INSIGHT

Volume 6 • Issue 2 • Fall 2020

Affecting Hospitals Today

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Insight Contents

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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Welcome to Insight November 2020

Welcome to the Fall 2020 edition of Insight. When I took the helm of NDHA as the new President just two years ago, I never would have guessed what challenges our hospitals would face in such a short period of time. The opioid epidemic raged, Congress proposed - but failed to pass - several major health care reform bills, voters in North Dakota rejected a measure that would have created the most liberal marijuana law in the country, and we fought in the 2019 state legislative session to maintain Medicaid Expansion, secure Medicaid inflationary increases, and defeat a provider tax. Those all seem to pale now in comparison to what hospitals are facing from the COVID-19 pandemic.

COVID-19 has affected us all – but probably none more than the health care industry. When I draft a message such as this one, I usually talk about the many challenges in health care, such as fair reimbursement, increasing health care coverage, and fighting for regulatory relief. These issues have certainly not gone away for hospitals, but rather have intensified during this pandemic.

Unfortunately, rather than giving us a break, the virus continues to escalate. Cases of COVID-19 are going up dramatically in the Midwest, other parts of the country, and the world. The stress the last eight months have put on hospitals could not have been imagined. These have been trying times, but I am so proud of how hospitals stepped up. They scrambled to create isolation units, set up drive-through testing sites, and are providing care in the face of an unknown, deadly virus - all while their employees put themselves in harm's way day after day. Early on, North Dakota hospitals also collaborated 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 limited personal protective equipment, and protect the availability of intensive care beds and ventilators within our state.

While meeting this challenge, hospitals have incurred significant costs to develop surge capacity, maintain staffing through contract labor, buy scarce PPE, and pay overtime for committed staff. At the same time, hospital revenues, however, plummeted. Patients began to put off care and non-essential surgeries were postponed. Clinic encounters, emergency room visits, outpatient surgeries, and medical procedures all declined significantly. Inpatient volumes were also impacted – although to a lesser degree - as hospitals tried to maintain adequate bed capacity for a COVID-19 hospital surge.

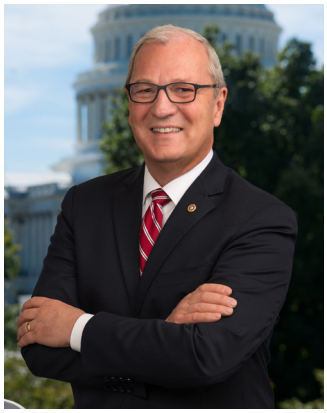
An Eide Bailly study commissioned by the North Dakota Hospital Foundation shows that North Dakota hospitals are projecting total lost revenue and increased incremental expenses of $480 million for 2020. Hospitals consistently experienced lost revenues exceeding 20% during the first three months of the pandemic. While federal COVID-19 relief funds have helped to offset these losses, they are projected to fall significantly short of the likely damages for North Dakota hospitals, especially if economic losses increase in late 2020 or persist beyond 2020, which is likely given the way COVID-19 cases are going.

We are now getting ready to turn our attention to the next legislative session, which will start in Bismarck on January 5, 2021. While we don't know how the session 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 at existing rates, expanding health care workforce, and adequate behavioral health resources. We are in the middle of a storm right now and we need all of us working together to maintain stability in the healthcare system. Please take the time to explain our concerns to your local legislators and ensure they understand the negative financial impact that the pandemic has had on your hospital and how healthy hospitals translate into healthy North Dakota communities.

I hope you find that this edition of Insight provides you with information and ideas that will help you take advantage of potential opportunities, respond to these challenging times, and navigate the challenges in our health care world.

Enjoy the magazine.

Tim Blasl, President
North Dakota Hospital Association



High Quality Medical Care Requires A Strong Workforce

By Senator Kevin Cramer

During the past year, in communities large and small, we have seen how crucial it is to ensure hospitals across North Dakota are equipped with the necessary workforce and resources to continue delivering high quality care. The dedication and commitment we have seen from our frontline workers during this COVID-19 pandemic has been an inspiration. Doctors, nurses and technicians have stepped up in the wake of unprecedented times, ready to deliver for our communities. I sincerely thank them and their families for all they are doing.

Now more than ever, a dedicated and reliable workforce is the foundation of a successful healthcare practice. However, we have seen many hospitals struggle to attract new talented physicians and staff. Providers, especially those in rural areas who are already operating on razor-thin margins, are especially impacted.

To address some of these concerns, I am supporting two crucial bills which directly assist rural areas such as North Dakota. The Rural Physician Workforce Production Act provides medical students the opportunity to practice and learn in a Critical Access Hospital in rural North Dakota. And, the Telehealth Across State Lines Act of 2019 creates a national telehealth program aimed at eliminating geographic restrictions and increasing access to care for patients across the nation. This would provide additional training options for students and give them valuable insight that can be gained from experience in rural healthcare.

I am also working on legislation to expand career opportunities for health professionals. During this current session of Congress, I have cosponsored the Conrad State 30 and Physician Access Reauthorization Act. This bill extends the J-1 visa waiver program to allow international doctors to remain in the United States upon completing their residency. This is under the condition that they practice in underserved areas, such as rural communities. Adapting immigration requirements to benefit our state is a priority of mine, which is why, in addition to this bill, a focus of my first years in the Senate has been passing the Fairness for High Skilled Immigrants Act.

This bipartisan bill would more level the playing field for high skilled immigrants – regardless of their country of origin – by eliminating the per-country caps on H1B visas, meaning immigrants receive Green Cards on a "first-come, first-serve" basis, rather than having their wait times depend on where they are from. It would create more certainty and increase opportunity for those who want to come to North Dakota and fill an immediate need, like working in medically underserved parts of the state.

Another area where I believe we can increase qualified applicants is with our military families living in North Dakota. Currently, half of military spouses work in a field requiring licensing that must be authorized in the state where they currently live. This includes professionals like nurses and technicians. I am a cosponsor of the Military Spouse Licensing Relief Act to provide military spouses who have valid licenses in one state reciprocity to use them in the state where their spouse is currently serving on military orders. This will break down the licensing barriers and increase flexibility for our military families moving to new military assignments. It will also supply an additional applicant pool for area medical centers and clinics. This legislation would not preempt state law on how the licenses are used, as military spouses would still be required to comply with standards of practice, discipline, and continuing education requirements. But, it is a commonsense solution to improving the lives of our military families.

As always, I welcome your feedback on this and other issues impacting medical care across our state. With your continued input, I will do all I can to ensure North Dakota's medical community receives the support and resources it needs to prosper today and in the future.

U.S. SENATOR • NORTH DAKOTA
John Hoeven
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OPINION - Contact: Kami Capener or Alex Finken | October 16, 2020 - Kami_Capener@hoeven.senate.gov

Supporting Our Everyday Heroes in the Health Care Industry

By Senator John Hoeven

As our nation has worked to combat the coronavirus disease 2019 (COVID-19) pandemic, there are many everyday heroes who deserve recognition, with health care workers standing out as a strong example of diligence, selflessness and dedication in the midst of this public health emergency. The work of North Dakota's doctors, nurses and other health care professionals has been essential to combatting the spread of COVID-19 and treating those affected by this disease. These efforts warrant our respect and gratitude, which is why I recently took to the Senate floor to honor some of our everyday heroes in North Dakota. In discussions I've held with health care professionals this year, these individuals have been highlighted by their colleagues for their outstanding service.

This includes physicians like Dr. Chris Pribula, a graduate of the University of North Dakota, who worked with a team to set up the COVID Care Unit at Sanford Hospital in Fargo. Dr. Pribula was working when the first COVID patient arrived at the hospital and remained on duty for the next 18 days straight to make sure that staff and patients had everything they needed.

Dr. Karol Kremens, a critical care physician at Essentia Health, is another individual who has been recognized for his tremendous work, having intubated and managed multiple critically ill patients at once. Dr. Kremens' efforts illustrate the good work of the many intensive care and emergency department physicians and nurses who continue to fight on the front lines of the pandemic.

With examples like these in mind, supporting our health care workers remains a top priority as we move forward with the next phase of the response to COVID-19. In the Senate, I've supported advancing a targeted approach to fill any existing gaps, while making the most efficient use of taxpayer dollars. This includes further assisting hospitals and health care providers through the Provider Relief Fund, which we established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. North Dakota providers have received more than $300 million from this fund so far, and since the CARES Act's passage, we have supported legislation, like the Health, Economic Assistance, Liability Protection and Schools (HEALS) Act, to build on this assistance by providing additional resources.

COVID-19 Vaccine Distribution Planning Underway in ND

by Jenny Galbraith, Immunization Program, Division of Disease Control

A safe and effective COVID-19 vaccine is needed to prevent and reduce disease and severe outcomes associated with COVID-19 in North Dakota. When a large proportion of the population has immunity to a virus (community immunity), a virus is less likely to spread. The safest way to achieve community immunity is through vaccination.

There are many COVID-19 vaccines being developed and it is currently unknown when one will be available and what the safety and efficacy will be. A couple of manufacturers are in phase III clinical trials and may request emergency use authorization from the Food and Drug Administration as early as November 2020. Even with so many unknowns surrounding the COVID-19 vaccine, it is important that the North Dakota Department of Health (NDDoH) and providers in the state prepare for eventual distribution of vaccine.

On October 16, 2020, the NDDoH submitted its draft COVID-19 plan to the Centers for Disease Control and Prevention (CDC). Key areas addressed in this plan include enrollment of health care providers to administer vaccine, storage and handling, prioritization, allocation, distribution, and data reporting. The plan will be updated as additional information about the COVID-19 vaccine becomes available. A draft version of North Dakota's vaccination plan can be found on our website.

The NDDoH has opened enrollment for healthcare providers who would like to receive and administer COVID-19 vaccine, when available. Completion of enrollment does not guarantee that a facility will receive COVID-19 vaccine. Doses will be allocated based on availability and priority groups served by the facility. More information about COVID-19 enrollment can be found at: www.health.nd.gov/immunizationguidance-healthcare-providers.

The NDDoH developed a question and answer document regarding COVID-19 vaccine. Additionally, the CDC has established a COVID-19 vaccine website. For more information about COVID-19 vaccine in North Dakota please contact the immunization program at 701-328-3386 or toll-free 800-472-2180. Questions can also be sent to ***covidvaccine@nd.gov.***

ND Critical Access Hospitals Among Top 20 in the Nation

Each 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.

In the June edition of NDHA's Insight magazine, the North Dakota CAH's that were selected for the Top 100 CAH's were featured. From the list of Top 100 CAHs, 20 overall winners and 40 best practice recipients were selected.

The North Dakota Hospital Association (NDHA) is proud to congratulate the following 10 North Dakota critical access hospitals that were selected:

ND's 2020 *Top 20* Critical Access Hospitals
• CHI St. Alexius Health, Carrington – Top 20 Critical Access Hospital
• Jamestown Regional Medical Center, Jamestown – Top 20 Critical Access Hospital
• Sanford Mayville, Mayville – Top 20 Critical Access Hospital

ND's 2020 *Top 20* Critical Access Hospital Best Practice in Quality
• St. Andrew's Health Center, Bottineau – Top 20 CAH Best Practice in Quality
• Towner County Medical Center, Cando– Top 20 CAH Best Practice in Quality
• Pembina County Memorial Hospital, Cavalier – Top 20 CAH Best Practice in Quality
• West River Regional Medical Center, Hettinger – Top 20 CAH Best Practice in Quality
• Cavalier County Memorial Hospital & Clinics, Langdon – Top 20 CAH Best Practice in Quality
• Northwood Deaconess Health Center, Northwood – Top 20 CAH Best Practice in Quality
• South Central Health, Wishek – Top 20 CAH Best Practice in Quality

The Importance of Influenza Vaccination During COVID-19 Pandemic

By Jenny Galbraith, Immunization Program, Division of Disease Control

This fall and winter, both COVID-19 and influenza will be circulating at the same time. Both are respiratory illnesses and have similar symptoms. Without testing, it will be difficult to tell the difference between the two. Luckily, we have a way to prevent the burden of having two deadly respiratory diseases circulating at the same time. That prevention is the influenza vaccine.

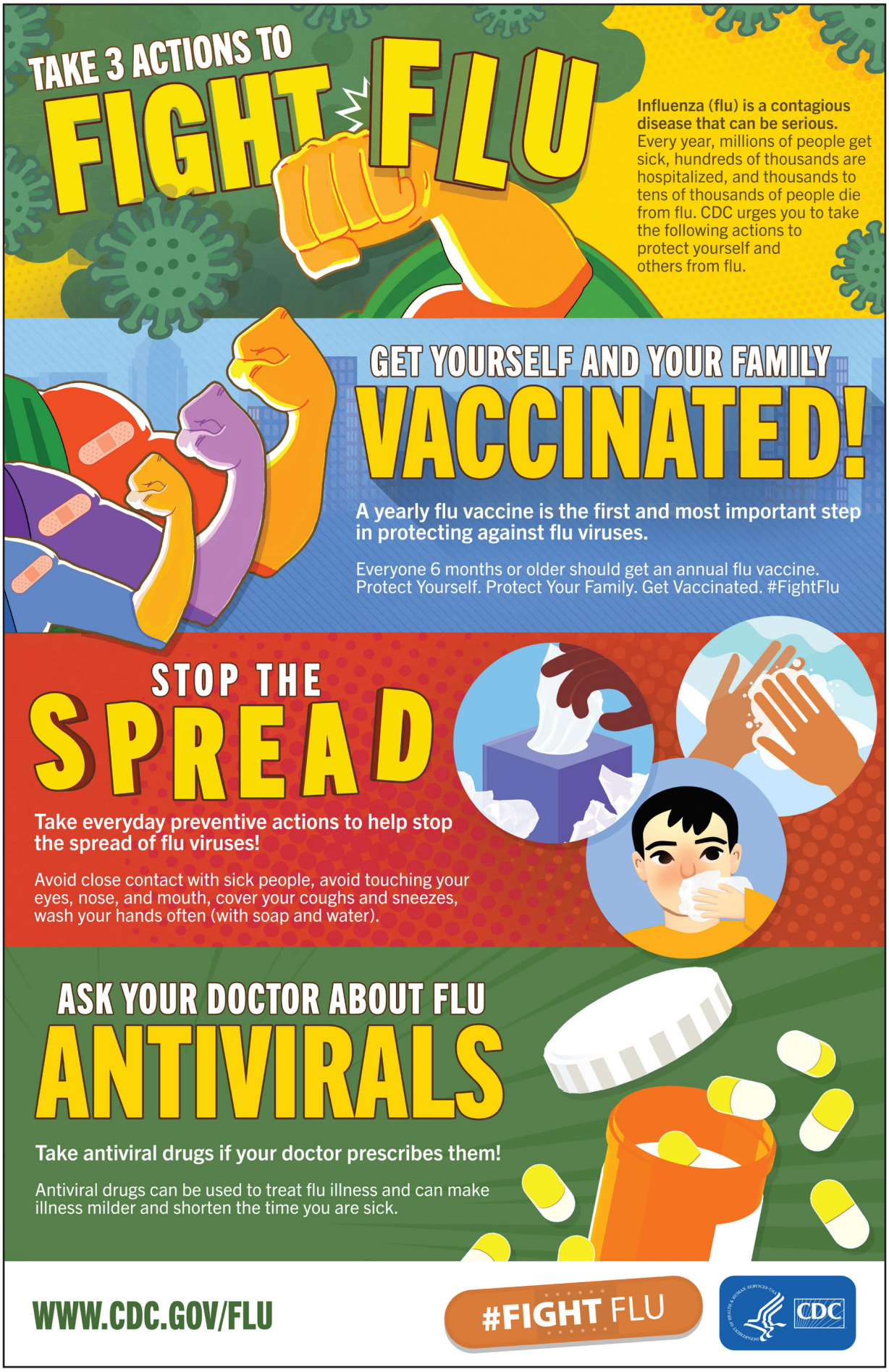
While influenza vaccine is not 100% effective, it can substantially decrease influenza illness, hospitalizations, and deaths. During the 2018-2019 influenza season, when the vaccine effectiveness was estimated to be only 29%, the CDC estimates that over 50,000 hospitalizations and 3,500 deaths were prevented. This was with approximately 49% of the United States population receiving a flu vaccine. Imagine what could be prevented if everyone received a flu vaccine.

One major component to North Dakota's COVID response has been to preserve hospital capacity. A severe influenza season while COVID is still circulating in North Dakota has the potential to wreak havoc on our already stressed healthcare system. Health care workers are already stretched thin caring for positive COVID-19 patients. Adding influenza increases the number of beds in use, increases the numbers of patients requiring a ventilator, and increases the need for health care workers. Every hospital bed that is not used for an influenza patient can be saved for a COVID-19 patient.

As of October 20, 2020 approximately 140,000 doses of influenza vaccine have been administered in North Dakota. Health care providers are encouraged to strongly recommend influenza vaccine for all patients and staff. Providers should use influenza vaccination as practice for a future COVID-19 vaccine.

While it may seem like there is so much out of our control during this pandemic, getting vaccinated against influenza is within our control and will protect not only those who receive flu vaccine but also our friends, families, and neighbors. By each of us doing our part and getting vaccinated, the citizens of North Dakota can continue to protect the health of our state.

For more information on influenza and current influenza statistics, visit ***www.health.nd.gov/flu.***


TAKE 3 ACTIONS TO
FIGHT FLU
Influenza (flu) is a contagious disease that can be serious. Every year, millions of people get sick, hundreds of thousands are hospitalized, and thousands to tens of thousands of people die from flu. CDC urges you to take the following actions to protect yourself and others from flu.
GET YOURSELF AND YOUR FAMILY
VACCINATED!
A yearly flu vaccine is the first and most important step in protecting against flu viruses.
Everyone 6 months or older should get an annual flu vaccine. Protect Yourself. Protect Your Family. Get Vaccinated. #FightFlu
STOP THE
SPREAD
Take everyday preventive actions to help stop the spread of flu viruses!
Avoid close contact with sick people, avoid touching your eyes, nose, and mouth, cover your coughs and sneezes, wash your hands often (with soap and water).
ASK YOUR DOCTOR ABOUT FLU
ANTIVIRALS
Take antiviral drugs if your doctor prescribes them!
Antiviral drugs can be used to treat flu illness and can make illness milder and shorten the time you are sick.
WWW.CDC.GOV/FLU
#FIGHT FLU
CDC

The Gift of Sight Through Eye Donation

When Lions Gift of Sight was first approached about contributing an article to INSIGHT, we were very excited. Any time we can increase the visibility of the sight-saving work of eye banks, we can increase our impact. In addition, we would have the chance to thank our hospital partners for their efforts on behalf of eye donation, something we have too few opportunities to do. Then came COVID, and the world's focus dramatically shifted. Our donation partners – hospitals, medical examiners, funeral directors, hospice providers – were on the front lines. The personnel that kept these vital services running were experiencing challenges and stress unlike anything in recent memory, and we watched and silently admired these COVID-19 warriors.

Our operations, too, were affected. In early spring, our focus narrowed to meeting emergency needs. Because many surgeries were deferred, the demand for eye tissue decreased, and we adjusted accordingly. We preserved supplies and personal protective equipment and temporarily suspended eye tissue recovery for research except when directly related to COVID-19 studies. Only essential staff physically reported to work. We instituted precaution on top of safeguards on top of preventive measures. But we persevered.

While our battle with COVID-19 is far from over, Lions Gift of Sight has established new normal operations with staff, who are able, telecommuting. We are meeting the transplant needs of our corneal surgeons and their patients (back at nearly pre-COVID levels), and we have resumed the research operations so vital to our mission. Through it all, healthcare facilities have continued to make donation referrals, and we are blessed to have such talented and dedicated partners as you helping to save and improve people's lives. Thank you. Thank you. Thank you.

It is fitting that we are now approaching the month of November, which is designated Eye Donation Month. At this time of year, the Eye Bank Association of America, its member eye banks, doctors, patients, and scientists get the chance to raise the profile of eye donation and demonstrate the impact eye donors have on so many people. We get to salute the North Dakota population and their generosity toward eye, organ, and tissue donation. We get to highlight our mission of restoring sight through eye donation. And each of us at Lions Gift of Sight gets to reaffirm our commitment to that mission and remind ourself of how our small part fits into the whole. We hope you can celebrate with us as we share the following highlights:

Every Donation Matters

Lions Gift of Sight operates on the strong belief that every donation matters. A donation for transplant can profoundly affect the lives of one or two persons, and we frequently meet corneal recipients and have seen firsthand the miracle (we can call it nothing less) of restored sight. But fully half of our donations are devoted to research and education, and such donations affect countless lives for generations to come. When the phone rings with a donation referral, we cannot know the particular impact this donation will have. We only know that each donation has its own ripple effect and is equally important.

We were recently gifted a donation that shows how deeply ingrained this "Every Donation Matters" philosophy is in our staff. The donation took extra effort from all persons involved, including external partners, and here is the narrative:

- Donor is referred and screened for donation potential. During the screening process, Donor Eligibility Manager, Kody Westrick, identified an ocular condition caused by mutations in the genetic composition of the mitochondria (the powerhouse of living cells). This condition ruled out the donor for transplant.
- Kody alerted Dr. Ching Yuan, our Director of Research and Development, who confirmed the patient's rare condition of Mitochondria Encephalopathy Lactic Acidosis, and Stroke (or MELAS). He contacted Dr. Robert Mullins at the University of Iowa whose research on retinal degeneration and rare genetic eye diseases could benefit. Dr. Mullins very much wanted to receive these donor eyes.
- Eye donation was slated to take place after autopsy (not uncommon), but the autopsy wasn't scheduled to occur until 72 hours later. This delay in eye recovery would absolutely render the eye tissues unusable for the researcher. Lions Gift of Sight Donor Coordinator Jen Kastner explained the urgency, and the autopsy consultant very graciously rearranged the day's schedule to fit in the donor's autopsy that day.
- Recovery Technician Nancy McGee performed the eye enucleations at 6:30 in the evening then drove 1½ hours to the eye bank to deliver the eyes.

- Waiting at Lions Gift of Sight was Research Scientist Sung Lee, who came in after hours to assist with the eye donation. While Nancy waited, Sung drew the vitreous (an essential autopsy component) from the eyes and transferred custody to Nancy, who made the 90-minute return trip with the vitreous specimens for the medical examiner.
- Sung processed the tissues to Dr. Mullins' specifications and prepared the shipment for his lab. The eye donation was in Iowa the following day.
- Referencing the case notes on this donation, we find that, in addition to Kody, Ching, Jen, Nancy, and Sung, donor coordinators Anna, Jolie, Laura, and Megan also furthered the donation at various steps along the way.

Without all these amazing staff members working together and without the cooperation of the referring medical facility and the medical examiner staff, this donation and contribution to medical research would not have happened. And, while it is only a single donation among the thousands we coordinate every year, the donation was extremely significant to the 1 in 4,000 people suffering from mitochondrial disease, the doctors who treat them, and the scientists seeking a cure. Every donation matters.

COVID Research at Lions Gift of Sight

In 2019, Lions Gift of Sight established a dedicated Research and Development department, formalizing the support the organization has always given to efforts that improve lives through research and innovation. With the onset of COVID-19, many eye banks turned their already-robust research programs to the study of the virus. Lions Gift of Sight is one of these eye banks.

Lions Gift of Sight is conducting several COVID-related research studies, including a study to test whether SARS-CoV-2 can infect ocular cells and transmit COVID-19 via donor tissues. The results of this study will have ramifications for eye banking for years to come.

We are blessed to have funding support from the Lions and the Eye Bank Association of America. We are grateful for the opportunity to recover on COVID-19 positive donors. We are fortunate that the University of Minnesota has a Biosafety Level 3 lab that is designed to safely handle and store human infectious agents or toxins. Partnering with virologists at the BSL-3 has helped establish us as a national leader in COVID research on the eye.

RAND Gets it Wrong (Again) on Hospital Prices

Sep 22, 2020 - by Aaron Wesolowski

The RAND Corporation has released the third edition of its hospital price transparency study. The AHA previously highlighted our extensive concerns with the data and methodology used in the last version. Now, with supposedly much-expanded data, the authors double down on their pre-conceived conclusions. And, unfortunately, the data and the rigor of the methods still just do not hold up on examination.

Once again, the study relies on data from a largely handpicked and self-selected sample of employers and insurers. Collectively, the claims included in the study represent just 0.7% of total inpatient admissions and 1.8% of total outpatient visits in the U.S. over the study period. The authors also tout that they went from 25 states represented to 49 states. However, more than half the states in the study have fewer than 1,000 inpatient services included in the sample for 2018. For example, in New Mexico, there were just 65 inpatient services included in 2018. And although the authors did show some hospital-specific data, the amount of data for most hospitals identified is similarly underwhelming. For two-thirds of hospitals for which inpatient stays are reported, the authors had fewer than 100 inpatient stays over the three-year period of the study upon which to draw their conclusions.

In addition to the limited data set, the central theme – that prices are unchecked – is undercut by trend data at the national level. According to the Centers for Medicare & Medicaid Services, price growth for hospital care services was just 2.4% in 2018, and non-price factors such as intensity of services and inpatient bed days grew slowly as well. These factors combined for historic low growth in hospital spending. More recent data from the U.S. Bureau of Labor Statistics shows hospital prices have consistently grown less than 3% per year over the last decade and have frequently grown by less than the average rate of inflation. In fact, even when excluding the artificially low rates paid to hospitals by Medicare and Medicaid, annual price growth has still been below 3% in recent years.

The authors also once again use Medicare payment rates as a benchmark to compare against privately negotiated rates because they make for an "easy comparison." Yet Medicare knowingly reimburses well below the cost of providing care. In 2018, hospitals were paid only 87 cents for every dollar they spent caring for Medicare patients. The total Medicare payment shortfall was $57 billion in 2018, up from $37 billion in 2014. If private payers were to adopt Medicare payment rates, it would strip away vital health care resources.

Hospitals and health systems are open 24/7 and provide treatment for everyone regardless of ability to pay. Their role also increasingly includes providing, often without additional compensation, non-medical social and public health services traditionally provided by state and local governments and caring for communities ravaged by a growing number of severe natural and manmade disasters, such as hurricanes, wildfires and mass shootings. No other part of the health care system has stepped up – and been on the front line – to meet these growing demands.

The study also relies on Leapfrog scores as a measure of quality, despite their significant limits and flaws. These scores are heavily based on faulty measures calculated from billing data. They use old data that do not reflect more recent improvements in care. The scoring methodology is also unfairly biased against those who do not respond to Leapfrog's voluntary annual survey.

It's also telling that once again the study ignores the role another important set of stakeholders – health insurers and third-party administrators -- plays in health spending. There is no discussion of the leverage insurers and third-party administrator often have in markets they dominate. This treatment of one of the most costly parts of the health care system may be explained by the study's reliance on data voluntarily supplied by insurers; under the explicit terms of the data sharing agreements the authors entered into with insurers, "prices could not be compared among or between health plans."

We cannot have a serious discussion about our nation's system of care providers without acknowledging how much has changed during the COVID-19 pandemic. Many hospitals and health systems are now struggling to make ends meet as they continue to care for patients in their community day in and day out. Those already struggling are barely hanging on. It is beyond reckless to cut vital payments to care providers at a time like this, especially with such a faulty rationale as the foundation.

Aaron Wesolowski is AHA vice president of Policy Research, Analytics and Strategy.

INTALERE BEST PRACTICES COMPENDIUM:
Quality/Patient Care Delivery and/or Patient Satisfaction

HEALTH COACHES PROACTIVELY FOLLOW UP TO REDUCE ED VISITS

Issue

Mid Dakota Clinic was experiencing a high rate of emergency department (ED) utilization due to some patients using the ED as their first point of care, instead of their primary care provider (PCP) or urgent care.

Solution

Mid Dakota Clinic increased the integration of Health Coaches (HCs) into their primary care practices to ensure all discharged ED patients receive timely follow up. HCs call these patients within 48 hours of their discharge to review care plans, medications, lab work, imaging results and home health services as needed. They help determine whether to schedule an in-office visit with the PCP or other specialists and may also follow up with patients on their blood pressure, diabetes or other chronic conditions. Patients are also encouraged to contact their PCPs first before visiting the ED so they can be triaged properly.

Outcome

After 12 months, Mid Dakota Clinic's rate of potentially preventable ED visits (PPVs) improved from -20.51% to -24.45% (actual PPVs was 1,091 compared to 1,444 expected PPVs). Mid Dakota Clinic was recently ranked as the top performing CPC+ (Comprehensive Primary Care Plus) practice in the state of North Dakota and in the top 4.5% nationally. One of the key components of this ranking was maintaining a low ED utilization rate.

MID DAKOTA CLINIC
The doctors you know and trust.℠

ABOUT MID DAKOTA CLINIC

Mid Dakota Clinic, regionally known as 'The doctors you know and trust,' is an independent multispecialty clinic with 83 providers. They have seven locations in Bismarck, N.D., including satellite locations to meet the diverse needs of all patients. Their main focus is primary care and urgent care.

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Funding Telehealth Expansions: What's Top of Mind for CFOs?

Both providers and consumers are being forced to rapidly adapt to telehealth due to the ongoing COVID-19 pandemic. Many hospitals are seeing over 300% growth in telehealth visits, with some having **surpassed their normal telehealth visits by 10,000%**. The success of telehealth that has resulted from the pandemic will likely turn this short-term solution into a long-term option, positioning hospitals to deliver care through telehealth more frequently moving forward.

Telehealth is here to stay, but periodic upgrades and expansions to your telehealth program can be a big expense. The cost of upgrading or expanding can be millions of dollars for a large system; contractors may be needed to get the system up and running, employees require training, and new/upgraded hardware needs to be purchased. Based on the discussions from several virtual roundtables* that First American recently hosted, the telehealth related items that are top of mind for hospital and health system CFOs include:

Compatibility with EHR

Telehealth is here to stay—especially for follow-up appointments so that patients don't have to drive long distances to receive care at a major hospital. Both patients and providers are having a positive response to the efficiencies that telehealth provides; a 15-minute visit turns out to actually be just 15 minutes! But a challenge for hospitals will be determining which telehealth system to use and making sure it's compatible with their EHR.

Long-Term Care Facilities/Reduced Readmission Rates

There have been some quick adjustments to improve care for nursing home patients. Patients typically make frequent trips to providers for clinical visits, but it takes nursing home staff a significant amount of time to get patients ready for transport. The transportation has been needed because reimbursement does not occur unless it is a face to face visit in the clinic. Now, by allowing a telehealth model in nursing homes, staff preparation time and patient travel time have decreased, and readmission rates are being reduced as a result.

Financial Concerns

There are concerns that CMS has allowed telehealth during this time, but that it may revert back to the original, more stringent requirements. Looking ahead, hospitals need to determine how it will work within their business model since their providers are paid on production. If a virtual visit now pays just a third of what an in-person visit does, but hospitals are paying the doctors the same amount, the economics won't work out. Additionally, if doctors are being paid the same but can work from their home, hospitals will need to figure out how that fits into the equation.

Relaxed Reimbursement Requirements

Prior to this situation, many patient visits could not be conducted via telehealth because reimbursement regulations required face-to-face meetings. With this requirement relaxed during the pandemic, both patients and providers are finding the virtual visits to be a beneficial and positive experience. This gives providers the opportunity to review all areas of patient care and determine what can be offered via telehealth.

Revenue Flow/Improvements

Telehealth has been key to keeping revenue flowing and providers busy, and with about two months of implementation, there is now time to look for improvements.

Revenue Recovery

Hospitals are looking for opportunities for new sources of revenue and for reimbursements for expenditures related to COVID. Many hospitals are applying for telehealth grants and relying on state and government funding, but are also looking outside the box to recover costs. Some of these efforts include reviewing prior year cost reports, applying a volume decrease adjustment, and obtaining rural hospital status.

Service Line Expansion

Many hospitals are increasing their footprint (both within cities and outlying towns) and are able to expand into different service lines such as speech, OT, PT, home health, primary care, some cancer care, and hospice. Physicians who travel to rural communities are decreasing their travel and scheduling remote visits, which improves their quality of life.

What's Next?

As telehealth strategies expand, hospitals need to take into consideration the development and rollout of the platforms to make it easily accessible for less tech savvy patients. Staffing also needs to be considered. If care is delivered primarily through telemedicine, what does that look like as hospitals start pulling people back on board? Are there ways to get more strategic as hospitals set up doctors' schedules and/or use nursing staff more efficiently? There are many opportunities hospitals can take advantage of to make sure that as they return, they are running as efficiently as possible.

With all the uncertainty of reimbursement and changing regulations, many hospitals are choosing to fund software and telehealth expansions through First American. First American can fund 100% of the project, provides the support and expertise of the project manager, and understands hospitals' cash flow needs. Rather than a hospital paying cash, First American is able take the cost of the entire telehealth project, including consulting fees, travel and training, and break it up into manageable monthly payments.

To inquire about funding for your telehealth expansion, contact Michael Haines, Vice President at First American Healthcare Finance at Michael.haines@fahf.com or 585.643.3318.

About First American:

First American Healthcare Finance, an RBC / City National company, provides funding solutions to healthcare providers. Funded projects range from $250K to $100MM+ and commonly funded initiatives include EMR and software implementations and/or upgrades, medical and dental equipment acquisitions and/or upgrades, and expansion and/or renovation projects. First American has earned the HFMA Peer Reviewed designation and is a partner of the American Hospital Association.

*To view complete summaries from First American's recent CFO virtual roundtables and inquire about attending an upcoming roundtable, visit First American's Virtual Events page: ***www.faef.com/healthcare/insights/virtual-events***

careLearning is an online education company designed to help healthcare organizations by providing reliable, trusted and easily accessible talent management solutions. When you work with careLearning, you gain access to its Learning Management System (LMS), Competency and Performance Management Solution, a full course catalog, and much more.

careLearning is operated by state hospital associations, and its sole purpose is to offer valuable and cost-effective resources to you. careLearning cares about its customers and it shows.

careLearning is dedicated to providing the best education and training to you and your organization. It brings the classroom to you and values feedback from its customers using suggestions to make careLearning a better business.

The Passport Program was created by careLearning to allow students participating in clinical rotation programs to become orientated quickly and effectively early on in the semester. The topics covered are those needed for CMS, OSHA, The Joint Commission, and other common regulatory requirements. Healthcare facilities can also add some of their own content that is specific to their organization.

Top 5 Takeaways on Managing Burnout and Ensuring Quality Care During the Pandemic

Medical Solutions™

As you know, COVID-19 has put unprecedented strain on the healthcare workforce, as it has demanded significant clinical resources and challenged staff well-being. Recognizing these challenges, Medical Solutions recently partnered with Modern Healthcare to host a webinar and shared how health systems can efficiently manage staffing during the pandemic with a human-first approach in the areas of recruitment and retention, managing employee burnout, and the importance of workplace culture.

Here are our top five key takeaways:

1. A lack of a support system and a lack of work/life balance are persistent contributors to healthcare worker burnout. In fact, 82% of nurses stated they've experienced significant workplace stress and as many as 25% of healthcare employees felt their organization offered too little mentoring. With the heightened stress caused by the pandemic, it's critical that facilities acknowledge and address staff who are overworked and find ways to help them to alleviate this stress and feel like they are supported and not alone.

2. Burnout can impact quality of care and your facilities' bottom line. When nurses work more than 13 hours a day, they are 2.6 times more likely to leave their job in the next year. Recognizing the average cost of turnover for one bedside nurse is $44,000, facilities can't afford to have nurses leave because they are overworked.

3. Your recruitment strategy should include an emphasis on technical fit and cultural fit. Traditionally, health organizations have a thorough vetting process based on skill set and training of an individual. Medical Solutions has found, however, that focusing on the more subjective ways candidates fit the culture of your team is equally as important to ensure they are the right match.

4. To avoid a lag in staffing, have a plan in place for an unforeseen influx of patients, as we saw with the COVID-19 pandemic. Some considerations may include evaluating your health system's dual employees to understand where gaps may be or have a staffing partnership in place to help with your projected staffing needs.

5. Statistics show that 83.3% of organizations view retention strategy as a key business initiative and, yet, despite this level of awareness, only 39.4% have a formal retention strategy plan in place. Some key steps to increase retention include being transparent, making leadership more visible, offering mental and emotional support for employees, and balancing your staff.

If you're interested in learning more about Medical Solutions' services and how we're addressing nurse burnout, please visit ***medicalsolutions.com/resources/videos*** to listen to the "How to Manage Burnout and Ensure Quality Care—Leading Your Workforce Through COVID-19" webinar or contact Blake Sorrell at 402.401.4505 or ***blake.sorrell@medicalsolutions.com***, or Rory Audino at 402.986.5167 or ***rory.audino@medicalsolutions.com***.

SEASONAL AFFECTIVE DISORDER DURING THE PANDEMIC

If you experience Seasonal Affective Disorder (SAD) - a type of depression that's related to changes in seasons – this fall and winter may be a bit more challenging because of the COVID-19 pandemic.

TIPS FOR TAKING CARE OF YOURSELF.

Think back to practices that helped back in the spring
Even though things are continually changing, think back and identify practices and routines that were helpful. Write them down so you can refer to them when you are feeling anxious or sad.

Maintain a healthy lifestyle
Exercise can be particularly helpful for easing symptoms of depression. Bundle up in your cold-weather gear and head out for a quick walk. If that isn't possible, search for free at-home exercise videos and spend some time taking care of your body.

Talk about your concerns with friends and loved ones.
When you share your difficulties, fears and struggles about the upcoming season with a loved one, you are reminded that you aren't as isolated as the winter months might make you feel. You may also find that your loved ones have similar struggles and you can think through coping strategies together.

Plan ahead for the holidays.
Holidays will look very different for many families this year because of the pandemic. Take some time to identify new, safe ways to celebrate, reminisce and reconnect with loved ones. Think about it as an opportunity to do new things, rather than feeling as though something has been taken away.

If you are experiencing symptoms of SAD, reach out to a professional for additional support.

- Call Project Renew at 701-223-1510 (M-F between 8-5pm CT) to receive free support services.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support for individuals in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
- Find behavioral health treatment services near you by searching the Behavioral Health Treatment Services Locator: https://findtreatment.samhsa.gov/.

SYMPTOMS OF SAD

- Feeling depressed most of the day, nearly every day
- Losing interest in activities you once enjoyed
- Having low energy
- Having problems with sleeping
- Experiencing changes in your appetite or weight
- Feeling sluggish or agitated
- Having difficulty concentrating
- Feeling hopeless, worthless or guilty
- Having frequent thoughts of death or suicide
- Oversleeping *(specific to winter-onset SAD)*
- Appetite changes, especially a craving for foods high in carbohydrates *(specific to winter-onset SAD)*
- Weight gain *(specific to winter-onset SAD)*
- Tiredness or low energy *(specific to winter-onset SAD)*

North Dakota Hospital Association
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