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Reimagining a 120 Year Legacy for the Future of Community Healthcare



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North Dakota Hospital Association Est. 1934

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Insight Submission Policy

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

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

The deadline for the Summer/Spring Issue is April 7th, 2024

The ND Hospital Association

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It is hard to believe that 2023 is almost over even though so much has happened. The regular legislative session started in January and ended in late April. Then, unexpectedly, we had another session that – thankfully lasted only three days in October and did not result in issues for hospitals.

The regular legislative session was a critical one. NDHA tracked 188 bills and resolutions. Hot topics included abortion, medical treatment for transgender youth, and a Human

Services budget of nearly \$5.3 billion. NDHA's top legislative priorities included workforce, behavioral health, and maintaining Medicaid provider reimbursement. There was a proposal in the House to reduce Medicaid Expansion rates in the Human Services budget (2023 Senate Bill no. 2012) from 150% to 125% of Medicare – a cut of \$171 million to providers over the biennium. The bill, as passed, however, set the rate at 145% of Medicare, lessening the overall cut to \$29 million.

Senate Bill 2012 also contained medical inflators. The House proposed a reduction in the PPS hospital inflator to 0% and 0%

and professional services to 2% and 2%. NDHA testimony was instrumental in a compromise, which increased inflators for PPS hospitals to 0% and 2% and professional services to 3% and 3%.

The state's shortage of healthcare workers was addressed by several bills, including one that created a state office of immigration to develop a strategy to recruit and retain foreign workers and another that amended the health care professionals' student loan repayment program to include RNs. Workforce development grants for internships, rural workforce housing, and programs for enhancing the quality and efficiency of rural healthcare services were also passed.

NDHA now shifts its focus to the interim. Studies of importance to health care providers include prior authorization; Medicaid value-based care; inpatient mental health care; and emergency medical services funding. A Health Care Task Force made up of stakeholders such as legislators, state agencies, health insurers, and seven-member hospital CEOs, will review health care cost drivers with the goal of lessening the impact to citizens, businesses, and government. The studies and resulting committee recommendations will shape our legislative platform for 2025.

Thank you for being part of NDHA. We value your membership!

Tim Blasl, President North Dakota Hospital Association



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Bridging the Gap Between Providers & Patients



he healthcare industry is complex, especially when it comes to billing. Both medical providers and patients often face challenges regarding collections, payments, and affordability.

In this ever-evolving landscape, medical providers continually search for ways to optimize their operations, improve patient care, and bolster their revenue streams. At the same time, patients are looking for ways to take control of their healthcare expenses. Medical bills can be overwhelming, and many individuals find themselves in a precarious financial situation due to unexpected health-related costs.

Addressing the Healthcare Affordability Crisis

The United States faces an ongoing healthcare affordability crisis. Medical bills can be crippling, and many individuals are forced to make difficult choices between their health and their finances. AblePay recognizes this crisis and strives to be a driving force in reducing the financial burden of healthcare. They work closely with medical providers to streamline billing processes and provide a more efficient way to handle patient payments. Their collaborative efforts can help improve the financial stability of hospitals, health systems, and medical practices while providing patients with savings and flexible payment options for medical expenses.

Enhancing Patient Trust & Retention

AblePay's program fosters trust between medical providers and their patients. When patients understand and appreciate the efforts made to reduce their financial stress, they are more likely to remain loyal to their healthcare providers. This trust and improved patient retention directly impact a provider's long-term revenue stream. AblePay boasts a 64% increase in patient satisfaction using their program versus legacy billing practices while garnishing a Net Promoter Score (NPS) of 69, nearly double the rating for the healthcare industry.

Assisting and Educating Patients Regarding Healthcare Costs

AblePay's advocacy and education efforts help patients understand their healthcare costs, insurance coverage, and available payment options. Their program continues beyond financial assistance; they provide valuable information and resources to help patients navigate the healthcare billing system and streamline the process of obtaining answers. Their program is saving patients time and money.

Improving Provider Revenues

Many medical providers struggle with post-insurance collections, as patients may delay or avoid payments due to financial concerns or misunderstandings about their bills. AblePay works with medical providers, assuming all payment risk and expediting patient payments on behalf of their members. Medical providers receive their reimbursements in 14 business days with no recourse.

This significantly enhances revenue predictability and stability for healthcare providers.

Case studies show that health systems working with AblePay experience revenue increases of 47% and greater over historical collection rates and over 41% increases in revenue per patient while also delivering more than 16% in additional revenue.

A more recent case study was conducted for Ephraim McDowell Health, which serves patients throughout six counties in Eastern Kentucky. The system includes three hospitals—two being critical access facilities—and 48 outpatient centers.

The results of the Ephraim study showed:

- 106% increased collection rate compared to their historical collection rate.
- 48% increased revenue per patient.
- 40% enrollment by patients who had paid zero on prior bills.
- 92-day decrease in wait time for payment receipt.

*Statics based on Ephraim McDowell patients prior to and after becoming AblePay members

Reducing Administrative Costs for Providers

Medical providers spend significant time and financial resources on the administrative tasks of billing, collections, and follow-up on unpaid and partially paid invoices. AblePay alleviates this administrative burden by eliminating the collection costs and assuming the payment risk for providers. They also work directly with a provider's billing department on behalf of their members, streamlining the process and allowing for enhanced staff utilization.

Conclusion

In a world where healthcare costs continue to rise and accessibility remains a significant concern, AblePay plays a pivotal role in creating a more harmonious relationship between medical providers and their patients. Their mission to empower patients, educate them about healthcare costs, and assist medical providers in streamlining their financial processes is transforming the healthcare landscape. By bridging the gap between medical providers and patients, AblePay not only improves the patient experience but also contributes to the overall efficiency of the healthcare system. In an industry where trust, transparency, and affordability are paramount, AblePay's innovative approach is a significant step forward.

Hospital Services, Inc., d/b/a HSIsolutions, is a subsidiary of the North Dakota Hospital Association (NDHA). Revenue share earned from Strategic Business Partner relationships helps offset the expenses of NDHA and strengthens the value of its programs.



The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for home and community-based support for individuals with behavioral health conditions.

Eligible individuals will meet each of the following criteria:

- Age 0+; and
- Enrolled in ND Medicaid or Medicaid Expansion; and
- Have a household income at or below 150% of Federal Poverty Level; and
- Receive a WHODAS score of 25 or above; and
- Reside in and will receive services in a setting meeting the federal home and community-based setting requirements, and
- Have a diagnosis of substance use disorder, mental illness or brain injury

Eligible individuals will work with a Care Coordinator to develop a Plan of Care, which may include the following services:

- · Training and Support for Unpaid Caregivers
- Community Transitional Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Pre-Vocational Training
- Supported Education
- Supported Employment
- Housing Support
- · Family Peer Support
- Peer Support



Visit hhs.nd.gov/1915i for more information or to apply.













SYSTEMS USA

DESIGNING HEALTHCARE FACILITIES WITH WOMEN IN MIND

By Mariah Gresko, Healthcare Planner and Designer at EAPC Architects Engineers | AIA

A paradigm shift is underway in today's rapidly evolving healthcare landscape—a pivot that places women at the core of healthcare facility design. Not only is this approach fostering inclusivity, but it is also catering to the unique health requirements women face throughout their lives. These nuanced needs necessitate developing spaces beyond generic design models to offer women a more tailored, sensitive, and inclusive healthcare experience. This comprehensive discussion highlights various elements and expert insights that substantiate the growing necessity of women-centric healthcare facility design.

A Women-Centered Approach to Healthcare

Recent research has persistently highlighted a glaring issue within the healthcare sector: the existence of profound disparities that women encounter. These disparities manifest in various forms, including inadequate representation in clinical trials, a lack of female-focused health programs, and environments that do not consider the full spectrum of women's experiences and concerns. The lingering gender gap in healthcare is a structural inequity and a significant hindrance to advancing personalized, adequate medical care.

Dr. Sarah Miller, a visionary in healthcare architecture, underscores the urgency of this issue: "Designing healthcare facilities with women in mind is no longer an option but a necessity. It fosters inclusivity and tends to the unique health requirements that women face at various stages of their lives." Miller's assertion illuminates the pressing need for a drastic paradigm shift, where healthcare environments are sculpted with a keen understanding and appreciation of women's diverse health narratives.

To truly embody a nurturing and inclusive space, healthcare facilities must transcend traditional design frameworks to incorporate insights and nuances specific to women's health. This encompasses a wide array of considerations, including fostering environments catering to women's psychological comfort and ensuring their physical safety and privacy. Moreover, it involves developing educational programs and resources that cater specifically to women's health needs, fostering empathy, understanding, and respect.

By adopting a women-centric approach, healthcare facilities can embark on a journey to dismantle longstanding disparities, working towards offering a sanctuary that embodies respect, confidence, understanding, and comprehensive care for all women, addressing the complex, intertwining facets of their health throughout various life stages.

Tailoring Spaces for Women's Health

Creating spaces that fully address women's health needs is crucial to modern healthcare design. Key zones for services like gynecology, breast cancer screening, and fertility are cornerstones of this approach. These spaces should offer cutting-edge amenities and mindful

inclusivity, providing comfort and connection for all women. The design goes beyond aesthetics, incorporating thoughtful spatial planning for privacy and tranquility, enhancing overall well-being. The goal is to create havens where women feel genuinely valued, emphasizing the importance of comprehensive and compassionate design in healthcare settings.

It is essential to conceive spaces that echo tranquility and comfort, encompassing a diverse range of personal experiences and stages of life. Dr. Anita Richardson, a leading figure in women's health, reinforces this approach, stating, "Creating a space that attends to the diverse and specific health needs of women not only fosters superior health outcomes but also nurtures a profound sense of dignity and respect." From rooms facilitating quiet reflection to artwork celebrating the vast spectrum of womanhood, these spaces should resonate with every woman who walks through the doors.

Approaching Interior Design with a Women-Centric Focus

Transitioning from overarching architectural elements, the interior design of healthcare facilities holds a critical position in this necessary shift. It's about crafting environments that encapsulate warmth, privacy, and safety. The following sections unravel the intricate interior design elements that can revolutionize women's healthcare experience.

Material Selection with Women in Mind

Selecting suitable materials is pivotal in defining the atmosphere of a healthcare facility.

Focusing on tranquil color schemes and soft textures can create a nurturing ambiance, offering a sanctuary that aids in the healing process and creating a more welcoming home-like environment, fostering comfort and security.

It is undeniable that the design of healthcare facilities profoundly influences mental well-being. A study from the University of Warwick noted a heightened experience of anxiety and stress among women during hospital visits compared to men. To mitigate this, incorporating elements that diminish stress and anxiety, such as comfortable furniture and soothing colors, can create a more inviting and less intimidating environment.

By honing in on material elements, healthcare facilities can foster spaces that are not only healing to the mind and body but also to our environment. Embracing sustainable and eco-friendly materials emphasizes environmental responsibility without compromising comfort. Not only are contemporary materials addressing environmental commitments, but they also optimize human health by reducing embodied harmful chemicals; healthy buildings foster healthy people.



Furnishings that Foster Comfort

When considering healthcare facility design, a focus on ergonomic innovation is essential.

These thoughtful inclusions signify more than just convenience; they represent an ethos of inclusivity and understanding, accommodating women's varied and evolving needs throughout their lives. Incorporating features like supportive seating, adjustable exam tables, optimized lighting, and strategically placed handrails transform these spaces into havens of safety and comfort.

Ultimately, these attentively chosen elements forge a healthcare environment that is physically accommodating and deeply empathetic, fostering holistic well-being and dignified experiences for women at every healthcare interaction at every stage of life.

Lighting - A Cornerstone to Enhancing Experience

Incorporating natural light is pivotal in enhancing the healthcare experience. Its role goes beyond merely illuminating spaces; it creates a comforting and serene ambiance that can be instrumental in reducing stress and elevating mood.

Natural lighting cultivates a tranquil environment and positively influences the circadian rhythm, promoting better sleep and overall well-being. This, paired with well-designed artificial lighting that adjusts to varied needs, can forge soothing and functional spaces catering to the comfort and safety of patients and staff alike.

Art and Aesthetics - A Healing Touch

Art serves as a beacon of solace and reflection in healthcare settings. Well-integrated art pieces that resonate deeply with the diverse narratives of femininity and inclusivity can be powerful catalysts in fostering a holistic healing environment.

The selection of art should be insightful and encompass a broad spectrum of experiences and identities, offering representation and fostering a profound sense of connection and understanding. This could mean incorporating artworks that speak to different cultural backgrounds, age groups, and life experiences, thus weaving a rich tapestry that reflects the multifaceted nature of femininity.

Engaging Women in the Design Process

In the quest to create healthcare facilities that resonate deeply with women, their active involvement in the design process cannot be understated.

As noted by architect Jane Smith, incorporating women's perspectives early on can be a game-changer in developing spaces that are genuinely aligned with their needs and desires. This collaborative approach fosters a dynamic where the insights and experiences of women are not merely consulted but are integral in shaping the very essence of healthcare environments.

Conclusion

As we advance the future of healthcare facilities, adopting a womenfocused approach is not just a modern trend—it's essential for healthcare progress. Rooted in empathy and respect, this initiative serves as a guiding light, promising mental well-being and dignified, understanding healthcare experiences.

Close collaboration between architects and healthcare providers is pivotal to make this vision a reality. The aim is to offer women not just thorough and respectful care but also an environment that recognizes and celebrates their diverse needs and experiences. In doing so, we move towards a future where healthcare breaks down barriers, providing a genuinely empathetic sanctuary that understands and honors the intricacies of women's health.

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VIZIENT SHARES FEEDBACK ON IMPROVING ACCESS TO RURAL HEALTHCARE

In early October, Vizient, Inc. offered feedback in response to the House Ways and Means Committee's Request for Information (RFI) on improving healthcare in rural and underserved areas. Through the RFI, Vizient shared insights on the ongoing challenges facing rural health providers and offered policy recommendations to improve care delivery, financing, reimbursement, and workforce options, among other topics.

In our letter, Vizient offered specific policy solutions to support the financial viability of rural healthcare providers. For example, Vizient encouraged the committee to support reimbursement policies and programs that account for rural providers' unique challenges. Vizient reiterated concerns with damaging site-neutral payment policies that would reduce reimbursement for critical services and encouraged the committee to provide needed investments in rural health care without reducing reimbursement for other providers. Additionally, Vizient urged Congress to avoid potential cuts to Medicaid Disproportionate Share Hospital (DSH) payments, protect the 340B Drug Pricing Program, invest in the healthcare workforce, and curb burdensome policies like extensive prior authorization requirements for providers.

To improve care delivery, Vizient also encouraged Congress to utilize tools, such as the patent-pending Vizient Vulnerability $Index^{TM}$, to understand social drivers of health in rural communities

and help identify the unique challenges they face.

"We thank Chairman Jason Smith for his commitment to bolstering rural healthcare delivery," said Shoshana Krilow, senior vice president of public policy and government relations for Vizient. "There is an array of policy options that could provide tangible improvements to the financial stability and sustainability of healthcare delivery in rural America. We encourage the committee to continue to engage with stakeholders and look forward to working collaboratively with policymakers to improve rural healthcare across the country."

About Vizient, Inc.

Vizient, Inc., the nation's largest provider-driven healthcare performance improvement company, serves more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 25% of the non-acute care market. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$130 billion in annual purchasing volume. Vizient's solutions and services improve the delivery of high-value care by aligning cost, quality, and market performance. Headquartered in Irving, Texas, Vizient has offices throughout the United States. Learn more at www.vizientinc.com.

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

Fact Sheet



Emergency Suicide Care and Treatment Provider Fact Sheet

Starting on January 17, Veterans in suicidal crises can go to any health care facility, at VA or in the community, for free emergency health care – including transportation costs, inpatient or crisis residential care for up to 30 days, and outpatient care for up to 90 days, including social work.

Regardless of VA enrollment status, COMPACT-eligible individuals are:

- Former members of the armed forces who were discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable.
- Former members of the armed forces, including reserve service members, who served more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location who were discharged or released under a condition that is other than dishonorable.
- Former members of the armed forces who were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment while serving in the armed forces.

VA will now:

- Provide or pay for treatment of eligible individuals' emergent suicide care, including transportation costs, at a VA or non-VA facility (up to 30 days of inpatient and 90 days of outpatient care, unless extended by VA).
- Make appropriate referrals for care following the period of emergent suicide care.
- Determine eligibility for other VA services and benefits.
- Refer eligible individuals for appropriate VA programs and benefits following the period of emergent suicide care.

Notification

Providers should report instances of a Veteran presenting to their community emergency department to VA's Emergency Care Centralized Notification Center using:

- VA's Emergency Care Reporting portal, https://EmergencyCareReporting.CommunityCare.va.gov,
- Or by calling 844-72HRVHA (844-724-7842)

Episodes of Veterans reporting to a community emergency department for treatment should be reported as soon as possible to establish the Veteran's health care eligibility and begin care coordination or transfer to a VA facility. Notification as soon as possible is imperative because VA must verify the Veteran's status if they are not already enrolled or registered with VHA.

Failure to report notification in a timely fashion may impact a Veteran's eligibility for VA to cover the cost of emergency treatment. VA's reporting procedures align with actions required by insurance industry standards.

VA is required to refer eligible Veterans for appropriate VA programs and benefits following the period of emergent suicide treatment.

Care Coordination and Transfer Activity

The local VAMC will engage with community providers who report notification through the centralized notification process. However, if you have an urgent or emergent need to coordinate care and/or transfer a Veteran to a VAMC, please make immediate contact with the nearest VAMC.

 Phone numbers and email addresses to coordinate care directly with a local VAMC are available at https://www.va.gov/COMMUNITYCARE/docs/ providers/Care-Coordination_Facility-Contacts.pdf#.

Coordinating with VA prior to admitting the Veteran is key to improved care outcomes and improved patient satisfaction. VA will coordinate follow-on care or transportation to a VA facility when an inpatient bed is available.

Emergency Care Reporting Portal use

For security purposes, users will need to complete an email authentication process before being granted access to report emergency services on the portal. The Emergency Care Reporting portal enhances accuracy of information, allows for faster data processing and helps minimize vulnerabilities to Veterans' personal protected information.

Fact Sheet



Notification Requirements

The person notifying VA should be prepared to supply the following case-specific information for care coordination and eligibility determination:

Veteran Information
Name
Gender
Social Security Number
Date of Birth
Veteran Address
Date Presenting to Facility
Date of Discharge
Admitted? (Yes/No)
Chief Complaint/Admission DX and/or Discharge DX
Originating Location (address where the emergency event occurred)
Mode of Arrival

VA will contact appropriate parties to attempt to collect the information if the caller is unable to supply it all.

Correspondence

Other Health Insurance

Email and fax notification are no longer accepted to minimize vulnerabilities to Veterans' protected health information and streamline the process. Providers are required to include a valid email address for correspondence when reporting emergency treatment.

After notification processing, providers will receive authorization decision information via email. Innetwork providers seeking authorization numbers may also refer to their third-party administrator (TPA) portal, https://vacommunitycare.com/provider for Optum and https://www.triwest.com/provider for TriWest. Providers may also call the centralized call center at 844-72HRVHA (844-724-7842) to check the status of the notification.

VA no longer sends Veterans' personal information in outgoing correspondence. Providers will need the notification identification number, assigned during the online reporting process, to correlate authorization decisions to the reported emergency event.

Treating Facility Information
National Provider Identifier (NPI)
Name
Address
Point of Contact (POC) Name
POC Phone #
POC Email
Note: POC will receive VA authorization decision info

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Rebuilding Your Nursing Team in 2024

One **FREE** registration to each NDHA member hospital. Limited registrations allowed. Once each member hospital has the opportunity to register, any open spots will be available on a first come, first serve basis.

Check website at www.ndha.org. for registration details.



This program is designed for nurses in leadership roles, such as CNO, nurse managers, supervisors, assistant nurse managers, clinical managers, charge nurses, and nurse educators.



Virtual Workshop



January 16, 2024 10:30 a.m. - Noon



OVERVIEW:

Covid-19 has been massively disruptive to nursing teams. Nationwide, leaders now struggle with picking up the pieces and rebuilding their teams in an environment where nurses have shorter work tenures. This workshop will focus on the best evidence on teamwork, restoring trust, promoting a sense of community, and building cohesive work teams. The future of quality and safe nursing care delivery will be contingent on high-performance nursing teams. Nurse leaders will be provided with actionable strategies, best practices, and tools they can use in their leadership to rebuild highly effective teams.

SPEAKER

Rose O. Sherman, EdD, RN, NEA-BC, FAAN, is known for helping current and future nursing leaders develop leadership and coaching skills.



OBJECTIVES:

- Discuss how the COVID experience changed nursing teams and team tenure.
- Describe how team members' lack of a sense of belonging and community contributes to high turnover.
- Identify critical elements of effective teams and how to recruit team players.
- Discuss strategies and tools such as assessing team culture, rebuilding team trust, improving team communication, fostering team emotional intelligence, and restoring team rituals.
- Apply concepts learned to a case situation.



"I do what I do because it impacts people and because I have a passion for medicine! The men and women in healthcare that serve us deserve to be able to go to work every day and feel like they can do their jobs, not fearing what's around the corner. I want them to know that I've got their backs!!" -Matthew Wolak of CPI

Matthew Wolak is an Enterprise Sales Executive for The Crisis Prevention Institute, the nation's largest workplace violence prevention training provider. Learn more about CPI at www.crisisprevention.com. You can reach Matthew directly at 414-410-1785 | mwolak@crisisprevention.com

Prevent workplace violence by training your entire staff.

A crisis can happen anywhere, to anyone. That's why everyone on your staff needs to know how to handle situations that can easily spin out of control. Equipping everyone, from receptionists and nurses to the director of security, with the skills and confidence to recognize and respond to disruptive behaviors is the key to a truly coordinated workplace violence safety program—unifying your organization with a common language of shared values.

Our training solutions for health care professionals has the right solutions—for all levels of risk—to develop the workplace violence prevention plan you need. We'll be there the whole time to help you implement it, ensuring everything fits for your organization.



OUR MISSION

We teach the world
that by combining
the right skills
with dignity and
respect, you
create well-being
throughout hospitals
and health systems.

BENEFITS INSIGHTS

Health Care Costs and Your Health Benefits

Health care costs, and consequently employee health benefits costs, have been increasing at an alarming rate for nearly a decade. Avoiding rising healthcare costs is nearly impossible, but you can learn why they continue to rise and what you can do to manage costs for your organization and your employees.

This article explains factors leading to continued rate hikes, and how the NDHA Health Benefits Trust is helping members to manage costs.



Factors Leading to Increased Healthcare Costs

Why are U.S. healthcare costs skyrocketing? Several market conditions have led to a decade of unrelenting increases. Factors contributing to climbing healthcare costs over the past decade include, but are not limited to:

- · Demographics.
- Political environment and government regulation. Increased utilization and consumer demand.
- Healthcare spending and medical cost inflation. Increased prescription drug costs.

The following two factors also contribute to current and projected healthcare costs.

An Aging Population

Because older workers are more prone to health problems, employers are seeing a rise in chronic conditions, costly medical problems, and the use of prescription drugs, as well as an increase in the amount and frequency of catastrophic claims.

Stummary of a Caim, of benefits

Poor General Health

Declining health among Americans has also contributed to healthcare cost increases. Preventable risk factors such as obesity and high blood pressure have led to increases in chronic health conditions such as diabetes and heart disease—illnesses that are long-term and extremely costly. Unhealthy lifestyles can be addressed through wellness programs to improve employee health and reduce costs, but most savings are seen in the long term. To combat the continuing short-term increases, employers are passing increased costs to employees through higher deductibles, copays, and out-of-pocket maximum amounts.

Understanding why your annual health plan renewal rates may be significantly higher than in the previous year is the key to forming alternatives and solutions to your particular challenges. It is also important to educate your employees about the reasons behind any plan or contribution changes you introduce.

The NDHA Health Benefits Trust Advantage

Prior to the NDHA Health Benefits Trust, member hospitals were

struggling to contain accelerating health plan costs. After trying to absorb most of the costs because of hiring and retention issues, member hospitals joined the Benefits Trust to attack the root cause of rising costs with sustained, systemic changes. What are some of the short- and long-term strategies that the NDHA Health Benefits Trust is implementing to help members manage costs?

Using Health Care Data to Drive Strategy

The NDHA Health Benefits Trust uses the claims data from its members to make strategic health plan decisions to not only manage but also reduce costs when appropriate.

Greater Emphasis on Consumer-Driven Plans

A greater emphasis has been placed on consumer-driven health plans, which typically involve a health reimbursement account (HRA) or health savings account (HSA). These plans offer cost-savings for the member hospitals and benefit their employees.

Education is provided to employees, particularly during open enrollment, so that they can make smarter healthcare decisions, which can save them and the hospital money.

Promoting Employee Health and Wellness

Health and wellness initiatives are a key component in the long-term strategy of the Benefits Trust. Incentives and challenges such as the Step-It-Up Challenge were well received by employees covered in the Benefits Trust and we hope participation will continue to grow. It is important to note that successful wellness and disease management initiatives are dependent on quality employee education, communication, and leadership buy-in.

Long-term Solutions vs. Short-term Fixes

Short-term tactics like employee cost-sharing, changing insurers, or joining captives are still prevalent, but hospitals should seriously consider longer-term initiatives that will improve overall employee health and strategically manage costs in the future. Particularly in the wake of health care reform, many hospitals are becoming more concerned with developing strategies that are sustainable in keeping costs down.

Is the NDHA Health Benefits Trust Right for You?

Should you continue to pursue short-term fixes? Or should you try to manage your health benefit costs in some of the ways discussed in this article? The right decision comes through a thoughtful and

detailed analysis of your employee population, the plans offered, and historical claims experience. The NDHA Health Benefits Trust is here to assist any member of NDHA who would like to better understand their health benefits, and if the rates they are paying are in line with their claims experience.

Below are some questions you should ask to determine if joining the NDHA Health Benefits Trust is right for you. If your answers to the questions below are "no" or "I don't know" reach out to Aaron Brennan at 701-224-9732 or abrennan@ndha.org for more information.

- Is our benefits program, plan design, and pricing appropriate?
- Do we have access to our claims data, or do we know how our rates were determined?
- Are our employee communication efforts appropriate and effective, especially regarding employee health and wellness and/or consumerism?
- Do we have effective disease management and wellness programs for our employees?
- Do our pricing and plan design features encourage cost-conscious behavior on the part of our employees? Are we thinking about long-term solutions rather than quick fixes in 2024 and beyond?

ARE YOU WORRIED ABOUT YOUR WELLBEING?



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.



NORTH DAKOTA PROFESSIONAL HEALTH PROGRAM

Your Partner in the Process

919 S 7th St. Suite 305 Bismarck, ND tel 701.751.5090 fax 701.751.7518 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.





Strategic Business Partner

Due to the pandemic, the healthcare and staffing industries have gone through a lot in the past few years. Hospital systems around the country are conducting very intentional and deep investigations into how their processes are set up and what they can do to improve them.

Successful hospital leaders have moved beyond the idea that an agency or managed services provider (MSP) program is a "necessary evil." Instead, they've embraced the true spirit of partnership.

As Scott Armstrong, Vice President of Client Growth at Medical Solutions, puts it in our latest Q&A, "The ideas and initiatives that are important to you are also important to us, and the solution we ultimately design will enhance and support your strategic initiatives and goals, ultimately benefiting your system and the communities you serve."

Armstrong examines the value an MSP brings to healthcare organizations and how important it is for that MSP to be a true partner and resource for all the clients that we support.

Q: How does Medical Solutions uniquely address staffing issues?

Our key differentiator is that we never apply a "one-size-fits-all" approach for any client. Rather, we will take the time to understand the goals and issues and work through a solution design process that enables us to meet our clients where they are.

Our healthcare talent ecosystem equips our client partners in a way that allows them to combat any staffing crisis earlier in the hiring process. Our clients can breathe easier knowing that they're aligning themselves with a partner invested in the entire staffing process and aren't sitting in wait for the most expensive and critical way to insert themselves into the equation.

Q: How is the Medical Solutions' MSP different?

Other agencies offer and position multiple options within their singular company that effectively do the same thing—so these programs are competing for the same clinical talent and affiliate agency support, thereby cannibalizing each other internally and in the overall marketplace.

Medical Solutions, however, takes an all-in approach with our MSP. When you trust us with this highest level of partnership, we reward that decision by providing you with every resource with nothing distracting us from delivering the pinnacle of exceptional customer experience.

Q: Will your MSP help our organization stay compliant?

Elevating clinical quality and minimizing the risk of non-compliance are two pillars of our MSP program!

Managing compliance documents of multiple clinicians supplied by multiple agencies can be a struggle for your organization. Our MSP streamlines these processes while expanding the recruitment reach for each open position and consolidates credentialing into our streamlined process. All agencies supporting the program operate under this, creating one source of truth and one format designed for each client's specific needs and desires.

All documents are stored, maintained, and updated 24/7 on our ciro talent management platform.

Q: Our hiring situation and staffing needs are complex. How can you help?

We've operated as an industry leader in this space for over 20 years. When we talk about how much we've grown, we refer to the number and variety of solutions we offer our clients through our healthcare talent ecosystem.

This ecosystem has been built through organic growth and strategic acquisitions. Every decision we make is driven by the idea of providing more resources, solutions, and support to our clients without increasing costs.

We understand that healthcare systems urgently seek ways to combat the healthcare staffing crisis. Our ecosystem approach includes:

- Permanent Hiring Support
- Access to Local Talent Pools
- Internal Resource Pool Development and Management
- Assistance with Internal Travel Agency
- International Recruitment

This allows our clients to move past the traditional approach to staffing as we partner and engage earlier and more often in the process with our full complement of services.

Hospital Services, Inc., d/b/a HSIsolutions, is a subsidiary of the North Dakota Hospital Association (NDHA). Revenue share earned from Strategic Business Partner relationships helps offset the expenses of NDHA and strengthens the value of its programs.



We are an online education company designed to help healthcare organizations by providing reliable, trusted, and easily-accessible talent management solutions.

Learning Management

We provide customers with a Learning Management System that allows facilities to offer online training from subject matter experts, including those within their own organizations. Customers can track and report completion of those courses. The system also allows users to manage live training and expirations of licensure or certifications, because we understand that healthcare facilities have a need for all their education to be tracked from one place.

Competency & Performance Management

careSkills helps organizations develop and perform competency assessments, analyze skill gaps, and drive employee development, as well as automate performance management processes.

Passport Program

Passport was created to provide students participating in clinical rotation programs a single access point for orientation and compliance training for each site they visit during the semester. This reduces redundant training and strengthens the partnership between hospitals and their education partners. This saves time for students and money for hospitals in the provision and tracking of required training that can be completed prior to the student entering a healthcare facility.

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REAL SOLUTIONS TO HEALTHCARE WORKFORCE CHALLENGES

By Senator Kevin Cramer

North Dakota's population continues to grow. In fact, the latest census data shows rural, western McKenzie County was

the fastest growing in the nation. The boom is welcome, but comes with challenges and changes for everything, from our workforce to our medical system. As representatives of our medical facilities across the state, you are acutely aware of the workforce and staffing dynamics needed to provide quality healthcare.

Earlier this year, the Centers for Medicare and Medicaid Services (CMS) released a proposed regulation to establish minimum staffing standards for long-term care facilities. Still recovering from the workforce challenges of the last few years, this is the last thing our facilities need, and I have been a vocal opponent of the proposed rule. Since January, I have joined my bipartisan colleagues from rural and sparsely populated states like Wyoming and Montana expressing opposition to CMS directly. You are already contending with staffing shortages head-on, and the last thing you need from Washington is a poorly crafted mandate with threats of enforcement action or fines if you do not, or simply cannot comply.

Instead of offering a commonsense solution and in ignorance of the disparate impact such a policy would have, Washington bureaucrats issued a rulemaking with little regard for the actual needs of facilities in Grand Forks or Glen Ullin. Fundamentally, the proposed rule lacks sufficient flexibility for rural states such as North Dakota. The hardship exemption included in the rule ignores the realities of our state and fails to fully utilize the full spectrum of healthcare professionals working to deliver care. As a member of the Senate Veterans Affairs Committee, I had the opportunity to question officials from the Department of Veterans Affairs (VA) and CMS at a hearing in June. Quality healthcare is everyone's goal, but it is frustrating to hear CMS' insistence on staffing ratios as the solution to workforce challenges. I led a bipartisan letter to CMS with my colleague, Senator Angus King reiterating this proposal will result in facility closures, not greater access to care.

North Dakota and the United States as a whole simply do not have enough doctors, nurses, and medical professionals to fill

the positions needed, let alone comply with onerous mandates. Healthcare workforce challenges hit especially hard in low-population, rural states like our own.

I am committed to supporting a healthy workforce in North Dakota. This means ensuring there are enough highly skilled and qualified professionals to fill open positions. I recently reintroduced the bipartisan Healthcare Workforce Resilience Act with Senator Dick Durbin (D-IL) to support more visas for foreign-trained physicians and nurses. As you all know, a significant number of our doctors and nurses are immigrants, and they help fill gaps in staffing we could not otherwise staff without them. They are critical to healthcare systems across the country, but especially in North Dakota where we disproportionately rely on foreign-trained doctors who make up nearly a quarter of our physician workforce. Our bill effectively recycles up to 40,000 unused visas, 25,000 and 15,000 respectively for doctors and nurses to come to our country and fill these shortages in long-term care, clinics, and hospitals alike.

Staffing mandates or no staffing mandates, our healthcare workforce benefits from additional workers to help deliver the highest quality care for North Dakotans across the state. Our bipartisan bill is recognition of the problems you face, and that a strong workforce is a core prerequisite for the high-quality healthcare we expect from our practitioners. With its rapid economic growth and rural landscape, North Dakota relies heavily on legal immigrants to meet the high demand for healthcare providers. Often, these professionals are the only source of specialty care for entire communities. Finding ways to put unused, but previously allocated visas to work is a win-win for qualified professionals who want to work with the best of the best here in the United States and strengthen our rural healthcare system.

Workforce challenges are not unique to the healthcare industry and our hospitals, but the consequences of inaction are even greater. North Dakotans and Americans alike deserve access to quality healthcare, and the Healthcare Workforce Resilience Act is a common-sense solution to advance these goals without creating another top-down mandate from Washington D.C.







Tuesday, January 23, 2024 1:00 p.m. Mountain Time (3:00 p.m. EST)

THIS IS NOT A TACTICAL TRAINING COURSE

The Cybersecurity and Infrastructure Security Agency (CISA), Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming) invites you to join a two-hour security webinar to enhance your organization's resilience in case of an active shooter incident.

Preparing employees for a potential active shooter event is an integral component of an organization's incident response planning. Because active shooter incidents are unpredictable and evolve quickly, preparing for and knowing what to do in an active shooter situation can be the difference between life and death. Every second counts.

Objectives

- Provide information about best practices, communications protocols, and resources that will assist stakeholders to develop or enhance their emergency planning, preparedness, and response to active shooter incidents.
- Discuss the elements of active shooter incident response planning with guidance from expert instructors.
- Describe common behaviors, conditions, and situations associated with active shooter events.
- Discuss how to recognize potential workplace violence indicators.

Agenda Overview

- Recognition: Defining the threat
- **Prevention**: Strategies to help prevent an incident
- **Protection**: Security measure considerations
- Mitigation: Actions to minimize consequences
- **Response**: Options/Expectations during an incident
- Recovery: Transitioning to a "new normal"
- Introduction to Emergency Action Plan Development
- Registration for this event is free.
- To <u>register</u> visit:

https://outlook.office365.com/book/Region8CISAActiveShooterPreparednessWebinar@usdhs.onmicrosoft.com/s/9m NVI-PZFU-_Hyc9eEbVnw2

> Registration is limited to 475 participants and will close no later than 22 January 2024 at noon (12:00 p.m.) EST.

For information and resources visit: cisa.gov/topics/physical-security/active-shooter-preparedness.

Products and information can be requested by email at ASworkshop@cisa.dhs.gov.

Note: The information (link) to connect the day of the webinar will be sent by email seven days prior to the webinar.

CISA | DEFEND TODAY, SECURE TOMORROW











VISA/MASTERCARD INTERCHANGE FEE CLASS ACTION SETTLEMENT

The ND Hospital Association (NDHA) and one of its strategic business partners, MCAG have been closely following the proceedings related to the "Visa/Mastercard Interchange Fee Class Action Settlement" [Payment Card Interchange Fee and Merchant Discount Antitrust Litigation, MDL No. 1720]. The lawsuit claims that merchants paid more fees than they should have for accepting Visa and Mastercard as payment from consumers.

NDHA has partnered with MCAG – a class action settlement expert – to assist our eligible merchants with recovering money you may be due from this settlement. **Our goal is to help you recover your money.**

If your business accepted Visa or Mastercard payments from January 1, 2004, to January 25, 2019, you may be eligible to recover significant funds from this pending settlement. However, you must file a claim to receive any funds. We urge <u>you to register for MCAG's recovery services to ensure that a proper and timely claim is filed on your behalf before the claim deadline passes.</u>

In addition to the \$5+ billion Visa/Mastercard Settlement, there are over \$875 million in other class action settlement funds currently available. Register with MCAG now to ensure you can recover every available dollar from these settlement opportunities.

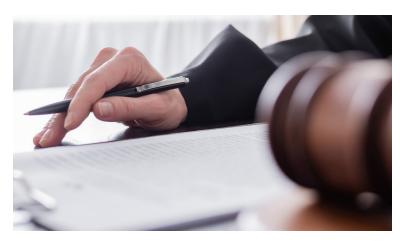
Registering for MCAG's Service is easy.

- 1. Follow this link https://www.srs.mcaginc.com/?code=NDHA50 to visit MCAG's website for NDHA members.
- 2. Enter your business information, and that's it!

For additional information, you may also visit www.mcagregister.com, and enter access code NDHA50.

Payment Card Settlement Disclaimer: Claim forms will begin to be delivered and available online in December. No-cost assistance is available from the Class Administrator and Class Counsel during the claims-filing period. No one is required to sign up with any third-party service in order to participate in any monetary relief. For additional information regarding the status of the litigation, interested persons may visit www.paymentcardsettlement.com, the Court-approved website for this case.

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The American Heart Association would like to assist North Dakota facilities to implement the newly developed Post-Acute Stroke Program Standards, extending high-quality, guideline-directed care for patients across their full stroke journey.

Participating facilities would experience a number of benefits, including a participation stipend, site-specific quality improvement support, the opportunity to learn from similar facilities applying best practices, and collaboration between your facility and local system of care facilities, e.g., referring hospitals, local outpatient providers, etc.

Congratulations to the following ND sites already participating: Good Samaritan Society: St. Vincent's, Bismarck, ND Sanford Medical Center Hillsboro, Hillsboro, ND PAM Rehabilitation Hospital of Fargo, Fargo, ND

For more information: www.Heart.org/PostAcuteStroke

Janna Pietrzak
Program Consultant
American Heart Association
701.730.3305 | Janna Pietrzak@Heart.org

Registration Cards Available for Free Wellness Program

North Dakota State University Extension has developed Nourish, a program to provide North Dakota adults, especially those age 50 and older in rural counties, with information and strategies about nutrition. Participants in the series will learn how to eat more nutritiously and be more physically active to help reduce their risk of developing chronic diseases. The program is offered free of charge both online and face-to-face in many rural North Dakota counties through county Extension.

Why promote a Nourish program? As people age, they may not be as active as they used to be. Maybe they have put on a few extra pounds, or they have developed health issues such as high blood pressure or diabetes. Lifestyle changes, such as eating more nutritiously and getting more physical activity, can make a difference in their health.

Your patients can benefit by signing up for our program to learn ways to maintain health and well-being; and to be encouraged to set personal goals for taking the learning to implementation in their daily lives. Participants can listen to short videos created by our experts, and complete puzzles, games and quizzes. The activities keep learners engaged and help make the program meaningful.

We hope you will help us promote this program by making our promotional cards available to clients. To receive a box of cards for your waiting rooms, or other areas of client interest, please reach out to Julie Garden-Robinson, Extension Food and Nutrition Specialist and Professor, NDSU, <u>Julie.garden-robinson@ndsu.edu</u>, 701-231-7187 or Sherri N. Stastny, Professor, Health, Nutrition, and Exercise Sciences, NDSU, <u>Sherri.stastny@ndsu.edu</u>, 701-231-7479.

The project is supported by a Rural Health and Safety Education program grant from the U.S. Department of Agriculture's National Institute of Food and Agriculture.



North Dakotans, especially those age 50 and older in rural counties, will learn about nutrition and physical activity to reduce the risk of developing chronic diseases.

This class series features modules about bones, joints, brain, eyes, heart, sleep, digestive health and more!

NDSU EXTENSION

Register: www.ag.ndsu.edu/nourish

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