President’s Report ~ Jerry Jurena

HEN 2.0 HIIN: Last weekend AHA/HRET held a national meeting: Spread and Sustainability Summit (S-3), to review the current status of HEN 2.0. The goal was to provide information on best practice solutions to common challenges. There were over 30 storyboards presented at the meeting; the one from North Dakota was from First Care Health Center in Park River. Congratulations to Louise Dryburgh and her staff, job well done.

Currently participation in HEN 2.0 is voluntary. In the AHA/HRET HEN 2.0 program there are 32 states and several states are operating independently. Data that is being collected is used to establish a national data base. Currently collection and submission of quality data is voluntary. Here is my take away: this will end in the future. I believe from what I heard is CMS wants to move to a program where data will not be voluntary but will be required and payments will be based on each hospitals baseline. The next generation of the HEN program will be HIIN. This program will start after October 1, 2016. The details are limited at this time, but it will be quality driven.

AHA Leadership Summit was held earlier this week. Dr. Lambrecht and Darrold Bertsch attended as well. The theme that I heard over and over was data, quality and accountability. We heard a lot about transitioning the delivery of health care, post-acute care is going to become more important as will technology. Tele-medicine is becoming a bigger part of health care every day; with tele-medicine comes stronger network alliances and a host of new mergers. The stand-alone health care provider seems to be a thing of the past. With the EHR and tele-health, the delivery model will change dramatically. I heard over and over ‘you have not seen anything yet’. I heard that payments are going to be tied closer to outcomes, safety and quality. People will not rely on a single source/provider of health care and they will carry their health care records with them in their cell phone. Health care will be driven by the consumer at their convenience.

AHA Seeks HAVE Awards Nominees

The AHA seeks nominations through Sept. 23 for its 2017 Hospital Awards for Volunteer Excellence. Hospital CEOs and directors of volunteer services are encouraged to nominate outstanding volunteer programs in the areas of community service, fund-raising, in-service needs or challenges, and community outreach/collaboration. For more information and to submit a nomination form, click here. The awards will be presented on May 8, 2017, at the AHA Annual Membership Meeting in Washington, D.C.

Check out the 2017 HAVE Awards brochure in this weeks Informer attachments!
Physician Recruitment ~ Kevin Malee

Getting Started, What Are We Looking For.....

The CV (curriculum vitae) is our introduction to the candidate. Presentation is important and the CV should be easy to read and understand. However, outside of the candidate’s history; where they have been and what they have done, what else are we looking for in this document?

Where has the candidate trained and do we know any other providers who have trained in that program? Do we know the Program Director or any of the faculty currently or formerly at the program? Are there any gaps in the candidates training? Has our candidate moved several times in their career path? Is the candidate Board Certified, if not, why not? Look for leadership, character, community service, and professionalism, honors and awards or exemplary performance in their education and training, for example; Chief Resident, presentations and publications and participation in professional Associations and Societies (i.e. AAFP or ACP) and finally what are their hobbies and interests. After reviewing a good CV, we should be excited to meet and visit with this candidate.

If we like what we are seeing on paper, move quickly to set up a phone discussion.

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.

NDHA PAC Update

Our campaign is in full swing and we have a long way to go to reach our goal. The NDHA Political Action Committee (PAC) gives individuals who care about hospital issues the opportunity to speak with a strong, unified voice. The NDHA PAC makes contributions to state and federal candidates, from both political parties, who support the goals of hospitals.

2016 PAC Goal: $15,700
Total Donations to date: $ 5,150

A special thank you to the following individuals for their leadership and support of this year’s PAC campaign:

Jeff Drop  CHI - Fargo
Keith Heuser  CHI Mercy Health, Valley City
Mariann Doeling  CHI Mercy Hospital, Devils Lake
Kurt Schley  CHI St. Alexius Health, Bismarck
Chris Jones  CHI St. Alexius Health, Bismarck
Theo Stoller  Jacobson Memorial Hospital, Elgin
Jerry Jurena  NDHA
Tim Blasl  NDHA
Greg LaFrancois  St. Aloisius Medical Center, Harvey
Jodi Atkinson  St. Andrew’s Health Center, Bottineau
Darrold Bertsch  Sakakawea Medical Center, Hazen
Paul Richard  Sanford Medical Center, Fargo
Jim Long  West River Regional Medical Center, Hettinger

Our Club Level Contributors:

BEN FRANKLIN CLUB ($1000+)
Kurt Schley
Paul Richard

CHAIRMAN’S CLUB ($500+)
Jeff Drop
Keith Heuser

CAPITOL CLUB ($350+)
Chris Jones
Jerry Jurena
Mariann Doeling
Tim Blasl
CMS Special Open Door Forum: Open Payments Notice to Inform Future Rulemaking

CMS is seeking input from Open Payments stakeholders to inform future rulemaking and other enhancements to the program by hosting a Special Open Door Forum. This effort is separate from the third reporting cycle, which published data on June 30, 2016. This solicitation will not impact any future reporting requirements without additional rulemaking or public notice.

Open Payments is a congressionally-mandated national disclosure program created by the Affordable Care Act that promotes transparency and accountability in the health care industry. The Open Payments program makes information about the financial relationships between drug, medical supply, biological, and device manufacturers, and physicians and teaching hospitals available to the public. Implementing regulations are at 42 CFR part 402, subpart A, and part 403, subpart I. CMS is soliciting feedback from Open Payments stakeholders on expanding and clarifying Open Payments program requirements. We are under no statutory deadlines or implementation schedules that require us to make any changes to the current rule. However, stakeholder feedback is important as we move forward in enhancing our system and refining our reporting requirements. Our focus is on increasing efficiency and minimizing burden while maintaining the goal of transparency in the healthcare industry.

Here is the link to our event page with the Open Door Forum Slides: https://www.cms.gov/OpenPayments/Downloads/2017-physicianfeeschedule.pdf

The Open Payments Solicitation in the proposed 2017 Physician Fee Schedule can be found at: http://federalregister.gov/a/2016-16097

If you have any questions about the Open Payments data, website, or how to report, please contact openpayments@cms.hhs.gov. Feedback and questions about the solicitation in the Physician Fee Schedule or the Open Door Forum can be sent to: open-paymentscomments@ms.hhs.gov.

We look forward to your participation.

Special Open Door Participation Instructions:
Participant Dial-In Number: 1-800-837-1935
Conference ID #: 44678813

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

HHS Secretary Burwell Announces AHRQ Grants to Address Opioid Abuse

In a July 15 speech to the National Governors Association, HHS Secretary Sylvia Mathews Burwell announced a series of AHRQ grants to support rural primary care practices in delivering medication-assisted treatment for people addicted to opioids and to study how to overcome barriers to increasing access to such treatment. The treatment is an evidence-based therapy for assisting people with opioid addiction and involves using both medications and behavioral support to empower people to manage their addiction.

AHRQ is investing approximately $9 million over three years in this initiative, which will help rural primary care practices provide access to treatment to more than 20,000 people with opioid addiction. The initiative supports practices through the use of in-person practice facilitation as well as technologies, including patient-controlled smart phone apps, remote training and use of Project ECHO, a program that augments patient care by linking frontline primary care clinicians in rural communities with specialist care teams at university medical centers. Visit AHRQ’s National Center for Excellence in Primary Care Research to learn more.

HRSA Awards Primary Care Workforce Development Grants

The Health Resources and Services Administration recently awarded $149 million in fiscal year 2016 grants to grow the primary care workforce, including advanced practice nurses and behavioral health professionals.

“These awards will help increase access to quality health care for all Americans by educating and training culturally competent providers who are prepared to practice in high-need areas,” said HRSA Acting Administrator Jim Macrae.
Providers to Participate in Medicare Payment Model to Reduce Heart, Stroke Risk

The Centers for Medicare & Medicaid Services has selected 516 organizations, including hospitals, to participate in the Million Hearts Cardiovascular Disease Risk Reduction Model beginning in September. The randomized controlled trial will test whether paying practices to identify and manage cardiovascular risks for Medicare patients reduces heart attacks, strokes and Medicare costs. Participants will use an American College of Cardiology/American Heart Association calculator to measure cardiovascular risk for eligible patients and work with them to identify the best approach to reduce their risk. Half of the participants in the five-year model will serve as a control group. For more information, visit innovation.cms.gov/initiatives/Million-Hearts-CVDRRM.

Additional Educational Opportunities

August 9, 2016  |  Webinar  |  Click here for more information and to register

5th North Dakota Conference on Injury Prevention & Control - “Bringing the Pieces Together”
August 10-11, 2016  |  Radisson Hotel, Bismarck, ND
This conference is designed to provide attendees with innovative strategies and relevant information to reduce injury and violence in North Dakota.

Quality Health Associates of ND - Annual Quality Forum: Transformation 911 - A Call for CHANGE
August 17, 2016  |  Ramkota Hotel, Bismarck, ND
This year’s Quality Forum will focus on strategies to engage providers across the continuum of care to identify opportunities for collaboration that will prepare our state for this fast-moving transformation. Join us as we partner to answer the 9-1-1 and transform healthcare in our state. See brochure in this week’s Informer attachments.

Emergency & Trauma Outreach Symposium, Dickinson, ND
August 24-25, 2016  |  CHI St. Alexius Health
This symposium offers physicians, nurses, pre-hospital providers and other healthcare team members the latest guidelines for pediatric practice through patient-centered presentations.

8th Annual Pharmacology Conference
September 29-30, 2016  |  Fargo  |  Use the following link to register online for the exhibits:  http://ndnpa.org/conference/exhibitors/
For additional information, please contact Tina Lundeen at 701-231-7747 or email tina.lundeen@ndsu.edu.
2016 NDHA Convention Sponsors

Thank you to the following companies who have committed to sponsoring NDHA’s 2016 Annual Convention!

**HSI Solutions** - Diamond Level
**MMIC Group** - Bronze Level
**HCIS/Coverys** - Gold Level
**EAPC Architects** - Bronze Level
**Avera eHealth** - Silver Level
**Blue Cross Blue Shield ND** - Bronze Level
**NorthStar Technology** - Bronze Level
**Quality Health Associates of ND** - Breakfast
**McGough Construction** - Bronze Level
**Myers Thompson, P.A.** - Bronze Level

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Upcoming Post-Acute Care QRP Trainings

**IRF Quality Reporting Program Provider Training: August 9 & 10**

CMS is hosting a 2-day, in-person training event on August 9 and 10 for the Inpatient Rehabilitation Facility (IRF) Quality Reporting program (QRP) in Chicago, IL. This training is for IRF providers, associations, and organizations. The objective is to provide IRFs with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF-Patient Assessment Instrument (PAI) V 1.4 and other reporting requirements of the IRF QRP. IRF preview reports will also be discussed.

Visit the [IRF Quality Reporting Training](#) webpage for more information and to register.

**LTCH Quality Reporting Program Provider Training: August 11**

CMS is hosting a 1-day training event on Thursday, August 11, 2016 on Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) in addition to offering opportunities to register for an IMPACT Act and Assessment Data Element Standardization and Interoperability presentation on the afternoon of Wednesday, August 10, and participate in a Meet and Greet with presenters and CMS staff that evening following the IMPACT Act presentation. These events will be held in Chicago, Illinois.

Visit the [LTCH Quality Reporting Training](#) webpage for more information and to register for both the IMPACT Act and Assessment Data Element Standardization and Interoperability presentation and the LTCH QRP Provider Training.