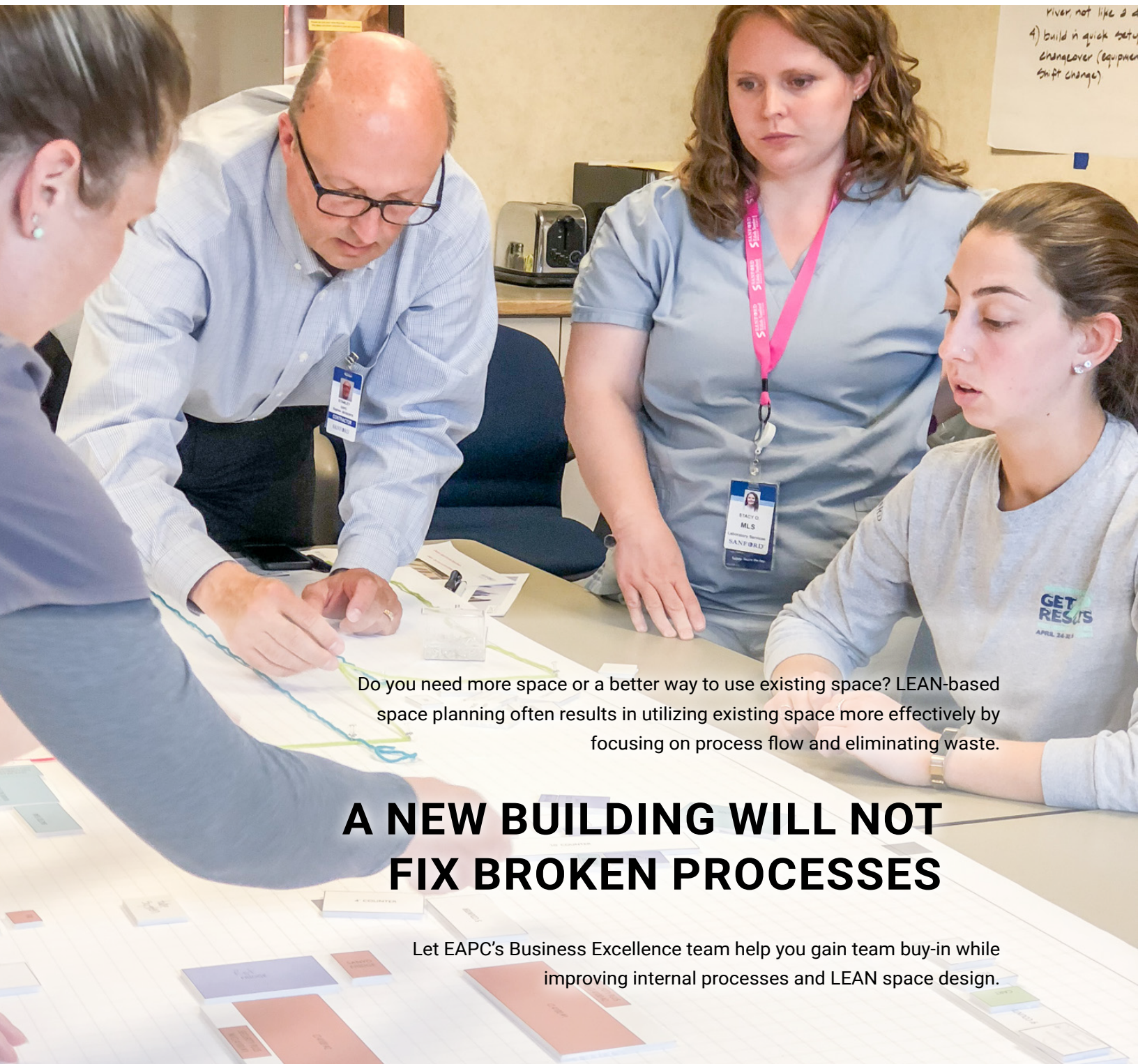
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CONSENSUS ON HEALTHCARE**

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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 Fall Issue is
August 8th, 2019.**

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WELCOME TO INSIGHT MAY 2019

Sine Die, the 66th Legislative Assembly adjourned on Friday, April 26, 2019 at 10 p.m. The session officially ended on the 76th day, saving four days if needed.

As NDHA approached the session, our goals were to address the reauthorization of Medicaid Expansion for another two years at current rates, Medicaid reimbursement, workforce, and behavioral health. I can report all items above were addressed in some shape or form. NDHA tracked 180 of the 984 bills and resolutions - almost 20% of the total.

A bill that consumed the Association's time was the North Dakota Department of Human Services' appropriation, Senate Bill 2012. This bill addressed both the reauthorization of Medicaid Expansion and Medicaid reimbursement. See highlights below.

- Health care providers will receive Medicaid inflationary increases of 2% beginning July 2019 and 2.5% beginning July 2020 - an increase of \$12 million for hospitals and physicians.
- An amendment that would have moved administration of Medicaid Expansion from a third party to the Department and reduced rates to traditional Medicaid rates - a cut to providers of \$220 million - was defeated. Retail pharmacy claims will be administered by the Department rather than through the third-party administrator, but this change is not expected to affect rates.
- Provider tax. An amendment that would have taxed PPS hospitals \$10 million was defeated.
- Medicaid Expansion Rate Equalization. Providers within the same provider type will be paid at consistent levels and with consistent methodology. Overall, Medicaid Expansion dollars will remain budget neutral, but dollars could be redistributed among providers.

Melissa Hauer, General Counsel and VP of Advocacy, has recapped the session in a summary of key bills on page six.

NDHA will now turn our attention to the interim committee study work that starts in June. Most of the studies passed by the legislature are optional, with only a few being mandatory. Following each legislative session, the newly appointed Legislative Management meets to determine interim committee memberships and which studies will be completed. Legislative Management will hold its first meeting on May 28. Between sessions, interim committees hold hearings, take testimony, and review information provided by the Legislative Council, state agencies, and interested parties as they consider alternative approaches to issues raised by studies. A number of the studies under consideration deal with health care. We will keep members informed about the studies that are chosen.

In closing, NDHA had a great legislative session. It was member involvement that led to our success. I would like to thank all of you who participated in the session and visited with your legislators - it was a team effort. The Association will take the month of May to regroup before gearing up for the 2019-2020 interim session.

Please take time with family and friends this summer. Enjoy the magazine.

*Tim Blasl, President
ND Hospital Association*



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Service Members, Veterans, Families and Survivors

NORTH DAKOTA 66TH LEGISLATIVE ASSEMBLY WRAP UP

By Melissa Hauer, General Counsel/VP



I am happy to report that the North Dakota 66th legislative assembly adjourned, sine die, on April 26, 2019 at 10 p.m.

Going into the session, NDHA's top priorities were the reauthorization of Medicaid Expansion for another two years at current rates, Medicaid reimbursement, workforce, and behavioral health. All of these issues were addressed in various bills. NDHA tracked 180 of the 984 bills and resolutions that were introduced. Below is a summary of key bills.

We believe we ended the session in a very good place. Medicaid Expansion was reauthorized at current rates and an attempt to move administration of the program to the Department of Human Services at traditional Medicaid rates was defeated, as was a hospital provider tax. Providers were granted inflationary increases in Medicaid reimbursement of 2% in the first year of the biennium and 2.5% in the second year.

Thank you to all of you who participated in the session and visited with your legislators. You helped us communicate a shared vision of health care in our state which, in turn, resulted in positive legislation that supports all our hospitals, staff, community, and patients. Your efforts led to our success.

NDHA will be providing a free legislative update webinar to members on June 5th.

MEDICAID FUNDING

- **SB 2012.** The North Dakota Department of Human Services (Department) appropriation bill included Medicaid inflationary increases and reauthorization of the Medicaid Expansion program for another two years at current rates.
 - **Inflationary increases.** Health care providers will

receive inflationary increases of 2% beginning July 2019 and 2.5% beginning July 2020 - an increase of **\$12 million**.

- **Current administration and rates maintained.** An amendment that would have moved administration of Medicaid Expansion from a third party to the Department and reduced rates to traditional Medicaid rates - a cut to providers of **\$220 million** - was defeated. Retail pharmacy claims will be administered by the Department rather than through the third-party administrator. Rates are not expected to change.
- **Provider tax defeated.** An amendment that would have taxed PPS hospitals **\$10 million** was defeated.
- **Medicaid Expansion Rate Equalization.** Providers within the same provider type will be paid at consistent levels and with consistent methodology. Overall, Medicaid Expansion dollars was funded at current levels, but dollars could be redistributed among providers. The reimbursement methodology has not yet been determined.

MEDICAID

- **HB 1115. Medicaid provider appeals.** The Department must issue its final decision on provider appeals within 75 days of receipt of the notice for review of a claim denial or reduction in the level of service payment. In the case of appeals of recouped or adjusted claims following an audit, the Department shall make and issue a final decision within 75 days or as soon thereafter as possible.
- **HB 1374. Medicaid pharmacy management program.** The Department must establish a pharmacy management program for Medicaid Expansion prescription drug coverage to include processing claims through the Department's existing pharmacy claims system and Medicaid management information system (MMIS).

- **HB 1515. Medicaid coverage for pregnant women.** Medicaid eligibility for pregnant women is increased from 152 to 162 percent of the federal poverty level.
- **SB 2243. Medicaid prior authorization.** Medicaid may require prior authorization of stimulant medication used for the treatment of attention deficit disorder and attention deficit hyperactivity disorder if the prescriber prescribes these medications at a rate two times higher than the rate of the top ten prescribers excluding the top prescriber.
- **SB 2347. Medicaid fraud control unit, liability for false claims.** A Medicaid fraud control unit is created in the Attorney General's office to investigate and prosecute provider fraud in Medicaid. Civil and criminal penalties are established.
- **HB 1194. Tribal care coordination agreements.** The Department must facilitate care coordination agreements between health care providers and tribal health care organizations which will result in 100 percent federal funding for eligible Medicaid services provided to American Indians. Sixty percent of the excess federal funding may be distributed to participating tribal governments for tribal health care purposes and the remaining 40 percent must be deposited in the general fund.

MARIJUANA

- **HB 1119. Medical marijuana confidentiality.** Information kept by the Department of Health for applications and supporting information from a medical marijuana user, health care provider, caregiver, and compassion center is confidential.
- **HB 1283. Medical marijuana.** The bill removes the requirement for a health care provider to certify that the patient is likely to receive therapeutic or palliative benefit from medical marijuana use. In lieu of certification, veterans may submit a copy of their VA medical records. Physician assistants were added to the health care providers who may certify the debilitating medical conditions.
- **HB 1417. Medical marijuana.** Certain patients are authorized to buy dried leaves/flowers without health care provider authorization and cancer patients are

allowed to possess additional quantities. Health care providers may notify the Department of Health if a patient no longer has a debilitating medical condition, if the provider no longer believes the patient will receive therapeutic benefit from marijuana, or if a bona fide provider-patient relationship ceases.

- **HB 1519. Medical marijuana debilitating conditions.** Twelve conditions were added to the list of debilitating medical conditions.
- **SB 2210. Medical marijuana manufacturing facility.** A manufacturing facility may grow more than 1,000 plants to sufficiently meet patient demand.
- **HB 1050. Criminal penalties for marijuana possession.** The bill reduces the penalty from a misdemeanor to an infraction for marijuana possession of 1.5 oz. or less. The legislature may study the implications of a recreational marijuana initiated measure.

PHYSICIANS

- **HB 1433. Maintenance of certification for physicians.** A physician may not be denied staff privileges or employment based solely on the physician's decision not to participate in maintenance of certification. However, a facility may differentiate between physicians based on maintenance of certification if the facility's designation, certification, or accreditation is contingent on it or the voting physician members of the facility's organized medical staff and governing body voted to authorize the differentiation.
- **SB 2173. Interstate Medical Licensing Compact.** This bill provides expedited licensing of physicians to permit them to practice in all compact states.
- **SB 2094. Telemedicine.** A physician/PA who practices telemedicine on a patient here must be licensed in North Dakota and establish a bona fide relationship with the patient before diagnosis or treatment. An examination or evaluation may be performed entirely through telemedicine if equivalent to an in-person examination, including using secure videoconferencing or store-and-forward technology or if conducted with an appropriately licensed intervening health care provider.

BEHAVIORAL HEALTH

- **SB 2012. Behavioral health programs.** There were many separate bills dealing with mental health and substance use disorder treatment, most of which were defeated but their provisions were transferred to the Department's appropriation (SB 2012), including establishment of a community behavioral health program to provide comprehensive community-based services for individuals who have serious behavioral health conditions. The Department is also required to develop a statewide plan to address acute psychiatric and residential care needs including review of the size and use of the state hospital, the potential to expand private providers' acute psychiatric care and residential care services, the impact of adjustments to crisis services and other behavioral health services provided by the regional human service centers, and the potential use of available Medicaid waivers or plan amendments.

PHARMACY

- **HB 1382. Pharmacy mail order and home delivery.** If a pharmacy offers home delivery or mail order, it may not initiate delivery of a refill unless it obtains prior consent from the patient or provides the patient with notice of the upcoming delivery through more than one communication attempt, by different means, and the patient does not respond indicating the patient does not want the refill.
- **HB 1469. PBM step therapy protocols.** A pharmacy benefits manager or health plan may not require step therapy protocol for a prescription drug for metastatic cancer if the use is consistent with FDA approved indications or is supported by peer-reviewed medical literature.
- **HB 1498. Pharmacist administration of drugs.** This bill made changes to the requirements for a pharmacist to administer drugs by injection.
- **SB 2155. Exemption from the practice of pharmacy.** A licensed registered nurse working in a Title X clinic may dispense oral contraceptive pills, transdermal contraceptive patches, and vaginal contraceptive rings under order of an authorized prescriber.

- **SB 2231. Pharmacists limited prescriptive practices.** A pharmacist has limited prescriptive practices to initiate or modify drug therapy following diagnosis or established protocols through a collaborative agreement with a physician or APRN. The collaborative agreement need only be updated when the pharmacist's scope is modified and the agreement is effective when approved by the North Dakota Board of Medicine or Board of Nursing and Board of Pharmacy.

WORKFORCE

- **HB 1018. Nonresident nurse incentive program.** This bill provides up to \$4,000 in incentives from the Department of Commerce for each nonresident licensed nurse who signs a written agreement to work at least four years in a North Dakota health care facility if the facility provides two dollars of matching funds for each dollar provided.
- **HB 1175. Regulation of physician assistants.** Physician Assistants (PA) may, in certain circumstances, practice independently without the supervision of a physician. A PA, however, must collaborate with, consult with, or refer to the appropriate member of the health care team as indicated by the condition of the patient, the education, experience, and the PA's competence, and the standard of care. A PA with fewer than 4,000 hours of practice must execute a written collaborative agreement with a physician.
- **HB 1337. EMS personnel interstate licensure compact.** North Dakota joined the interstate commission for emergency medical services personnel practice.
- **SB 2125. Physical therapy licensure.** This bill made changes to the makeup of the board of physical therapy and physical therapy licensure.
- **SB 2143 Health care professional student loan repayment program.** This bill clarified the language of the health care professional student loan repayment program.
- **SB 2170. Clinical laboratory personnel exemptions.** The clinical laboratory scientist or clinical laboratory technician licensing requirements do not apply to an

individual performing exempt tests identified by the North Dakota board of clinical laboratory practice if the individual is supervised by someone who is licensed by the board and who performs tests and uses a physician licensed by the board of medicine, an advanced practice registered nurse licensed by the board of nursing, or other categories of individuals approved by the board by rule.

- **SB 2306. Occupational licensure of military members and spouses.** This bill allows various professional licensing boards to issue to a military member or spouse a provisional license or temporary permit on a case-by-case basis exception to licensing standards and waives certain licensing fees.

MISCELLANEOUS

- **HB 1336, HB 1546. Abortion.** Physicians are required to inform a woman at least 24 hours before an abortion that it may be possible to reverse the effects of an abortion-inducing drug but time is of the essence and information and assistance with reversing the effects of an abortion-inducing drug are available in the printed materials given to her. (HB 1336). Human dismemberment abortions are prohibited (HB 1546).

- **SB 2106. CHIP in-house administration.** The Children's Health Insurance Program (CHIP) will be administered by the Department of Human Services rather than through a private carrier and must be consistent with Medicaid coverage.
- **SB 2196. Drug fatalities review panel.** This bill creates a drug fatalities review panel to review the deaths of individuals which are identified as prescription drug, illicit drug, or alcohol overdoses or which pertain to a trend or pattern of overdose deaths.
- **SB 2317. Health care facility construction review.** The Department of Health is required to make a determination on health care facility construction/renovation projects of \$1 million or less within 60 days and approve a waiver of license standards as long as it does not adversely affect health or safety. (HB 1004, the Department's appropriation, provides that the minimum fee for life safety small construction or renovation plan reviews be reduced from \$750 to \$500 and one temporary FTE for construction review was added.)
- **SB 2154. Hospital Discharge Policies.** Hospitals must maintain written discharge planning policies, identify patients who are likely to suffer adverse health consequences without adequate discharge planning, and involve the patient and, as appropriate, informal caregiver or legal representative. As appropriate, the hospital shall communicate the plan to the patient, informal caregiver, or the patient's representative, document the discharge planning arrangements in the medical record, and educate or train a patient, informal caregiver, or the patient's representative for post-hospital care.
- **HB 1378. Supported decision making.** This bill provides competent individuals with decision making support that is less restrictive than guardianship by allowing the individual to name a supporter to help identify, collect, and organize documents and information that may be helpful when making decisions, help the individual understand documents, identify choices available, and communicate a decision to others.

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HONORING THIRTY YEARS OF ORGAN, EYE AND TISSUE DONATION

SHAPING THE NEXT GENERATION OF DONATION IN NORTH DAKOTA

By Susan Gunderson, LifeSource CEO

Everyone shares the gift of life. For thirty years, LifeSource has been saving and healing lives through donation in partnership with North Dakota hospitals. When I began this organization in 1989, we offered organ donation services, and in 1999 we expanded our programs to include tissue donation. Currently, we offer comprehensive donation services in the state through organ, eye and tissue donation. We work closely with all members of the North Dakota Hospital Association to advocate for donation and provide compassionate care for grieving families. Together, we are stewards of the precious gifts of life that patients and their families entrust to our care. Now, our foundation continues to grow stronger as we launch into our next 30 years of donation and transplant.

Award-winning advocacy from our hospital partners

The support of our North Dakota hospital partners extends outside the walls of their facilities, helping us increase community support for donation. More than 67% of North Dakotans are currently registered as organ, eye and tissue donors on their driver's license or state ID card. This is critically important – the sad reality is that there are many more people waiting for a transplant than there are organs available. More than 3,300 people in the Upper Midwest are waiting for a call

that a life-saving organ is available – a responsibility that rests with all of us.

Last Fall, we had the opportunity to recognize three North Dakota hospitals for making a difference in the communities they serve by demonstrating excellence in donation – Altru Health System, CHI St. Alexius Dickinson and Sanford Health Fargo. More recently, we honored Sanford Health Fargo with our Hospital Impact award at our annual Donate Life Day celebration. Thank you for your support and advocacy in your local community.

Honor our local heroes for their precious gifts

In our work, we don't have the privilege of meeting

the incredible donors whose gifts we steward. But we get to know them through their family and friends. Hearing from families whose lives have been immeasurably changed through donation continues to inspire me after three decades in this amazing field. Time and again, we hear from families that donation brings them peace. Families who found strength when they didn't think they had any left.

LifeSource's care for donors and their families begins with our first interaction and extends through our comprehensive aftercare program. Our Donor Family Advocates help families navigate their grief journey and honor their loved ones' legacy. They provide resources to



The LifeSource Donor Family Quilts is a patchwork of memories, lovingly created by donor family members throughout the Upper Midwest as a tribute to those who have shared the gift of life.

LifeSource

ORGAN, EYE AND TISSUE DONATION



Governor Doug Burgum honored the families of organ, eye and tissue donors in a special recognition ceremony.

families and are available to answer questions or simply to listen. In addition to the many programs they provide, they also host a Private Donor Family Facebook Group, so families can connect with one another in a time and space that is comfortable.

Last month, nearly 100 donor family members representing 33 organ, eye or tissue donors took part in a special recognition event with Governor Doug Burgum and First Lady Kathryn Burgum. Each family received a medal of honor for their loved one's generous gifts of donation and had their photo taken to commemorate this honor. I am humbled by the strength exhibited by the families we serve and grateful for the partnership and support of the highest office in the state.

Shaping the next 30 years

We each have a part to play in building on the success of our past 30 years and creating the next generation of donation in our communities. We are so fortunate to have hospitals and partner organizations who invest in helping people, and to have a community that cares about its neighbors and friends. North Dakota hospitals invest in advocacy, storytelling, collaboration and partnership.

I invite you to join us in imagining what the next 30 years will look like. We've launched a campaign called

#TheNext30, which you can find at life-source.org/thenext30. We're challenging our communities to share 30 acts of kindness to honor our past 30 years, and to have 30 conversations about organ, eye and tissue



Governor Doug Burgum, first Lady Kathryn Burgum and Susan Gunderson presented medals of honor to 33 families of organ, eye and tissue donors for their precious gifts of life.

donation during 2019 to help us create a future where everyone shares the gift of life.

I began this work in 1989 with a single desk and a vision to fulfill. Thirty years later, I am so proud to see the large, connected community we have become, joined in this delicate, complex and healing work. On behalf of those touched by donation and transplantation, thank you for your support of the gift of life.

Learn more about LifeSource and organ, eye and tissue donation at www.life-source.org.

LifeSource is a nonprofit organization dedicated to saving lives through organ, eye and tissue donation, serving more than 7.2 million people in North Dakota, South Dakota and Minnesota.

John Hoeven



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REDUCING THE TOLL OF ALZHEIMER'S DISEASE ON OUR STATE AND NATION

Senator John Hoeven (R-ND)

Opinion Contact: Kami Capener or Alex Finken

Kami_Capener@hoeven.senate.gov

May 3, 2019

Families across our state and nation have lost loved ones to Alzheimer's disease, while nearly 6 million Americans continue to live with the debilitating disease every day, and that number is expected to grow to 14 million by 2050. Alzheimer's disease brings a terrible personal toll. Moreover, it imparts a heavy cost on our health care system and extracts significant funding from our nation's safety net for retirees and those in poverty. This year alone, Medicare and Medicaid are projected to spend more than \$195 billion on those with Alzheimer's and other forms of dementia, with the nation spending \$290 billion in total, figures which do not include the extensive unpaid costs borne by caregivers. On the local level, Alzheimer's represents the third leading cause of death in North Dakota, and our state has the fifth highest Alzheimer's death rate in the nation. Considering its broad reach and, most importantly, the impact on individuals, families and caregivers, it is imperative that we advance comprehensive efforts to prevent and treat Alzheimer's disease, and I am working in the U.S. Senate to do just that.

One of the most notable achievements in our efforts to combat Alzheimer's disease comes through Congress' increased support for research at the National Institutes of Health (NIH). As a member of the Senate Appropriations Committee, I helped secure \$2.34 billion in Fiscal Year 2019 for Alzheimer's research, an unprecedented increase of \$425 million over the previous year. Efforts undertaken at the NIH have directly supported Alzheimer's research in our state, including at our two research institutions – North Dakota State University and the University of North Dakota. In addition, we maintained funding for state and local Alzheimer's initiatives as well as supportive services for family caregivers under the Administration for Community Living (ACL). These were bipartisan efforts, ones that we will continue to advance in the coming fiscal years.

These funding amounts help build on our other legislative efforts, including the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act, bipartisan legislation that I helped pass and

that was signed into law last year. This act authorizes the creation of national and regional Alzheimer's Centers of Excellence to support more effective treatment and caregiving interventions to assist those with this disease and their loved ones. This is a similar model to the Centers of Excellence we have previously established in North Dakota to expand our leadership in a wide variety of fields, including aerospace, energy and tech entrepreneurship. The legislation also allows cooperative agreements between state health departments and the Centers for Disease Control and Prevention (CDC) to promote cognitive health, and it provides grants to improve the collection and reporting on Alzheimer's disease and cognitive decline.

I am also a cosponsor of the Concentrating on High-value Alzheimer's Needs to Get to an End (CHANGE) Act. This bill would include an examination for cognitive impairment as part of the annual wellness visit under Medicare, and task the Department of Health and Human Services with developing measures that will incentivize physicians to provide timely diagnosis and referral to appropriate care planning services. If the exam detects cognitive impairment or potential decline, patients could then be referred to dementia specialists, available patient and caregiver support services in the community and be made aware of any appropriate clinical trials. The goal of this bill is to detect Alzheimer's disease and related dementia at an earlier stage and help ensure that patients and their caregivers receive the information they need in a timely manner.

Through the creation of Alzheimer's-focused infrastructure and systems, as well as robust research, our health care providers, communities and families will be better equipped to treat and prevent this terrible disease and other forms of dementia. That means a higher quality of life not just for those directly affected by the disease, but throughout our nation. We all have or will feel the impact of Alzheimer's during our lifetime, which is why we will continue to prioritize these and similar efforts at all levels of government and in both the public and private sectors.

THERE IS HOPE FOR BIPARTISAN CONSENSUS ON HEALTHCARE

By Congressman Kelly Armstrong (R-ND)



I received the honor of a lifetime when the great people of North Dakota decided last November to send me to Congress to fight for them. It's a responsibility I take seriously, because both North Dakota and our country have many challenges that Congress needs to address.

One of those challenges is healthcare. As healthcare professionals, you are on the frontlines of America's health system and know well the always-rising cost of care and the frustrating insurance and bureaucratic burdens.

During my first few months in Congress, I've strived to meet with stakeholders from across the healthcare spectrum – from providers to doctors to advocacy organizations – to hear firsthand the many challenges in healthcare that Congress needs to address. I've met with your association's leadership, NDHA President Tim Blasl and board members Reed Reyman, Keith Heuser, and Daniel Kelly. I've discussed rural healthcare challenges with critical access hospital leaders who came to DC with the North Dakota Center for Rural Health. I've spoken with medical students and staff while touring the School of Medicine and Health Sciences at the University of North Dakota. I've sat down with advocacy groups like the American Diabetes Association, the Alzheimer's Association, and the American Lung Association. I've listened to concerns from professional associations like the North Dakota Medical Association, the North Dakota Nurse Practitioners, and the American College of Surgeons.

It will not be a surprise to you that, with divided control of Congress, it will be difficult to find consensus on a major legislative initiative to improve healthcare. This is an unfortunate byproduct of our divisive national politics, not a lack of recognition that the cost of healthcare is a pressing concern on the minds of many Americans.

The good news is that there are several healthcare issues on which both Democrats and Republicans can agree. One of those is the high cost of prescription drugs. The House Judiciary Committee, which I serve on, recently passed four bills by unanimous vote that target prescription drug prices.

Two bills would help lower prices by getting generic drugs to market faster. The Preserve Access to Affordable Generics and Biosimilars Act would prohibit pay-for-delay legal settlements between brand

and generic companies that create significant delays in making generic drugs available. The CREATES Act would remove barriers that would allow generic drugs to be approved sooner.

The Stop STALLING Act would prohibit sham petitions to the Food and Drug Administration, which are designed to delay approval of a drug. Lastly, the Prescription Pricing for the People Act would require the Federal Trade Commission to conduct a study on the state of competition among pharmacy benefit managers.

Addressing the long-standing healthcare provider shortage through immigration reform is another area of bipartisan support. I'm one of 266 cosponsors from both parties of the Fairness for High-Skilled Immigrants Act, which would eliminate the per-country cap on employment-based visas to help bring more doctors and nurses to the United States. Right now, more than 25 percent of U.S. doctors are immigrants, along with 16 percent of nurses and 23 percent of home health, psychiatric and nursing aides, and the numbers are likely to rise as hundreds of thousands of new high-skilled healthcare providers are needed each year, particularly to care for an aging population.

Immigration is the only viable way to fill these positions, but the current system is absurdly broken. The current wait time for immigrants from India applying for EB-2 visas (physicians or surgeons) is 119 years and for EB-3 visas (nurses or other professional healthcare workers) is 20 years, according to data from the National Foundation for American Policy and the U.S. Citizenship and Immigration Services.

I've also sponsored a bipartisan bill to repeal Medicare's 96-hour rule, which requires, as a condition for Medicare reimbursement, physician certification that a patient is reasonably expected to be discharged from a critical access hospital within four days. This arbitrary deadline is a burden on rural hospitals and patients. While the Center for Medicare and Medicaid Services has started to address this issue themselves, this bill would permanently solve the problem.

Above all, you can count on me to be a passionate and tireless champion for North Dakotans. We have a lot of work ahead of us on the issue of healthcare alone, not to mention the many other challenges we face as a country, but I'm up to the challenge. Let's get to it.

THE POWER OF CONNECTION

2019 NDHA
CONVENTION AND
TRADESHOW



The North Dakota Hospital Association's 85th Annual Convention and Trade Show is scheduled for October 1-3, 2019 at the Holiday Inn in Fargo, ND. This year's lineup will include education for CEO's, CFO's and finance staff, CNO's and other nurse executives, and human resource staff.

The theme this year is The Power of Connection. Connections can include technology, but it's so much more when you think of the "connections" made on a daily basis with patients, co-workers, family members, and more.

The opening keynote session on Tuesday, October 1, 2019 is Patients Come Second, presented by Dr. Britt Berrett. This presentation will discuss how leadership strategy impacts outcomes, and if you can take care of your employees first, they will in turn take care of your patients. Dr. Berrett is an Executive Coach with MEDI and has more than 25 years of experience as a hospital president and CEO. His background includes leadership in faith based, investor-owned and academic-teaching hospitals ranging from small to large. He brings strengths in building physician stakeholder relationships, organizational excellence and driving clinical operations to achieve business results.

The closing keynote session is Passion! 8 Steps to Reignite Yours! presented by Mark J. Lindquist. As a working professional, everyone could use a little jolt from time to time. This session may be the only time all year when you take a moment to reflect on the things you need to do to reignite the passion that brought you into the workforce in the first place. World-touring entertainer and actor Mark J. Lindquist offers a keynote that is as entertaining as it is enlightening as he sends you out the door on fire. Mark J. Lindquist has appeared in ABC's LOST, CBS' Hawaii Five-O and the Universal Studios movie "Battleship." He is a world-touring entertainer who has performed live for over 3 million people in 22 countries and 44 states throughout his career. As a highly sought-after National Anthem singer, he performs for the largest crowds in America for teams such as the Minnesota Vikings, the Los Angeles Dodgers, Duke University Men's Basketball, the College World Series, the NCAA, and in venues such as Madison Square Garden. Mark is a former Sergeant in the United States Air Force and an Afghanistan War Veteran who is based out of Fargo, ND.

Registration materials will be available soon for exhibitors and no later than July 1st for convention participants.



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Success Story

Nutrition Assessment



Intalere Nutrition Program and Assessment Bring Transparent Savings and Relevant Value to Blount Memorial Hospital



A SHORT TAKE ON SUCCESS

The Challenge:

- Benchmarking and assessment to validate and bring efficiency and best practice in foodservice operations.

The Solution:

- Engagement with the Intalere Nutrition Team for onsite assessment and related consulting, benchmarking and comprehensive recommendations report.

The Outcome:

- Validation of short- and long-term plans, transparent pricing, and enhancement in operations and revenue opportunities.



THE CHALLENGE

Since 1947, Blount Memorial Hospital has been providing healthcare close to home to the people of East Tennessee. Their mission is to continuously improve the health and well-being of the entire community and to work in partnership with others who share their core values.

Blount Memorial is constantly changing to meet the healthcare needs of its growing community, and as part of that initiative is focused on efficiency and best practice in its operations, including foodservice.

As a community-owned, non-profit entity, Blount Memorial CFO Jonathan Smith, and Director of Food and Nutrition Jonathan Dean were looking for further ways to support the local community and its businesses. Part of this involved more of an opportunity to source products from local vendors and distributors. Because their foodservice agreement at the time was limited in this capacity, an opportunity opened to initiate discussions with Intalere and their partners.

Blount representatives contacted the distributor first seeking a local provider for their food. "Then Intalere came onto the scene and really blew us away with their customer-focused approach," said Dean. Working with representative Dana Spiva, of Intalere affiliate Health Resource Services (HRS), who looped in Intalere Nutrition Specialist Roseann Hoeye, discussions quickly evolved based on positive feedback concerning the ability for the local vendor, distributor and Intalere to work together. The team began to explore a broader scope around making sure Blount Memorial was maximizing patient satisfaction and the overall efficiency of their foodservice operation.

THE SOLUTION

With the initial relationship and synergy between Blount, the food vendor and distributor established and working well, the next area of value to explore became benchmarking. Explained Dean, "We were confident we were operating well in terms of revenue and service, but we wanted to validate our impressions, understand how we truly measure up against our peers and see where we might stand to improve."



Success Story Nutrition Assessment



Blount Memorial Hospital requested Intalere to assess their foodservice operation around three key points:

- Benchmarking to understand the current level of economic and operational performance metrics.
- Patient satisfaction/operational assessment.
- Retail revenue optimization.

Through a “peer spectrum” review, Intalere assists members in achieving operational improvements and lower costs based on total purchasing volume, negotiated contracts and a focus on value-added tools and solutions. “These tools and programs have helped facilities achieve the greatest operational efficiencies, the lowest costs and helped boost retail revenues,” said Hoeye.

“What they were willing to do for us was impressive,” said Dean. “From the local vendor involvement we requested, to benchmarking, to patient service and retail operations, Intalere focused on bringing relevant value.”

THE OUTCOME

The assessment proved extremely beneficial in setting the foundation for sustainable success for Blount’s foodservice operation. According to Dean, “In each area of our operation, we have good validation and a clear path forward to ensure we are as productive and profitable as possible.”

“Intalere has brought us a suite of very high-level services that are easy to use, high quality and always customer focused.”

***Jonathan Dean, Director of Food and Nutrition
Blount Memorial Hospital***

This included, on the patient side, food delivery and impression, and enhancing menu selection. Retail improvements included tangible suggestions to improve flow, choices and revenue.

In terms of food costs, of note was Intalere’s willingness to partner with the vendor and get creative on pricing and bring rebates in “real dollars,” which can be a particularly vexing issue for many foodservice operations.

“All recommendations were based on need and value applicability,” said Dean. “We walked out with relevant, actionable initiatives. It was all about things we can do better. There was no trying to ‘sell’ something.

Hoeye emphasized the Intalere program “is about a systematic process of well-established disciplines to assist healthcare systems to leverage the total value of Intalere’s foodservice resources, achieve best demonstrated practices via operational efficiencies and realize measurable cost savings across their entire network.”

To the client, it means, as shared by Dean, “Intalere has brought us a suite of very high-level services that are easy to use, high quality and always customer focused.”



Intalere Nutrition Assessment

Competitive, flexible contract portfolio benefits and industry best practice guidance to aid in streamlining and improving foodservice operations.



About Intalere

Intalere’s mission focuses on elevating the operational health of America’s healthcare providers by designing tailored, smart solutions that deliver optimal cost, quality and clinical outcomes. We strive to be the essential partner for operational excellence in healthcare through customized solutions that address customers’ individual needs. We assist our customers in managing their entire spend, providing innovative technologies, products and services, and leveraging the best practices of a provider-led model.

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