

# INSIGHT

Volume 9 • Issue 1 • Winter 2022



*Affecting Hospitals Today*



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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:  
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**The deadline for the Summer Issue is April 14th, 2023**

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## WELCOME TO THE WINTER ISSUE OF *INSIGHT*

Even as we start to see the COVID-19 pandemic in the rear-view mirror, the challenges that hospitals continue to face are intense. Although things are better, inflation and workforce shortages are remnants of the pandemic that will confront us for some time to come.

The rising expenses for supplies, drugs, equipment, and workforce – especially contracted labor – have not abated and are expected to continue an upward trend. Despite hope that things would be better in 2022, this year has severely tested hospitals' financial health. We are working hard to ensure policymakers understand that these financial challenges threaten essential health care for patients. To help tell that story, NDHA is performing several studies. We are again analyzing Critical Access Hospital financial indicators after a few years off due to the skewing effect of the pandemic and we are also looking at urban hospitals' financial position.

These analyses will be critical to help us explain how the broader economy has driven up costs and negatively impacted hospital finances during the next legislative session which starts on January 3, 2023. While we have many new legislators to educate – over three dozen have never served before – and almost the entire leadership in both chambers has changed, our state policy priorities remain constant, such as fair Medicaid reimbursement, abortion law clarification, increasing workforce, and ensuring there are adequate behavioral health resources.

Even though this was an off year for the state legislature, NDHA was busy monitoring the work of interim legislative committees related to health care. We tracked three committees most closely: the Acute Psychiatric Treatment Committee, the Health Care Committee, and the Human Services Committee. NDHA and several members testified before the Acute Psychiatric Treatment Committee in response to the Schulte Report and noted our support of several recommendations, such as reforms to promote mental health care access, including maximizing psychiatric services through telehealth, improving data collection and analysis, and defining levels of care for mental health so that patients are taken care of at the right place with the right level of service.

NDHA continues to provide value to our members in other ways, such as education and group purchasing. We held a leadership conference in May and a nursing conference in June. Both were so well received that we have decided to hold

them annually. And for the first time in two years, the NDHA annual convention was back in person in October. We loved seeing you all, catching up, and sharing ideas. Our for-profit entity, Hospital Service, Inc., (HSI) transitioned to a new group purchasing organization, Vizient. I am pleased to say that HSI received the Best Performance Onboarding and Implementation award from Vizient, Inc. at a recent summit. The North Dakota Hospital Foundation embarked on a digital awareness campaign and partnered with the State and other entities to raise awareness about Medicaid. The Foundation also funds vouchers members may use to purchase education for staff.

You may have seen a few new faces at NDHA in the past year. Joining our team are Lori Wangler, Executive Assistant, and Aaron Brennan, Health Benefits Trust Administrator/Communications. We are pleased to have both on board helping us to achieve our mission to advance the health status of persons served by North Dakota hospitals.

Enjoy the rest of the magazine.

*Tim Blasl, President  
North Dakota Hospital Association*

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# WASHINGTON UPDATE

By Erik Rasmussen, NDHA Federal Affairs

**Election Update:** We know almost everything, and one sad item:

## HOUSE

- Republicans have won 221 House Seats
- Democrats have won 213 House Seats
- One House seat in California is still being counted, the Republican leads
- So, a GOP majority, but a tighter one than predicted
- Rep. Donald McEachin (D-VA) passed away.
- House likely to begin 2023 at 222 Republicans and 212 Democrats, one vacant seat (likely D)

## SENATE

- Democrats have won 50 Senate Seats
- Republicans have won 49 Senate Seats
- Georgia's Senate run-off is December 6
- So, a Democratic majority in the Senate (VP Harris breaks ties)

Kevin McCarthy (R-CA) will be the Speaker of the House as he won that election. Mitch McConnell (R-KY) will be the Minority Leader in the Senate, and Chuck Schumer (D-NY) will be the Senate Majority Leader. Rep. Hakeem Jeffries (D-NY) is the favorite to win the election to lead House Democrats as the Minority Leader.

A Democratic Senate majority (51) would mean a slight change in Senate rules, allowing subpoena and easier Committee movement by Democrats in the Senate. In the House, Republicans elected their Steering Committee, will vote on House rules, and elect Committee Chairs, among them Ways & Means.

## HOSPITALS' YEAR-END ADVOCACY:

Our priorities remain the same as we have discussed for months, and now begins the more asserted, cheerful persistence in lobbying our House and Senate members. Those top lines remain:

- **Prevent** any further damaging cuts to health programs, including stopping the forthcoming four percent statutory Pay-As-You-Go (PAYGO) sequester.
- **Establish** a temporary per diem payment targeted to hospitals to address the issue of hospitals not being able to discharge patients to post-acute care or behavioral facilities because of staffing shortages.

- **Increase** the number of Medicare-funded graduate medical education positions to address the need for additional physicians in the U.S.
- **Extend**, or make permanent, the Low-volume Adjustment and the Medicare Dependent Hospital programs — critical rural programs that are due to expire on December 16.
- **Make permanent** the expansion of telehealth services and extend the hospital-at-home program.

## ADVOCACY DAY:

The American Hospital Association is holding a hospital advocacy day on December 6. If you would like additional help setting up meetings, let me know and I will arrange them (erik@meridiangr.com).

## YEAR-END COLOR COMMENTARY:

We are in significant difficulty as the four percent PAYGO sequester is the law and would need to be altered to avoid it (this is in addition to the current two percent Medicare sequester, they stack, so it would yield a six percent Medicare sequester). The four percent PAYGO sequester is triggered by an OMB report that is statutorily set to be released on the first business day of 2023 (January 3), the four percent PAYGO sequester begins two weeks after this trigger (January 17). A simple way for Congress to avoid said PAYGO is to instruct OMB to not issue said report, or to extend the report to whatever date Congress extends its appropriations bills.

Current conventional wisdom is that the current December 16 deadline for government appropriation will be extended by one week to December 23 to give Congress time to pass funding legislation. Conventional wisdom also says Republicans want a smaller, shorter year-end legislative package as they will control the House starting January 3, 2023; Democrats have the majority now and want to get as much done as they can before the House transition, but many Democrats want to allow Republicans to be “the dog who caught the car” – meaning leave funding, debt limit, payment cuts to Republicans to fix (since it's a Gordian Knot).

The defense bill - the National Defense Authorization Act (NDAA) - is a must-pass bill (it has passed 61 years in a row) and may be a vehicle for a simple extension preventing the four percent PAYGO sequester. But a NDAA has passed consistently, partially because it does not carry other legislative items.

We in the hospital world want a stop on the four percent PAYGO sequester on any available legislative vehicle that will be signed into law. That is our top year-end request of Congress.



# WORKING TO IMPROVE HEALTH CARE IN ND FROM HOSPITAL REIMBURSEMENT TO TRAVEL NURSE AGENCY TRANSPARENCY

*By Senator Kevin Cramer*

Inflation is on everyone's minds these days and Americans are feeling its very real effects. It impacts prices across the board from grocery store shelves to health care. Combine inflation with the lingering COVID-19 supply chain issues and the federal bureaucracy and it's a formula for trouble.

Last spring, the Centers for Medicare & Medicaid Services' (CMS) proposed rule for inpatient prospect payment system (IPPS) failed to fully account for the current cost of care for our health systems. It would have resulted in an overall payment reduction for hospitals in Fiscal Year (FY) 2023.

Working across the aisle, I led a group of 30 colleagues with Senator Bob Menendez (D-NJ) in a letter to CMS Administrator Chiquita Brooks-LaSure expressing concerns over the proposed payment updates. The proposed rule relied on historical data that did not predict the impact of the elevated cost of providing care and the increased growth in expenses due to COVID-19-related supply chain and labor issues. In reality, we know hospitals continue to operate under uncertain conditions and the overall health care industry continues to struggle to regain its footing in a changed world. We strongly urged the agency to use its authority to make a retrospective adjustment to account for the increase in expenses from the COVID pandemic, supply chain crisis, and record-high inflation.

I was pleased the agency heeded our calls and made an adjustment. Inpatient and long-term care facilities are critical to providing quality health care, especially in rural states like North Dakota. Just two weeks after our letter, the FY 2023 IPPS final rule increased the market basket adjustment payments from 3.0 percent to 4.1 percent. It is the largest increase in 25 years and will greatly benefit our providers across the state serving Medicare patients. The increased payments better reflect the cost of providing hospital care today.

Similarly, the pandemic exacerbated many challenges for the broader health care industry and overall workforce shortages. Even before the pandemic hit the U.S., our rural hospitals struggled to fully employ the medical professionals necessary to care for their communities. COVID-19 exacerbated the shortage - particularly nurses - often because of increased burnout and stress.

These shortages opened the door for travel nurse agencies to increasingly fill positions. A challenging market dynamic emerged with agencies operating like contractors to supply nurses who travel to work in temporary nursing positions in hospitals around the country. We are grateful for each nurse's service, but I've heard anecdotal reports alleging these practices led to inflated prices.

In addition to inflated prices, there is little to no transparency regarding how these agencies pay their employees. They act as middlemen between health care institutions and their travel nurses, charging institutions to employ their nurses and paying nurses for their rotations. There is little to no oversight on the profit margins these agencies keep for themselves. The lack of transparency means the inflated charges from the hiring agency may not be passed onto the actual nurse who is doing the work. These practices drain hospital budgets and taxpayer resources. In addition, they are especially concerning given the increased demand for rural health care workers.

In June, I introduced the Travel Nursing Agency Transparency Study Act, which requires the Government Accountability Office (GAO) to conduct a study and report to Congress on the business practices and the effects of hiring agencies across the health care industry during the COVID-19 pandemic. I share the concerns held by taxpayers and North Dakota's hospitals and believe it is critical travel nurse agencies get the scrutiny they desperately need.

Doctors, nurses, and health care professionals stepped up to the plate to provide care and administer life-saving treatments throughout the pandemic. The American people—our nation's taxpayers—and the entire health care industry deserve a transparent view of these travel agencies. The goal isn't to impede workers' choices, but to shine light on poor practices with far-reaching effects on the quality of our health care system in rural America.

I welcome hearing from you about these issues and others affecting hospitals and health care in North Dakota. Please know my door is always open to you in my offices in Washington and across North Dakota.

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Beyond administering life-saving and emergency medical care to patients around the clock, all hospitals provide incomparable value to their communities. They also go beyond those essential services by leading initiatives and working in partnership with others to improve and sustain the health of all of those in their communities.

These efforts are as diverse as the communities hospitals serve. Some examples include neighborhood health clinics, food banks and programs to address food insecurity, medical research, affordable housing, behavioral health services, transportation to appointments and education to improve health and well-being. Importantly, these benefits are specifically tailored to meet the many varied health needs of the communities the hospital serves.



**Rick Pollack**  
President and CEO  
American Hospital  
Association

Research underscores the tremendous value hospitals provide to their communities.

- Tax-exempt hospitals and health systems alone, which make up about 60% of the field, provided **over \$110 billion in community benefits** in 2019, the most recent year data is available.

- **Benefits to the community are almost nine times the value of their federal tax exemption.**
- **In total, hospitals of all types have provided \$745 billion in uncompensated care to patients since 2000.**
- **Hospitals support programs to meet unmet community needs, while absorbing many costs of caring** for the needy and uninsured; provide care through government programs that cover less than the actual cost of care; provide services, such as burn units and neonatal services that typically operate at a financial loss but are essential for patients and communities; and take on administrative costs necessary to comply with overreaching government and commercial insurance company regulation.

Going beyond the statistics, every day there are thousands of examples of hospitals, health systems and caregivers saving lives, providing care for countless injuries and illnesses, and going beyond those critical services to support the health of their communities. These efforts distinguish hospitals and health systems from all other sectors in health care, most of which have no commitment to serving everyone in their community and much too frequently deny or limit care.

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## IMPROVING ACCESS TO QUALITY HEALTH CARE IN RURAL NORTH DAKOTA

By Senator John Hoeven

Our rural health care providers help ensure North Dakotans can access the services they need regardless of their ZIP code. From regular checkups to specialized care, our rural hospitals, clinics, community health centers, long-term care facilities and other providers promote a higher quality of life and well-being for our state's residents. We appreciate these critical efforts, which are often undertaken in the face of great difficulty. Through my role in the U.S. Senate, I am working to ensure providers have the tools and facilities they need to continue providing the high-quality health care North Dakotans rely on and overcome the challenges of serving rural areas.

In particular, we've worked to help providers update their health care infrastructure and expand their capacity for serving local residents. As the co-lead on the Senate Agriculture Appropriations Committee, I've supported rural development loan and grant programs under the U.S. Department of Agriculture (USDA) that have been essential in advancing the construction of new health care facilities in cities like Grafton, Hazen, Jamestown, and Rugby. Further, we worked with USDA officials to help ensure these communities' applications were successful and help provide certainty to the project developers. Our efforts include bringing the USDA Under Secretary for Rural Development to North Dakota earlier this year for a meeting with rural health care providers.

At the same time, we are supporting the operations of the Center for Rural Health at the University of North Dakota. The center acts as a resource multiplier, fostering greater collaboration among providers and researchers and helping disseminate information on best health care practices. Further, it works to meet health workforce needs and connect health care professionals with rural providers. Accordingly, I joined my colleagues in introducing legislation to reauthorize and update funding for the State Offices of Rural Health program, which supports this important resource in our state.

We also continue to advance innovative solutions, like telehealth, to improve health care access. This important tool gives our health care providers greater reach, while allowing those who are receiving care to do so in a setting of their choosing. Accordingly, I helped introduce the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021, which further expands coverage of telehealth services through Medicare, while also making permanent certain flexibilities that were provided for telehealth services in recent years.

Recent years have clearly demonstrated the importance of access to quality health care services, including in remote areas. Our rural health care providers fill this critical need, and we are working to help ensure their continued success, which means the continued growth and prosperity of rural North Dakota.

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# NORTH DAKOTA LEADS THE NATION IN FEMALE HEALTHCARE LEADERSHIP

The healthcare industry, when taken at face value, seems overwhelmingly female.

According to the U.S. Bureau of Labor Statistics, women account for nearly 80% of healthcare workers. Yet healthcare leadership has been largely dominated by men. And while many industries have seen significant growth among women in the top spots, the healthcare industry is behind the curve.

Not so in North Dakota. Currently, 37.5% percent of North Dakota hospitals are led by women. That compares to a nationwide average of fifteen percent.

Women perform well in aspects of leadership critical to the healthcare industry. Becker's Healthcare recently cited a study by McKinsey & Company and LeanIn.org which suggests that women

lead in ways that improve employee retention, prevent employee burnout, and save organizational time and resources.

The study assessed 423 companies across the U.S. and Canada and found that in comparing genders, women excelled in:

- Providing emotional support to employees
- Considering the well-being of employees
- Helping employees navigate work-life challenges
- Intervening to prevent or deal with employee burnout
- Leading and supporting diversity, equity, and inclusion efforts.

North Dakota hospitals are ahead of the curve in recognizing the value of female leadership in healthcare.



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people admitted to hospitals

are the health care  
safety net for  
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million uninsured

# FACES OF NORTH DAKOTA MEDICAID

North Dakota Health and Human Services (HHS), together with partner organizations, has launched Faces of Medicaid, an initiative to raise awareness about the life-changing impacts North Dakota (ND) Medicaid has on people who qualify for the program.

North Dakota Hospital Association, Blue Cross Blue Shield of North Dakota Caring Foundation, and the Community HealthCare Association of the Dakotas provided funding for the Faces of Medicaid initiative, which features four individuals who share their experiences and personal stories about how ND Medicaid has made a difference in their lives.

Faces of Medicaid includes four 30-second testimonial videos and a seven-page publication. These resources can be viewed online at [hhs.nd.gov/FacesOfMedicaid](https://hhs.nd.gov/FacesOfMedicaid).

“ND Medicaid is much more than an insurance program that pays health care claims. As we collectively work to make North Dakota the healthiest state in the nation, ND Medicaid serves to reinforce economic, behavioral, and physical health - the foundations of well-being,” said HHS Commissioner Chris Jones. “ND Medicaid brings valuable peace of mind to our members, so they are able to redirect their resources and energy to other critical, basic needs for themselves and their families.”

Partners began initial discussions last year to create this initiative to bring a better understanding about the broad range of people ND Medicaid serves.

“ND Medicaid provides health coverage for people including low-income adults, children, pregnant women, older adults and people with disabilities,” said Interim Medical Services Division Director Krista Fremming. “Chances are every North Dakotan knows someone covered by ND Medicaid whether that is a friend, family member, neighbor or coworker.”

Jones said he is grateful to Medicaid members who shared their stories for the Faces of Medicaid initiative.

“We couldn’t have done it without them,” he said.

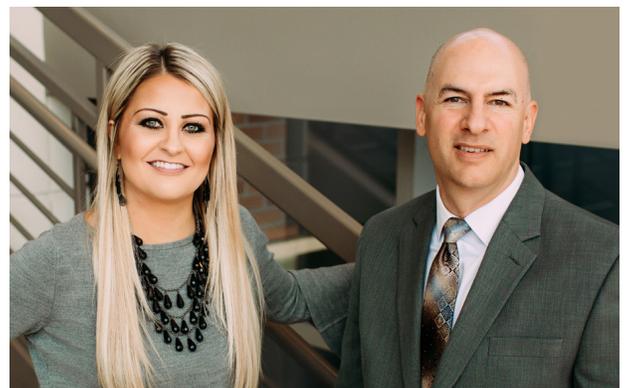
The ND Medicaid program is funded jointly between states and the federal government. States administer the program based on federal requirements.

Currently, about 130,000 North Dakotas qualify for health coverage through ND’s Medicaid programs.

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Pictured left to right: Katie Peltz, Registered Client Service Associate; Jason L. Millner, CFP®, Vice President/Investments

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**To submit, please email NDHA at: [pcook@ndha.org](mailto:pcook@ndha.org) • The deadline for the Sumer Issue is April 14th, 2023.**



# HEALTHCARE GOVERNANCE AND LEADERSHIP EDUCATION

The North Dakota Hospital Foundation (NDHF) and the North Dakota Medicare Rural

Hospital Flexibility Program (Flex) recently partnered to develop four, 60-minute webinars for North Dakota hospital governing boards.

NDHF is pleased to offer the education by Jamie Orlikoff, President of Orlikoff & Associates. Mr. Orlikoff specializes in health care governance, leadership, strategy, quality, safety, and system development. Mr. Orlikoff is also a national advisor on

governance and leadership to the American Hospital Association and has served on several health system boards and governance committees.

This healthcare governance and leadership education project is supported by funding from the North Dakota Medicare Rural Hospital Flexibility Program, administered by the Center for Rural Health at the UND School of Medicine and Health Sciences. Funding is provided through the Federal Office of Rural Health Policy by the U.S. Department of Health and Human Services.

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# THE JOINT COMMISSION RELEASES SENTINEL EVENT DATA FOR FIRST 6 MONTHS OF 2022

New sentinel event data has been released by The Joint Commission to help accredited organizations mitigate and prevent future harm to care recipients. The Joint Commission reviewed 832 sentinel events this year, from Jan. 1 to June 30, with the majority of these — 90% (752) — being voluntarily self-reported by an accredited or certified organization. The remaining 80 sentinel events were reported either by patients (or their families) or employees (current or former) of the organization.

Patient safety specialists in the Office of Quality and Patient Safety help organizations to conduct a credible and thorough analysis of sentinel events to identify causative factors and implement relevant system solutions to prevent future harm.

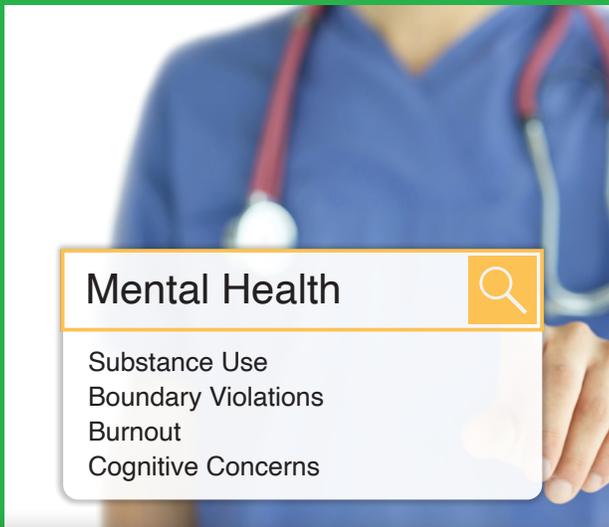
**The Top 10 most frequently reported sentinel events through the first half of 2022 were:**

- Fall — 199
- Unintended retention of a foreign object — 30
- Suicide — 26
- Delay in treatment — 25
- Wrong surgery — 19
- Assault/Rape/Sexual Assault — 16
- Medication management — 12
- Self-harm — 11
- Fire — 10
- Clinical alarm response — 7

An estimated fewer than 2% of all sentinel events are reported to The Joint Commission. Therefore, these data are not an epidemiologic data set, and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

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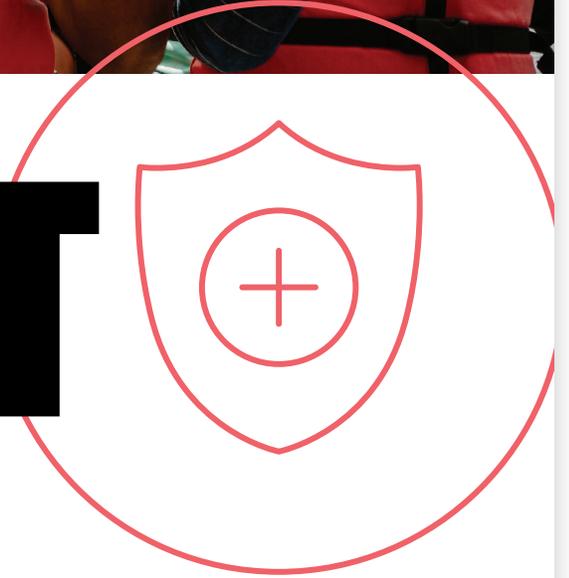
*NDPHP MISSION: To facilitate the rehabilitation of healthcare providers who have physical or mental health conditions that could compromise public safety and to monitor their recovery.*

**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.*



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**BUSINESS LINX**

Contact Kim Granfor for more information about our physician peer review program and more!



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