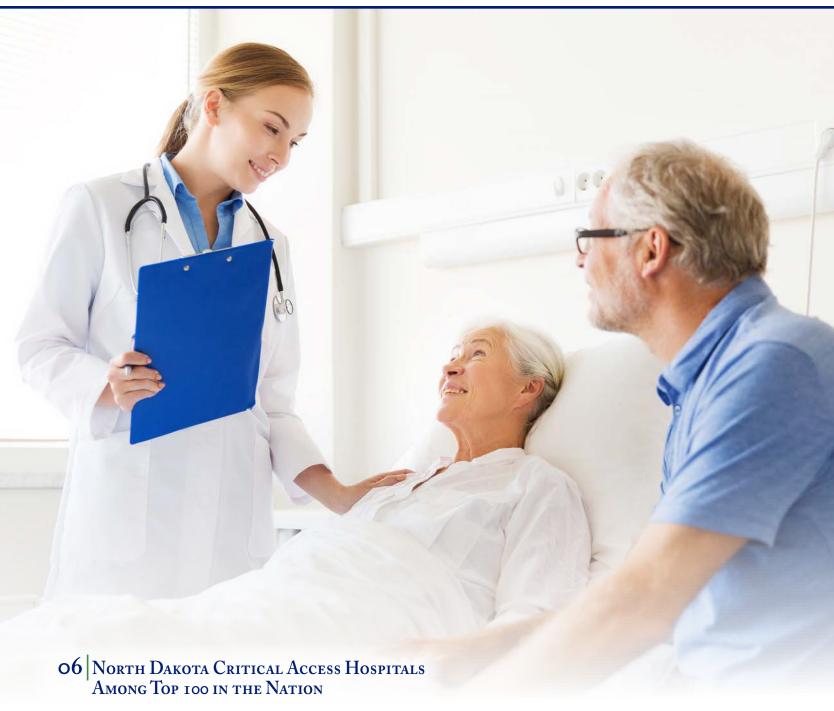
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Insight Submission Policy

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

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The ND Hospital Association

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WELCOME TO INSIGHT JULY 2020

hat a strange year - so far. I usually talk about the many challenges we have in health care when I write this kind of message. We are used to striving for fair reimbursement,

increasing health care coverage, and fighting for regulatory relief. Then COVID-19 came along, and everything seemed to stop - except health care.

The stress the last four months have put on your hospitals and systems could not have been imagined. And you continue to care for COVID-19 patients and the many others who also need care. Yet, we know many patients are putting off care they should be getting. These have been trying times, for sure. NDHA's sole focus has been to support you in your caring mission - to answer your questions, advocate for you, provide resources, and remove obstacles.

Early in the pandemic, we worked closely with the Governor's office to remove barriers. The Governor issued an Executive Order waiving certain professional licensing requirements for health care workers to add workforce as quickly as possible. We also worked very closely with the North Dakota Department of Health to secure testing supplies and PPE and temporarily suspend certain hospital licensing requirements to make it easier for you to prepare for caring for COVID-19 patients. We co-hosted a weekly call with the Department and hospitals to ensure information was being pushed out to you, questions were being answered, and concerns were being addressed.

During this difficult time, I was very proud of our Board of Directors for collaborating to issue a statement recognizing that, while postponing elective surgeries would have a negative financial impact and create inconvenience for patients, it was the right thing to do to reduce the spread of COVID-19, preserve scarce PPE, and protect the availability of intensive care beds and ventilators within our state.

We are also working closely with our Congressional delegation on financial relief, which has, so far, resulted in \$250 million for North Dakota hospitals from the Provider Relief Fund. Our North Dakota Hospital Foundation recently received a COVID-19 grant from the HHS Assistant Secretary for Preparedness & Response (ASPR). We will be awarding \$1.35 million to participating hospitals and we are hopeful that we will receive additional awards in the future. NDHA also contracted with Eide Bailly to complete a study of the financial impact of COVID-19 on our hospitals. We know that, despite federal stimulus dollars bringing some relief, our hospitals are suffering major losses. The cost study will help us tell that story to our state and federal leaders.

Usually at this time of year we are gearing up for the legislative session which begins in January. It is strange now to think of how closely the chairs in the Capitol committee rooms are packed together. The legislature is trying to figure out how this next session will be handled. We will likely have to learn new ways to communicate with legislators about hospital issues. And, while we don't know how it is going to be structured in this new era of social distancing, we do have a clear vision of our platform: fair Medicaid reimbursement, continuation of Medicaid Expansion, expanding health care workforce, and adequate behavioral health resources.

Sadly, we decided to cancel the in person NDHA annual convention and tradeshow which was scheduled for this Fall in Bismarck. It was the right decision but, at the same time, it is disappointing to be unable to see you in person. Stay tuned for information on our virtual convention.

We miss you and hope we can be together again soon. Stay well.

Tim Blasl, President North Dakota Hospital Association







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NORTH DAKOTA CRITICAL ACCESS HOSPITALS AMONG TOP 100 IN THE NATION

ach year, rural hospitals are analyzed through the lens of the Hospital Strength INDEX, the industry's most comprehensive and objective assessment of rural hospital performance in the United States.

Amidst uncertainty, these top performers are excelling in managing risk, achieving higher quality, securing better outcomes, increasing patient satisfaction, and operating at a lower cost than their peers. These groups serve as a benchmark for other rural facilities as they strive to achieve similar results and provide a blueprint for successfully navigating the uncertainty of the new healthcare.

The North Dakota Hospital Association (NDHA) is proud to congratulate the following 12 North Dakota critical access hospitals that were selected for the **2020 Top 100 CAH's:**

- St. Andrew's Health Center, Bottineau
- Towner County Medical Center, Cando
- CHI St. Alexius Health, Carrington
- CHI St. Alexius Health, Devils Lake
- Jacobson Memorial Hospital, Elgin
- West River Regional Medical Center, Hettinger
- Jamestown Regional Medical Center, Jamestown
- Linton Hospital, Linton
- CHI Lisbon Health, Lisbon
- Sanford Mayville, Mayville
- First Care Health Center, Park River
- South Central Health, Wishek (formerly Wishek Community Hospital)

Historically, North Dakota has had several critical access hospitals selected for the Top 100 CAH and Top 20 CAH recognition programs. The Top 100 CAH's are selected in the spring of each year, and the Top 20 CAH's are selected in the fall.



ND HOSPITALS IN 2020 TOP 100 CAH'S





Advancing Health in America

COVID-19:

Addressing Emotions on the Front Lines

Audience: Front-line hospital staff and providers

Purpose: This resource identifies techniques for front-line providers to use when patients are experiencing increased emotion, worry or frustration. Using empathy, active listening and transparency enables hospital staff to provide support for patients and their families, build trusting relationships and diffuse conflicts even in times of crisis.

Techniques to address emotions, build trusting relationships and diffuse conflicts			
TECHNIQUE	DO DO	SCRIPT	DO NOT
Empathy	 Acknowledge the emotions your patients disclose. Practice empathy. Empathy is sharing in the feelings of another. Although we might not understand their exact situations, we can understand the emotions they are experiencing. 	 "This information would make me nervous as well, but we are going to do everything we can." "You are raising your voice, and this seems to me you might be frustrated. I am here to help, and I want to work together to make a plan. Are you willing to work on this with me? 	Avoid saying, "I know exactly how you feel," "Don't worry" and "You'll be fine."
Active Listening	 Use nonverbal cues including head nodding and open body language. Rephrase or reflect what our patients have said to demonstrate that we are listening and understand their concerns. 	"Thank you for sharing your concerns with me. I want to make sure that I understand you correctly. From what I am hearing, you are concerned that there is not a clear plan in place for you to receive your CT scan."	 Try not to respond defensively; be patient as you listen and remain calm. Avoid saying, "All of our patients are feeling this way."
Transparency	 Be transparent. Patients and their families can ask difficult questions and request answers that we may not have; it is important to let them know our limitations. 	 "I do not have an answer for that question right now. I anticipate we will get that answer in two days and we can discuss next steps then. Until then, we will watch the chest X-rays to help guide care." "I do not know when a bed will become available but, in the meantime, we will do everything possible to care for you here." 	 Do not make promises that cannot be kept. Do not provide false or incorrect information.

Additional Tips:

- Proactively involve management or patient representative services when patients appear upset. Including these
 individuals provides additional support to patients and helps connect patients to resources within the hospital
 system.
- Build trust by following through; for example, if you say you will talk again tomorrow, do it.
- Include the interdisciplinary team caring for a patient and their family in difficult or emotional conversations. Taking a team approach can help patients and their families feel fully supported with their concerns, and demonstrates that everyone is working together to resolve conflicts.
- Share patient concerns or emotional conversations with team members during shift change reports or patient handoffs so staff can be prepared if additional concerns or questions arise.
- Include information in this resource and additional scripting from the following COVID-19 resources in team huddles and reports so that all hospital staff are prepared for emotional conversations, and have a standard approach to supporting patients during this unprecedented time.

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COVID-19-specific Questions and Conversations:

These resources offer examples on communication specific to COVID-19.

- COVID-19 PFE Scripting: VitalTalk COVID-19 Ready Communication Playbook.
- Center to Advance Palliative Care COVID-19 Response Resources: COVID-19 Response Toolkit.

Sources

- "Addressing patients' emotional needs during COVID-19 workup and diagnosis: Guidance for Clinicians."
 Michigan Department of Health & Human Services, 2020. https://www.michigan.gov/documents/coronavirus/BH Guidance for Clinicians diagnosing COVID19 685878 7.pdf
- "De-escalation in health care ." The Joint Commission's Quick Safety Issue 47, Jan. 28, 2019. https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/qs_deescalation_1_28_18_final.pdf?db=web&hash=DD556FD4E3E4FA13B64E9A4BF4B5458A

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ARE YOU WORRIED ABOUT THE WELLBEING OF YOUR MEDICAL PROVIDERS?



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 you.



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

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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.

ROBOTIC PROCESS AUTOMATION

n Intalere solution that improves profitability, streamlines workflows, and reduces errors—all while saving time and resources.

We know you're being challenged to reduce costs and bring more efficiency to operational processes. Managing levels of inventory, supporting the digitization of patient files, optimizing appointment scheduling and executing billing and claims processing procedures can seem like daunting tasks. RPA can help.

How It Works

Intalere's RPA software can mimic a variety of human actions and can be used to complete many tasks. Essentially, any high-volume, rules-driven, repeatable process qualifies for automation. It's also noninvasive, as it's overlaid on existing systems without modifying the application's code.

- Move files and folders.
- Copy and paste data.
- Fill in forms.
- Extract structured and semi-structured data from documents.
- Pull data from websites and other sources.

BENEFITS

An Intalere RPA software robot never sleeps, significantly reduces mistakes and allows your employees to devote their attention to performing more important, strategic tasks.

- Improve accuracy and control.
- Increase speed and productivity.
- Utilize flexibility and scalability.
- Enhance existing technology.
- See rapid payback.

WHERE CAN IT WORK

RPA handles administrative, revenue cycle and supply chain processes with ease, allowing for superior scalability and flexibility within your facility.

• Revenue Cycle Management

- o Claims Submission
- o Insurance Verification
- o Denials Management
- o Medical Coding

Supply Chain Processes

- o Inventory Management
- o Contract Management

Administrative

- o Accounts Receivable/ Payable
- o Customer Service
- o Employee Onboarding
- o Payroll

The RPA data bot is programmed to follow your specific process, making it a compliant and consistent asset that never slows down or makes mistakes. RPA is a low-touch technology solution that can help maximize previous investments in electronic medical records (EMR), materials management and other enterprise software.

INTERESTED? Contact Dan Gannon or John Schreier at HSI Solutions and we will line you up with an Intalere Solutions representative who can guide you through a review. RPA projects typically run six weeks with a return on investment in six months. Initial software investments are fractions of the cost of typical EMR and other healthcare systems.



COVID-19: Opportunities to Improve Federal Response and Recovery Efforts

GAO-20-659T: Published: Jun 26, 2020. Publicly Released: Jun 26, 2020.

WHAT GAO FOUND

In response to the national public health and economic threats caused by COVID-19, four relief laws were enacted as of June 2020 that appropriated \$2.6 trillion. This funding provided support to individuals, health care providers, businesses, and state and local government.

While complete government-wide data will not be available until July, GAO determined that as of May 31, 2020, a total of about \$1.2 trillion of assistance has been provided—close to \$700 billion in expenditures and over \$500 billion in loan guarantees. Consistent with the urgency of responding to widespread health issues and economic disruptions, agencies have worked hard to give priority to moving swiftly. In moving quickly, however, agencies made tradeoffs; thus, only limited progress has been made so far in achieving transparency and accountability goals.

GAO also identified challenges with the federal response to the crisis, including:

PAYCHECK PROTECTION PROGRAM

(PPP). The Small Business Administration (SBA) moved quickly to establish a new nationwide program, but the pace contributed to confusion and questions and raised program integrity concerns. GAO recommends that SBA develop and implement plans to identify and respond to risks in PPP to better ensure program integrity. SBA neither agreed nor disagreed. Implementing GAO's recommendation is essential.

ECONOMIC IMPACT PAYMENTS. The

Internal Revenue Service (IRS) and the Department of the Treasury (Treasury) faced difficulties delivering payments to some individuals, and made some payments to ineligible individuals, such as decedents. GAO recommends that IRS should consider cost-effective options for notifying ineligible recipients how to return payments. IRS agreed.

UNEMPLOYMENT INSURANCE (UI). The

program could have an unintentional overlap with benefits provided under PPP. GAO recommends that the Department of Labor (DOL) immediately provide help to state unemployment agencies that specifically addresses PPP loans, and the risk of improper payments associated with these loans. DOL is planning additional guidance.

AVIATION-PREPAREDNESS PLAN. In 2015,

GAO recommended that the Department of Transportation (DOT) work with federal partners to develop a national aviation-preparedness plan for communicable disease outbreaks. Thus far, no plan exists. GAO recommends Congress require DOT to produce a plan.

FULL ACCESS TO DEATH DATA. It is important

to consistently use safeguards when providing assistance to individuals. The Treasury and Bureau of Fiscal Service do not have access to the Social Security Administration's full set of death records. GAO recommends that the Congress give Treasury that access and require that Treasury consistently use it.

MEDICAID. GAO previously found that during economic downturns, the Federal Medical Assistance Percentage (FMAP) formula does not reflect current state economic conditions. GAO recommends that, during an economic downturn, Congress use a formula to provide timely and targeted assistance during economic downturns.

WHY GAO DID THIS STUDY

The outbreak of COVID-19 quickly spread around the globe. As of June 17, 2020, the United States had over 2 million reported cases of COVID-19, and over 100,000 reported deaths, according to federal agencies. Parts of the nation have seen severely strained health care systems. The country has also experienced a significant and rapid downturn in the economy. Four relief laws, including the CARES Act, were enacted as of June 2020 to provide appropriations to address the public health and economic threats posed by COVID-19. In addition, the administration created the White House Coronavirus Task Force.

The CARES Act includes a provision for GAO to report regularly on its ongoing monitoring and oversight efforts related to the COVID-19 pandemic. Yesterday, GAO issued its first report (GAO-20-625).

Like the report, this testimony focuses on key actions the federal government has taken to address the COVID-19 pandemic, GAO recommendations for improvement, and evolving lessons learned relevant to the nation's response to pandemics, among other things. GAO reviewed data and documents from federal agencies about their activities and interviewed federal and state officials as well as industry representatives. GAO also reviewed available economic, health, and budgetary data.

What GAO Recommends

In the report, GAO makes three new recommendations for agencies and three matters for consideration for Congress that address these issues

To read the full report, visit the following website: https://www.gao.gov/reports/GAO-20-659T/





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HEALTHCARE PERSONNEL AND FIRST RESPONDERS: HOW TO COPE WITH STRESS AND BUILD RESILIENCE DURING THE COVID-19 PANDEMIC

Providing care to others during the COVID-19 pandemic can lead to stress, anxiety, fear, and other strong emotions. How you cope with these emotions can affect your well-being, the care you give to others while doing your job, and the well-being of the people you care about outside of work. During this pandemic, it is critical that you recognize what stress looks like, take steps to build your resilience and cope with stress, and know where to go if you need help.

RECOGNIZE THE SYMPTOMS OF STRESS YOU MAY BE EXPERIENCING:

- Feeling irritation, anger, or denial
- Feeling uncertain, nervous, or anxious
- Feeling helpless or powerless
- Lacking motivation
- Feeling tired, overwhelmed, or burned out
- Feeling sad or depressed
- Having trouble sleeping
- Having trouble concentrating

KNOW ABOUT STRESS-RELATED DISORDERS, COMPASSION FATIGUE, AND BURNOUT:

Experiencing or witnessing life threatening or traumatic events impacts everyone differently. In some circumstances, the distress can be managed successfully to reduce associated negative health and behavioral outcomes. In other cases, some people may experience clinically significant distress or impairment, such as acute stress disorder, post-traumatic stress disorder (PTSD) or secondary traumatic stress (also known as vicarious traumatization). Compassion fatigue and burnout may also result from chronic workplace stress and exposure to traumatic events during the COVID-19 pandemic.

TIPS TO COPE AND ENHANCE YOUR RESILIENCE:

• Communicate with your coworkers, supervisors, and employees about job stress.

- o Talk openly about how the pandemic is affecting your work.
- o Identify factors that cause stress and work together to identify solutions.
- o Ask about how to access mental health resources in your workplace.
- Remind yourself that everyone is in an unusual situation with limited resources.
- Identify and accept those things which you do not have control over.
- Recognize that you are performing a crucial role in fighting this pandemic and that you are doing the best you can with the resources available.
- Increase your sense of control by keeping a consistent daily routine when possible ideally one that is similar to your schedule before the pandemic.
 - o Try to get adequate sleep.
 - o Make time to eat healthy meals.
 - o Take breaks during your shift to rest, stretch, or check in with supportive colleagues, coworkers, friends and family.
- When away from work, get exercise when you can. Spend time outdoors either being physically activity or relaxing. Do things you enjoy during non-work hours.
- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting, especially since you work with people directly affected by the virus.
- If you feel you may be misusing alcohol or other drugs (including prescriptions), ask for help.
- Engage in mindfulness techniques, such as breathing exercises and meditation.
- If you are being treated for a mental health condition, continue with your treatment and talk to your provider if you experience new or worsening symptoms.

How to Cope with Stress and Build Resilience During the COVID-19 Pandemic. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.





If you had close contact with a person who has COVID-19



Stay home until 14 days after your last contact.



 Check your temperature twice a day and watch for symptoms of COVID-19.



 If possible, stay away from people who are at higher-risk for getting very sick from COVID-19. ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.





If you are sick and think or know you have COVID-19



- Stay home until after
 - 3 days with no fever and
 - Symptoms improved and
 - 10 days since symptoms first appeared



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test.



If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

cdc.gov/coronavirus



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10 Things to Know About Remote Patient Monitoring

Recent technological advances have changed every aspect of how we live our lives. From the photos we snap on our smartphones to the recipes we read off our refrigerators, we feel the impact of smart technology every day. One of the biggest industries being revolutionized by technology, however, is the healthcare industry.

One of the most exciting technological opportunities in the healthcare industry is remote patient monitoring. These devices can give doctors information about patients on a minute-to-minute basis while the patient's life goes on uninterrupted. Read on to learn more about this exciting technology and the ways it can improve patient care.

WHAT IS REMOTE PATIENT MONITORING?

Remote patient monitoring (RPM) is an approach that allows doctors to keep up with their patients' health even outside the office. It uses medical monitoring devices placed on the body to track certain patient vital signs. You might use RPM to track a patient's heart rate, oxygen levels, temperature, and more.

Even if you don't realize it, you may already be familiar with some remote patient monitoring devices. FitBits and Apple Watches already perform many of the functions of an RPM device. The only difference is that most people choose to send this information to their phone rather than their doctor.

How Does It Work?

Remote patient monitoring begins with a device that a patient wears on their body. This device tracks whichever metrics the patient and doctor have decided on, taking readings at specified times. Those readings are then transmitted securely to an online portal.

Once the data is transmitted, monitoring can be either automatic or manually handled – or, in many cases, both. An automated system may send out an alert if a patient's heart rises dangerously high or if their blood pressure drops suddenly. A physician may also review logs of data to get a better picture of a patient's hourto-hour condition.

DIFFERENCE BETWEEN TELEHEALTH AND RPM

Telehealth is one of the more exciting areas of medical development, and in many ways, it seems similar to RPM. But the two are different in some important ways.

Telehealth allows patients to have appointments with their doctors from the comfort of their homes. This involves direct interaction with a patient and is a new way to manage traditional medical appointments.

RPM is a method of information gathering that happens throughout the normal course of a patient's daily life. There is no direct interaction with a doctor, although telehealth may be used to follow up on the results of RPM.

DIFFERENT TOOLS FOR RPM

There are a variety of different tools that can be used to manage RPM, depending on the patient's needs. Some tools help to monitor blood pressure, weight, and glucose levels in pregnant people. Others can collect extremely sensitive cardiac readings over the course of several days.

Some new RPM technologies have emerged in the wake of the COVID-19 pandemic to help track new cases. These devices can track temperature, heart rate, oxygen saturation, activity, and even posture in both infected and non-infected patients. This information is vital to helping doctors understand more about this virus, its symptoms, and its spread.

IMPROVES PATIENT ACCESS

One of the primary benefits of RPM is that it can improve patient access to healthcare. Many patients in rural areas have difficulty getting more specialized healthcare. Those services may not be available at all in their area or they may be a prohibitive distance away.

Remote patient monitoring can make it possible for people in rural areas or with demanding schedules to get access to the tests and care they need. A patient can get a sleep study or a cardiac test run without having to travel a long distance or take time off work. These results can then be interpreted by top-quality physicians anywhere in the world.

IMPROVES QUALITY OF CARE

RPM also makes it possible for doctors to provide better care to their patients. Diagnosing can be tricky because some symptoms may not present consistently, and doctors may have to rely on patient reports. Simple miscommunication or mistrust in the doctor-patient relationship can lead to months or even years of misdiagnosis.

With RPM, doctors can get a clearer idea of what's going on with

patients. Something as small as a temporary arrhythmia can show the difference between two conditions. RPM gives doctors a full picture of patients' health on an hourly basis, rather than once every few weeks.

LOWERS TREATMENT RISK

In some cases, treatment options for a condition can be risky. There's no way to know how a patient may react to a medication, and even with safe treatments, unknown allergies can cause dangerous reactions. No physician wants to be in the position of deciding whether it's a greater risk to the patient's health to start a treatment or to allow a condition to continue untreated.

RPM can help to lower the danger of risky treatments. Monitoring devices can constantly be on the alert for cardiac problems, dangerous changes in blood pressure, or high fevers. If any of the triggers occur, the device can alert emergency services at once so the patient can get treatment as quickly as possible.

Provides More Patient Assurance

In a medical world that's always having to move faster to keep up, it can be easy for patients to begin to feel neglected. They may spend ten minutes with a doctor, get a quick diagnosis and treatment plan, and be sent out the door. In these situations, patients may begin to lose trust in their doctors, especially if they're coming off a traumatic medical experience.

RPM can help to assure patients that their healthcare providers are continuing to look out for their needs even after they leave the office. Their medical team will be alerted if anything drastic happens, and they can continue to receive doctors' attention even while they're going about their day-to-day life. This can improve the doctor-patient relationship, as well as the overall patient experience.

INCREASES PATIENT EDUCATION

The days of a doctor telling a patient what treatment they need and a patient going home and blindly following those orders are over. Doctors have come to understand that patients are an important part of the team and that they should be involved in the care plan. And while many patients have begun to advocate for their own healthcare, there are patient education concerns that must be overcome in order for the patient to have the best outcome.

Remote patient monitoring devices can help improve patient education to further empower them. A patient may be able to see for themselves how certain lifestyle factors affect their condition, as well as how things like their heart rate or their oxygenation levels change throughout the day. The more patients understand

about how a condition is affecting their life, the better they can work with their healthcare team to manage it.

INCREASES PATIENT ENGAGEMENT

Many doctors also struggle with patient engagement. A patient who can't see the effects of a condition on their life may not be motivated to follow a difficult treatment plan. They may not see themselves as having an important role to play in their healthcare.

RPM makes it possible for patients to see the day-to-day repercussions of their lifestyle choices. Because the patient can see how their body is reacting to their decisions, they can begin to understand how important their role is in managing their health. It's a lot easier to be engaged with your treatment plan if you have a reminder about it on your body all the time.

IMPROVES PATIENT FEEDBACK

One of the biggest responsibilities patients have is giving their doctors accurate feedback about how their treatment plan is affecting them. But too often, this line of communication breaks down for any of a variety of reasons. A patient may feel bad about "cheating" on a treatment plan and so may not be truthful with their doctor, or they may simply not be trained to look for the subtle signs that doctors know indicate much larger issues.

With an RPM device, the lines of communication for patient feedback become much stronger. For one thing, the doctor has specific documentation of every tiny change in the patient's condition. But for another, patients may find it easier to recount certain triggers if their doctor already knows about their impact.

Provides Greater Support

Healthcare providers are always looking for ways to provide greater support for their patients. And it's a tough line to walk. While doctors want to give every one of their patients all the time they need, there are only twenty-four hours in a day, and not every concern may be able to be met.

RPM can help doctors give patients support when they need it most. Knowing about certain health events when they happen can let a doctor know that they need to call and check in on a patient. Instead of having to check in on every single patient on a more frequent basis, doctors can better utilize their time to reach out to patients during their times of greatest need.

How Patient Privacy Is Managed

Patient privacy has always been a priority in medical care, but maintaining that privacy becomes more challenging day by day. As our data moves online, it becomes easier for hackers and

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viruses to break in and steal private information. And as you might imagine, RPM devices pose a special concern to those looking to protect patient privacy.

RPM devices are held to the highest standards of data security and must meet all HIPAA compliance regulations. Before a device is put into practice, it must be able to demonstrate that it is capable of protecting confidential patient information. And even with these regulations in place, patients who will be wearing RPM devices must sign a waiver stating that they have been informed of the privacy risks and protocols associated with the device.

IMPROVING DATA USE

RPM devices pose a unique challenge for data management even aside from security concerns. Artificial intelligence has great promise for helping to automate everything from diagnoses to medical alerts in the healthcare field. But some adjustments will be needed to make artificial intelligence work with these programs.

You can't set a static range of acceptable parameters for a given vital sign because every person is different. A heart rate of 100 bpm in a person with a normal heart rate of 90 bpm is very different than in a person with a normal heart rate of 70. A monitoring device needs to be able to make those distinctions.

Managing Data Transmission

The other challenge RPM poses for data management is how often to transmit data. These devices are capable of transmitting up to dozens of readings a second if required. But that much data will become overwhelming as doctors try to interpret changes in a patient's condition.

Instead, a doctor must decide how often they need to get readings from these devices. For a subtle cardiac condition, a doctor may need a reading once or twice a second. But for factors that change over a longer arc, such as weight and blood sugar, doctors may only need readings a couple of times a day.

REIMBURSEMENT FOR RPM

One of the major questions healthcare providers and insurance companies are still working out with RPM is how reimbursement for it should work. On one hand, patients are not receiving direct doctor interaction while wearing an RPM device. But on the other hand, they are receiving medical care, even if it's on a remote basis.

The Center for Medicare and Medicaid Services has ruled that RPM does count as a part of medical care for billing purposes. While this means patients will be billed for these services, it also means at least some health insurance providers will reimburse them. This variety of treatment has even received its own code in the CMS system – 99457 and 99458.

LEARN MORE ABOUT REMOTE PATIENT MONITORING

Remote patient monitoring is an exciting prospect in the future of healthcare. It has the potential to improve everything from patient experience to health outcomes. This new technology still has some challenges that must be resolved, but healthcare providers can count on seeing this as a growing option for patient treatment in the future.

"10 Things to Know About Remote Patient Monitoring". https://www.hospitalcareers.com/blog/remote-patient-monitoring/



Overnight Hospitalist Coverage Schedule a Demo

Darin Willardsen, MD

Todd Severnal

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- On-site nurses assist with the physical exam and peripherals of the cart under the direction of the hospitalist.
- Proper diagnoses are determined by the Hospitalist, and a treatment plan is prescribed. Detailed notes are created in the EMR.



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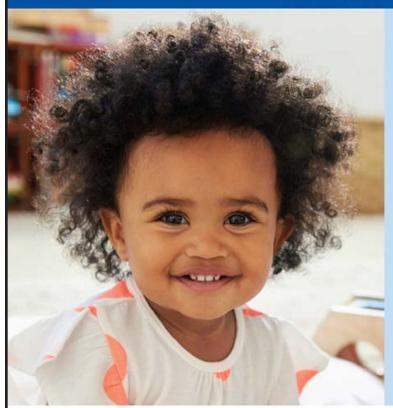




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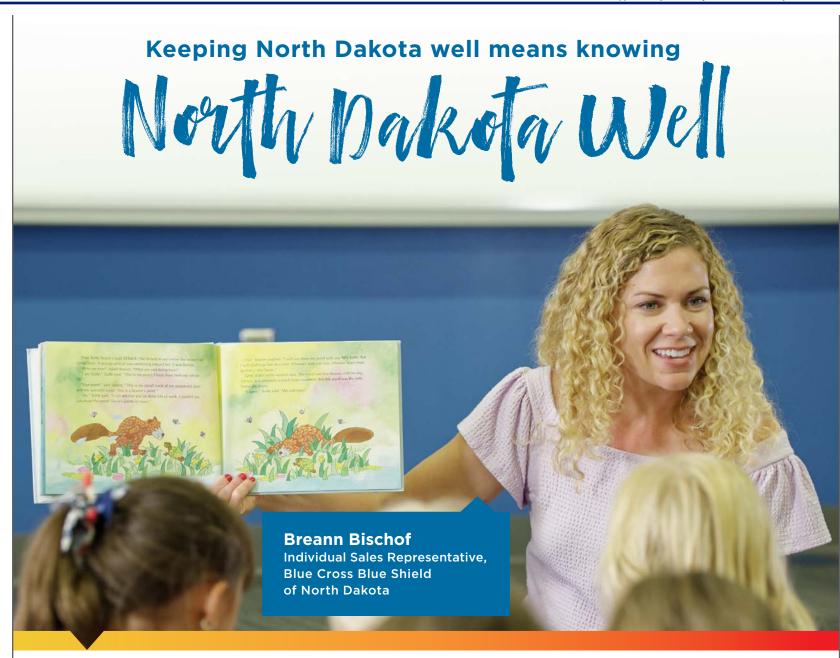
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www.cdc.gov/features/vfcprogram



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