President’s Report ~ Jerry Jurena

YOUR PAC DOLLARS AT WORK

Every day, state and federal policymakers are being asked to make difficult decisions about issues that impact health care. The AHAPAC and NDHAPAC support those candidates who demonstrate a commitment to hospitals and the patients we serve. A portion of qualified NDHAPAC contributions are transferred to the AHAPAC to support North Dakota’s congressional delegation.

On your behalf John Flink, NDHA Federal Consultant, Jerry Jurena, NDHA President and Kristin Weger, AHA Lobbyist presented Senator John Hoeven with an AHAPAC check in Washington, DC and during the NDHA Annual Convention John Flink and Jerry Jurena presented Representative Kevin Cramer with an AHAPAC check.

NDHAPAC On the state level Jerry Jurena presented NDHAPAC checks to state political candidates who are willing to protect public policies that preserve vital health care services.

Together the AHAPAC and NDHAPAC, on your behalf, distributed over $12,000 in PAC checks.

2016 NDHAPAC OVERVIEW

The NDHAPAC Campaign runs from May thru December each year.

2016 State/Federal PAC Goal: $15,700 Amount Raised: $11,725.00

Membership Contribution Breakdown

- 32 of 48 NDHA members contributed so far
- PPS Hospitals – 5 of 5 members contributed
- CAHs - 27 of the 36 members contributed
- 6 new contributors this year
- Club Levels: 2 Contributors at Ben Franklin Club ($1,000)
  7 Contributors at Chairman’s Club ($500) - Increase of 2
  7 Contributors at Capitol Club ($350) - Increase of 4

NDHAPAC RECOGNITION

The NDHA Staff and PAC Committee would like to thank the following individuals for their leadership and support of this year’s PAC campaign. Your contribution enables NDHA and the American Hospital Association to ensure that hospital priorities are well represented at the state and federal levels.

Dave Molmen Brad Wehe Dwight Thompson Ken Vein Dennis Reisnour Margaret Reed Dr. Scott Charette Heather Strandell Renee Axtman


A portion of this publication is supported by The Center for Rural Health’s Medicare Rural Hospital Flexibility Program. Visit their site at http://rural-health.und.edu/projects/
NDHAPAC Recognition continued....

Dr. Yvonne Gomez  Altru Health System, Grand Forks
Mark Waind  Altru Health System, Grand Forks
Dr. William McKinnon  Altru Health System, Grand Forks
Kellee Fisk  Altru Health System, Grand Forks
Jerry Lepp  Ashley Medical Center, Ashley
Jeff Drop  CHI - Fargo
Keith Heuser  CHI Mercy Health, Valley City
Kurt Schley  CHI St. Alexius Health, Bismarck
Chris Jones  CHI St. Alexius Health, Bismarck
Mariann Doeling  CHI St. Alexius Health Carrington Medical Ctr
Andrew Lankowicz  CHI St. Alexius Health Devils Lake Hospital
Reed Reyman  CHI St. Alexius Health Dickinson Medical Ctr
Tod Graeber  CHI St. Alexius Health Garrison Memorial Hosp.
Matt Grimshaw  CHI St. Alexius Health Williston Medical Center
Peggy Reinke  CHI Lisbon Health, Lisbon
Becki Thompson  CHI Oakes Hospital, Oakes
Tim Sayler  Essentia Health, Fargo
Louise Dryburgh  First Care Health Center, Park River
Theo Stoller  Jacobson Memorial Hospital, Elgin
K.C. DeBoer  Jamestown Regional Medical Ctr, Jamestown
Dan Kelly  McKenzie Cty Healthcare System, Watford City
Jerry Jurena  NDHA
Kelly Cermak  NDHA
Tim Blasl  NDHA
Kim Granfor  NDHA/HSI Solutions
Cathy Swenson  Nelson County Health System, McVille
Pete Antonson  Northwood Deaconess Health, Northwood
Mark Kerr  Presentation Medical Center, Rolla
Greg LaFrancois  St. Aloisius Medical Center, Harvey
Jodi Atkinson  St. Andrew’s Health Center, Bottineau
Cody Barnhart  St. Luke’s Medical Center, Crosby
Darrold Bertsch  Sakakawea Medical Center, Hazen
Jac McTaggart  Sanford Hillsboro Medical Center, Hillsboro
Craig Lambrecht  Sanford Medical Center Bismarck
Paul Richard  Sanford Medical Center, Fargo
Roger Baier  Sanford Mayville Medical Center
Becky Hansen  SW Healthcare Services, Bowman
Randy Pederson  Tioga Medical Center, Tioga
Ben Bucher  Towner County Medical Center, Cando
Alan O’Neil  Unity Medical Center, Grafton
Jim Long  West River Reg. Med Ctr, Hettinger

Our Club Level Contributors:

Ben Franklin Club ($1000+)
Kurt Schley
Paul Richard

Chairman’s Club ($500+)
Craig Lambrecht
Dan Kelly
Dave Molmen
Jeff Drop
Jerry Jurena
Keith Heuser

Capitol Club ($350+)
Ben Bucher
Chris Jones
Cody Barnhardt
Louise Dryburgh
Mariann Doeling
Tim Blasl

Washington Update ~ John Flink

The major hospital news this week was the release by the Centers for Medicare & Medicaid Services (CMS) of the CY 2017 outpatient PPS and ambulatory surgical center (ASC) final rule. In addition to standard updates to the Medicare OPPS and ASC payment systems, the rule implements the site-neutral provisions of the Bipartisan Budget Act of 2015 (BiBA).

Under the rule, beginning January 1, Medicare will pay off-campus, provider-based clinics under the physician fee schedule at newly established rates that will generally be 50 percent of the OPPS rate. Facilities seeing Medicare patients as of November 2, 2015 are exempt from the new payment rules and will continue to be paid under the OPPS. A dedicated emergency department will also continue to be paid under the OPPS.

On expansion of services, CMS modified its proposed rule, which strictly limited expansion, saying that it will monitor expansion of clinical service lines by off-campus HOPDs and consider limiting expansion in the future.

CMS also finalized its proposal to allow an off-campus HOPD to maintain its excepted status if its hospital has a change of ownership and the new owner accepts the existing Medicare provider agreement. Individual excepted off-campus HOPDs will not be permitted to be transferred from one hospital to another and maintain their grandfathered status.

On relocation of excepted HOPDs, CMS finalized its proposal that a grandfathered off-campus HOPD must maintain the same physical address it had as of November 2, 2015 to maintain its excepted status.

The rule finalizes a market basket of 2.7 percent, as well as a productivity cut of 0.3 percentage points and an additional reduction of 0.75 percentage points. These adjustments, in addition to other changes in the rule, are estimated to result in a net increase in OPPS payments of 1.7 percent compared to CY 2016 payments.

Continued......
Physician Recruitment ~ Kevin Malee

Recruitment Ideas....Ties to the Area

When beginning a recruitment campaign, think regionally before nationally. Focus our recruitment efforts on people who have “ties to the area”.

Ask our candidates or spouse: Have they done any of their schooling or training in our area? Where were they born and do they have family in the region? If candidates have Ties to the Area, this greatly increases our ability to place these physicians in our community.

I will often attend the Minnesota Academy of Family Practice meeting and always will have large number of Minnesota residents who express interest in our North Dakota opportunities.

How do we discover if our candidates have ties to our area? We ask them. I encourage that you ask our candidates early on: “Why the interest in our opportunity?” Or “Do you have any friends or family in the area?” You will be surprised how many candidates will have roots in our region.

If I can assist you in your physician recruitment efforts, please contact me. I can be reached at northdakotarec@comcast.net or 701-320-2109.

AHRQ Updates Hospital Guide to Reducing Medicaid Readmissions

AHRQ has updated its Hospital Guide to Reducing Medicaid Readmissions, a resource to help hospitals design and deliver transitional care that addresses medical, social and behavioral needs of Medicaid patients and other vulnerable populations. The resource provides guidance as summarized by the ASPIRE acronym: Analyze your data to understand existing readmission patterns and root causes; Survey your current readmission reduction efforts; Plan a multifaceted, data-informed portfolio of strategies; Implement whole-person transitional care; Reach out to collaborate with cross-setting partners; and Enhance services for high-risk patients. The guide includes 13 customizable tools and content for six webinars to support training on how to use the guide.
100th Year Celebration - Carrington

*CHI St. Alexius Health Carrington Medical Center will be holding a 100th year celebration/open house on Wednesday, November 16th.*

- 12:00 – 1:30 PM  Community lunch
- 2:00 – 3:00 PM  Communication Forum with former health care professionals discussing how medical care has changed over the past 40+ years.

Tours of the newly remodeled ER and portions of the remaining hospital at 3PM; 4PM; and 5PM. Museum room of antiquated equipment; trivia with door prizes, and other memorabilia for sale. All are invited to attend if they so desire or happen to be in the area.

NDHA Education Update

NDHA is hosting a seminar, Chargemaster Coding Updates & Implementation for 2017” on December 16th in Bismarck at the Ramkota Hotel. This seminar is presented by Glenda Schuler, RHIT, CPC, COC.

*See brochure in this week’s Informer attachments.*

**November Webinars Scheduled:**

- November 15  Infection Prevention & Control, Challenging Standards
- November 17  Section 1557 – Nondiscrimination in Health Programs and Activities
- November 29  Keys to Improving Service Quality and Customer Services
- November 29  Conducting a Pro-Active Risk Assessment

The November 17 webinar on Section 1557 will be presented by Melissa Hauer, NDHA’s General Counsel. Below is a list of webinars coming up in future months that she will be presenting in addition to the Section 1557 webinar this month:

- December 15, 2016  Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- January 6, 2017  HR School for Managers
- February 24, 2017  Telemedicine in North Dakota

New AHRQ Guide Helps Nursing Homes Tackle Antimicrobial Stewardship

AHRQ’s new Nursing Home Antimicrobial Stewardship Guide is a research-based resource that offers step-by-step instructions and materials to help nursing homes improve antibiotic use and decrease harms caused by inappropriate prescribing. The guide, which is consistent with the Centers for Disease Control and Prevention’s core elements of antibiotic stewardship, can also help health care providers meet the Centers for Medicare & Medicaid Services’ new Infection Prevention and Control Program requirements. That program requires providers to have a system to prevent, identify, report, investigate and control infections and communicable diseases for all facility residents, staff, volunteers and visitors. AHRQ’s stewardship guide, which is customizable to meet facilities’ specific needs, includes four toolkits designed to implement, monitor and sustain an antimicrobial stewardship program; determine whether it is necessary to treat a potential infection with antibiotics; help prescribing clinicians use an antibiogram to choose the right antibiotic to treat a particular infection; and educate and engage residents and family members. [Access additional AHRQ tools to prevent healthcare-associated infections](https://www.cms.gov/Medicare/Quality/Performance/AcuteInfectionPrevention/AcuteInfectionPrevention.html) and an AHRQ Views blog post, “It’s Prime Time for Nursing Homes: New AHRQ Antimicrobial Stewardship Guide Available.”