President’s Report ~ Jerry Jurena


**HSI Board meeting:** At the end of last week the HSI Board held their quarterly board meeting. In attendance was Jim Marziale from Intalere. Intalere is the new name for Amerinet. In the past, 50% of Amerinet was owned by Inter-Mountain in Salt Lake City. Today Intalere is 100% owned by Inter-Mountain and as a result they are expanding their services to include the successes of Inter-Mountain System. Several changes have taken place over the last year and changes continue to take place. The focus of Amerinet was group purchasing on supplies. The focus of Intalere is to include several new services beyond group purchasing of supplies. The goal of Intalere is to become a complete supply chain provider. It is very exciting. Changing to a complete supply chain is a result of Inter-Mountain looking at the total expenses of hospitals. Approximately 60% of the total expenses of a hospital are workforce; the remaining 40% is comprised of soft supplies, approximately 10%. The remaining 30% is not looked at. The goal is to include all of the 40% and what works collectively to reduce some of those expenses by working together.

HSI is the for-profit entity of NDHA. If you would like more information give me a call.

**Workforce:** All three sub-committees have met and are actively moving forward.

The Sub-committees are:

- Training and Education
- Regulatory
- Delivery and Innovation

If you are interested in being a part of one of these sub-committees let me know. The goal is to have all three sub-committees report to the full workforce committee in late August or early September.

**Rural Health Model:** During a meeting with Senator Heitkamp in Mayville, which included Dr. Mary Wakefield and Dr. Patrick Conway from CMS, questions were raised regarding what can be done to change/improve the operations of Critical Access Hospitals in North Dakota. The result was to form a workgroup to suggest ideas that can be implemented to improve the viability and access in rural areas. A workgroup has been formed and we held our first meeting this week. Several questions were raised which will have to be addressed with the Senator before we move forward. The discussion was enthusiastic. This is an opportunity for us to put something on the table. It will not be a quick process - the process for the Frontier Amendment took several years and the process for F-Chip took 18 months. The time and efforts are worth it. If you are interested in being part of this process let me know.

Mark your calendars for

NDHA’s 82nd Annual Convention and Trade Show
October 4-6, 2016 @ the Hilton Garden Inn in Fargo!
Physician Recruitment ~ Kevin Malee

**Millennials**

Known as Gen Y, they are the nearly 80 million young adults born between 1976 and 2001 who have already joined or are preparing to join the workforce. In 2015, millennials made up 42% of the workforce and by 2020 millennials will make up over 50% of the workforce.

More fluid workforce: Unlike their predecessors, (baby boomers and Generation X) Millennials see the workplace as more fluid and mobile and expect to change positions in the workplace 4-5 times over the course of their career. There was a time, when physicians would graduate from residency and would choose a community and work there for the next 30-40 years, those days are no longer. Now most young graduates anticipate moving several times throughout their careers.

Most of the new physician graduates that I visit with, are concerned about medical school debt, however most are seeking a balanced life style. They are not wanting the 60-70-hour workweek that so many older generations worked and provided in their careers.

What does that mean for us who are looking to place physicians in our community? We need to look at the big picture, but we need to focus on the next 3-5 years in our community and the needs of our consumers. Now more than ever, we need to be vigilant in our recruitment efforts.

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.

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Washington Update ~ John Flink

With just a few days remaining before Congress adjourns for the rest of the summer, lawmakers are pushing through a number of measures. Here are some highlights from a busy week.

The House Ways and Means Committee approved legislation (H.R. 5613) to extend through 2016 the enforcement delay on supervision requirements for outpatient therapeutic services provided in CAHs and rural hospitals with 100 or fewer beds. An identical bill (S. 3129) was introduced this week in the Senate.

Legislation also has been introduced in the House that would permanently extend the enforcement moratorium for CAHs and small, rural hospitals. NDHA supports this bill as well as the Protecting Access to Rural Therapy Services (PARTS) Act (S. 257/H.R. 1611), which would adopt “general” supervision as the standard for outpatient therapeutic services. All three members of the North Dakota congressional delegation have cosponsored the PARTS Act.

The House of Representatives this week overwhelmingly approved bipartisan mental health legislation. The bill authorizes new prevention programs, reauthorizes existing ones, and aims to improve the oversight and effectiveness of federal mental health programs.

The measure was originally intended as a massive overhaul of the mental health care system, but was watered down in committee and stripped of costly and controversial provisions, including one that would have made it easier for physicians to share information about patients who have mental illness.

Similar legislation was approved earlier this year by the Senate Health, Education, Labor and Pensions (HELP) Committee but has stalled over proposals to add gun provisions. HELP Committee Chair Lamar Alexander (R-TN) said this week he is hopeful the Senate will take up that measure in September.

The House of Representatives today, by a 407 – 5 margin, approved legislation to combat opioid overdoses after Democrats dropped their opposition to the bill at the last minute. Democrats had been arguing for $920 million in new funding for state treatment programs, vowing yesterday to vote against the conference report.

Earlier this week, more than 110 groups signed a letter to Congress praising the conference report and asking members to pass the legislation before leaving for summer recess next week. “The report is truly a comprehensive response to the opioid epidemic...[which] acknowledges that the six pillars of a comprehensive response are each of equal import and interdependent as a whole, including prevention, treatment, recovery support, criminal justice reform, overdose reversal, and law enforcement,” the letter states.

*continued on next page*
The annual rule-making derby continued this week as the Centers for Medicare & Medicaid Services (CMS) issued its proposed outpatient PPS rule. The rule proposes to increase hospital outpatient PPS rates by 1.55 percent in calendar year 2017.

The proposed rule also would implement the site-neutral provisions of the Bipartisan Budget Act of 2015 which requires that beginning January 1, 2017, services provided in off-campus provider-based departments only be reimbursed at the applicable Medicare Part B payment rate.

Facilities serving Medicare beneficiaries prior to November 2, 2015 are exempt from the payment change. CMS said the Medicare physician fee schedule would be used for the majority of services provided in off-campus provider-based clinics.

CMS proposes to pay physicians furnishing services in a new off-campus, provider-based department at the higher “nonfacility” physician fee schedule rate. Medicare would make no payment directly to the hospital.

Under the proposed rule, existing off-campus, provider-based departments that expand their services to include those in new clinical families would receive the site neutral rate for those services, AHA reported.

In addition, any existing off-campus, provider-based department that relocates after November 2 would lose its grandfathered status. An existing off-campus, provider-based department whose ownership changes would only maintain its grandfathered status if the new owner accepts the existing Medicare provider agreement from the prior owner.

The proposed rule also would offer greater flexibility in the meaningful use of electronic health records. Stage 3 of meaningful use would still be required by all hospitals in 2018, however, the threshold for most measures would be reduced to the level required in Modified Stage 2.

Comments are due September 6. Watch for additional analysis from AHA and NDHA.

The Centers for Medicare & Medicaid Services (CMS) this week proposed to no longer use the results from three pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems survey in determining hospitals’ value-based purchasing scores.

The proposal, which would take effect in FY 2018, was included in the outpatient PPS proposed rule for calendar year 2017. CMS would continue to collect and publicly report the results of the HCAHPS pain management questions.

NDHA members have supported suspending the pain-related questions in the VBP program while the agency works to address concerns that the questions may create pressure to prescribe opioids.

CMS is field testing alternative pain management questions, which could be incorporated into the HCAHPS survey through future rulemaking, AHA reported this week. The Department of Health and Human Services also issued a request for information on the most promising approaches in prescriber education and training programs and effect ways to leverage HHS programs to implement them.

That’s it for a busy week in Washington...

### Most Wired Hospitals Use Technology to Improve Patients’ Experience

Hospitals are using technology to improve the efficiency of care delivery and create a new dynamic in patient interactions, according to the 18th annual Health Care’s Most Wired survey, released recently by the AHA’s Health Forum subsidiary. For example, Most Wired organizations are using telehealth to fill gaps in care and expand access to medical specialists; connecting electronic health record data with population health tools; and using mobile technologies to notify clinicians and care team members about sudden changes in patients’ conditions. “Hospitals are breaking-out of their traditional four walls and providing care where and when patients need it,” said AHA President and CEO Rick Pollack. “These Most Wired hospitals exemplify this transformation by harnessing technology, engaging patients and offering services remotely. And, removing policy and other barriers to telehealth will allow even faster adoption of these amazing technologies.” A list of Most Wired hospitals and detailed survey findings can be found in the July issue of AHA’s Hospitals & Health Networks magazine, at [www.hhnmag.com](http://www.hhnmag.com).
Additional Educational Opportunities

Workplace Violence Education - Cass & Clay County Health Coalition
July 27, 2016 | Public Safety Building, Fargo, ND
See the flyer in this weeks attachments for more information on content and registration.

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. See brochure in this weeks Informer attachments.

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 prepared 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 weeks 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. See brochure in this weeks Informer attachments.

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!

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**Quality Health Associates of ND** - Breakfast
**McGough Construction** - Bronze Level

**NorthStar Technology** - Bronze Level
**Myers Thompson, P.A.** - Bronze Level

ThankYou!