2015 HOUSE HUMAN SERVICES

HCR 3004

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3004
1/14/2015
JOB # 21967

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marilyn Kreyle

Explanation or reason for introduction of bill/resolution:

A Concurrent resolution directing the Legislative Management to continue to study medicolegal death investigation in the State.

Minutes: Attachment # 1

Chairman Weisz opened the hearing on HCR 3004.

Sheila Sandness: From Legislative Council. (See Testimony #1)

Kurt Kirby with the Department of Health: We don't have a command on this a of yet.

No Opposition

Chairman Weisz closed the hearing on HCR 3004.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3004
1/14/2015
Job # 21983

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marilyn Kuenzli

Explanation or reason for introduction of bill/resolution:

Minutes:

Chairman Weisz: Started with bill HCR 3004.

Rep Hofstad: Made a motion of DO PASS and be PLACE ON THE CONSENT CALENDAR.

Rep Fehr: Seconded the motion.

Rep Anderson: Do we still send a lot of this to Minnesota or is it all done in North Dakota?

Chairman Weisz: I think since we spend the money it is pretty much done in North Dakota.

Rep Anderson: Are you saying since we build in Grand Forks?

Rep Becker: Not sure as to what has been going on and the bill states to continue the study was there a fear it would not? Why are we extending it?

Chairman Weisz: As the load increased it was a concern as to who would bear the cost the state of the county.

Rep Becker: Did this come to our committee through the Interim Committee.

Chairman Weisz: Legislative Management decides who this would go to.

Vote 11 Yes 0 No 2 Absent as Do Pass and Placed on the Consent Calendar.

Date: 1-14-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 3004

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☒ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Hofstad Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	A	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	A				
Rep. Seibel	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Rep. Seibel

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3004: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HCR 3004 was placed on the Tenth order on the calendar.

2015 SENATE HUMAN SERVICES

HCR 3004

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HCR 3004
3/30/2015
25574

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state.

Minutes:

Attach #1: Testimony by Sheila Sandness
Attach #2: Testimony by Dr. Mary Ann Sens
Attach #3: Powerpoint by Dr. Mary Ann Sens
Attach #4: Proposal for Establishment of Peer Review Panel for Evaluation of Pharmaceutical Narcotic Review

Sheila Sandness, Legislative Management, introduced HCR 3004 to the Senate Human Services Committee. (attach #1)

Senator Dever asked did they put forward any legislation? Interim committee?

Ms. Sandness answered just the bill with the appropriation and the resolution.

Chairman Judy Lee introduced **Dr. Mary Ann Sens**, MD, PhD, who testified IN FAVOR of HCR 3004 (attach #2). She also provided a powerpoint document (attach #3). (testimony ends (8:15)

Chairman Judy Lee stated that during the health services interim committee work, you had interesting information, and powerpoint shows some of this. If you could expand on the need for the third facility and what you saw as an example in the differences you see in the trained staff that is available throughout the state to do this, and also you mentioned the need for more death exams to be done in some cases because you are seeing more drug related deaths. Comments?

Dr. Sens indicated that we are in an epidemic of drug abuse. Current and former numbers from their office put drug abuse as a great number of deaths than traffic fatalities. Most of these are prescription drug abuse. We are also seeing an increase in heroin and synthetic fentanyl. Without good investigation, many of these cases would not be picked up. We have had unfortunate instances where things did not appear to be suspicious, the family

was out of the jurisdiction we usually serve, the family contacted them to find out why someone died, and it was due to prescription drug overdose. We don't want that to happen, we want that to be part of the legal system rather than relying on other mechanisms. There are so many instances, carbon monoxide is discovered which could be risk to others in the home. Multiple examples where public health plays a role, not only in drug abuse issue, but to plan and manage, but uncover personal risk factors in a home or work environment, or within families. We have discovered hemochromatosis that was totally unsuspected in a family. Someone was written off to be an alcoholic and when he died, the disease was actually due to a genetic disease that the rest of the family also had, but there had been no manifestations and it is easily treated. Accessibility to get back to the location of the facilities, there is no question that oil patch area is growing. We have a high number of occupational related deaths. In the forensic world, we don't have the spectrum of baby to grandparents, we have workers coming in that are in high risk jobs, many to the oil patch, and some without insurance, increase in medical deaths, accidental deaths, suicide and homicide. The greatest need is for the oil patch to have ready access to forensic pathologists. If there is a 3rd facility, it needs to be planned because the most economical plan is to have one facility. The problem with that is that it puts some people four-to-six hours away, so we have two facilities now. We need to look at western part of state too. It could be structured where she does cases from hospitals, get reimbursed, as well as out-of-state, which she gets reimbursed. That money gets offset by fixed operating costs which is quite high - buildings, utilities, docs, assistants are fixed costs. If you can spread this over 400 autopsies versus 100, it is good.

Senator Warner asked can you explore if there are synergies outside of death investigations that could mitigate some of the costs of the third facility. He was thinking epidemiology, or forensic drug investigations, some medical things where you could share the costs of a laboratory.

Dr. Sens responded absolutely, the synergy is real key. We have to look at a total cost, so if we pick it up in one area in the Department of Health and can pass it off to criminal justice system or educational system, as taxpayers we are paying for all of it, so we need to look at the whole system. The link between public health and public safety, drug investigations need to be there. There are legislative barriers to some of the needed communication. For example, she was approached by a surgeon who wanted to study traffic fatalities and what autopsy findings were present to answer two questions: (1) could medical care have been improved from EMS first responders to small hospitals to critical access hospitals to transport systems; (2) were there injuries with immediate fail, in which no intervention would have helped. There was a study, and it is now in the approval process with data exchange, and we should be doing that regardless. We can help highway patrol, health systems by providing that data. There are opportunities particularly at the University. We don't have a hospital here - that's good and bad. Most medical schools, medical pathology faculty, make most of their income from doing hospital work at a university hospital. They have 20 or 30 people to educate medical students that are active practitioners, physicians, experts in their field, and we don't have that. Instead, we have state employees who do the teaching, but we need a clinical practice site. So by mandating the medical school to provide these very specialized physicians that the state needs, and they also serve educational needs, that such as forensic pathologists is a win/win for everyone. If we expanded and say fetal losses and miscarriages, are a tragedy for the family. If we had a

pediatric pathologist, we could also assist in the death investigation. We could provide a service for the state, no hospital is big enough to have a specialist, and they could contribute to the medical legal death investigation system. There are synergies there, in information, in role duties. Other professions could be trained in pathology.

Chairman Judy Lee indicated it appears that it is another spot for the health information hub. Chairman Judy Lee is looking at the powerpoint testimony document - could you explain about the accreditation - we don't have any in North Dakota.

Dr. Sens indicated all hospitals go through accreditation process. That is not required for medical legal investigation system. There is a major one nationally - the National Association of Medical Examiners has an accreditation process. We are actually about half way through filling out all the forms and it will require over 400 aspects that we have to document that you are committed to excellence and high standards and protocols and processes to address the issues. We are in the process of doing that. She is not sure if Bismarck is included in that process or not. That is one of the reasons we wanted sharing of caseloads so they could seek this accreditation. With their prior caseloads, they could not have achieved that - you need to have fewer than 250 autopsies or autopsy equivalents per pathologist to achieve accreditation. The other accrediting body that we are involved with, currently at a pre-inspection at UND in two days, is the College for American Pathologists. It is a tough inspection; it is what most hospitals go through. We are seeking it because we do a lot of non-forensic autopsies. We do a lot of hospital autopsies, and we feel that is the highest accreditation standard. Nationally, some states mandate accredited facilities. Eventually it will likely require facilities to seek and maintain accreditation.

Chairman Judy Lee asked for those counties where there are few physicians, someone is designated as a coroner. How does the decision get made as to whether your facility or the one in Bismarck is contacted

Dr. Sens confirmed correct. We have divided up the state. We serve half the state, she has 21 counties and Bismarck has more counties, but population is equal between the sites. In a small rural area, it is often the sheriff acts as the coroner, occasionally it is an emergency room physician, a few counties have physician coroners, and Cass County has both a physician coroner and certified death investigators. One of the persons will call the office, and when it comes to her office, we take the information; we talk over whether or not an autopsy is needed, the age of the individual, if there is trauma, drugs at the scene or prescription drugs, and insight to the family of what their wishes are. If it is a traumatic death, there will be an ordered autopsy. If someone in late 50's or older, medical history, we go to family and say may not need one but would they like one. County is responsible for transportation. Most counties use a funeral home, some use local law enforcements, a few will use their local EMS. We often try to arrange it if it is a distant county a time to hang out in Grand Forks for a few hours and take the body back. There is a lot that goes on after an autopsy, toxicology, microbiology, medical records, police reports, and it takes about a month to 1 ½ month to finalize a report. During that time we will talk to families. Occasionally we deal with a homicide situation. We sign the death certificate, and some families like to talk to them about it, some want to wait, some want a written report, some don't want anything. It is a personal decision.

Chairman Judy Lee stated that one of the things they heard in the interim was that this delays the funeral, and time involved with transport has to be taken into consideration, and is still the case where Grand Forks is open 7 days a week and Bismarck is open 5?

Dr. Sens indicated that Grand Forks is open 365 days, 7 days a week. Bismarck is open 5 days, follows the current state holidays. The Grand Forks office is considering taking off the 3 big holidays as they do not get business those days.

Senator Dever noticed that there was a job opening for an autopsy technician. Do they send people out to death scenes?

Dr. Sens indicated their long time death investigator is retiring tomorrow and needs to be replaced. Dr. Sens is the Grand Forks coroner, and goes to all the scenes or her designated staff. Bismarck only serves as the state forensic examiner. Occasionally they may respond if local coroner wants some help, but they don't have primary responsibility. An autopsy technician is cleanup - release to funeral home, etc.

Senator Howard Anderson, Jr. indicated you had a proposal in the interim for a peer review group to study narcotic related deaths. What if we added that as an amendment to this study?

Dr. Sens thinks that would be excellent. She has been active in the task force for prescription drug overdose. In essence, we get deaths - if she gets a death related to health care system, she refers that to health care quality panel. It is to look at the system and see what went wrong. As an example, if an ER discharged someone and they died at home, and they didn't take their temperature, then they will look at making improvements. In prescription drug deaths, we often have where people go to multiple providers, including legal providers, she suggested a peer review panel that would include law enforcement, where we can share information across systems so we can better address dangerous narcotics. This should also include multiple states. We should come up with a plan to better deal with them. Or in the peer review, it is in the expected standards. Look at system causes rather than referring people to the board of pharmacy or board of medicine - we all only have a slice of information, and we don't want to be wrong.

OPPOSITION TO HCR 3004
No opposing testimony

NEUTRAL TO HCR 3004
None

Chairman Judy Lee closed the public hearing.

Senator Howard Anderson, Jr. distributed a proposed study for the Establishment of Peer Review Panel for evaluation of pharmaceutical narcotic review (attach **#4**).

Chairman Judy Lee talked about the need for a consultant, having small amount of money.

Senator Dever reminded the committee that you cannot ask for money in a resolution.

Senator Dever thinks the advisory council is a great group. However, they are a volunteer group who only meets a few times in a year, so it is hard to conduct a study.

Chairman Judy Lee pointed out the need across the state.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HCR 3004
3/30/2015
25621

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A concurrent resolution directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state.

Minutes: No attachments

The Senate Human Services Committee met on March 30, 2015 for HCR 3004 committee work.

Senator Axness moved the Senate Human Services Committee DO PASS HCR 3004. The motion was seconded by **Senator Warner**.

Discussion
Chairman Judy Lee stated there were no amendments. There was prior discussion about consultant for peer review for systems causes of drug overdoses. **Senator Howard Anderson, Jr.** indicated that we can do this without an amendment.

Roll Call Vote
6 Yes, 0 No, 0 Absent. Motion passes.

Senator Warner will carry HCR 3004 to the floor.

Date: 03/30 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3004

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Axness Seconded By Sen Warner

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Warner

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3004: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3004 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

HCR 3004

#1 HB 3004
1/14/2015

Mr. Chairman, members of the committee:

For the record, my name is Sheila Sandness and I am a Senior Fiscal Analyst for the Legislative Council. I am here to present information on House Concurrent Resolution No. 3004 directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

Section 9 of Senate Bill No. 2004, approved by the Legislative Assembly in 2013, directed a study of the funding provided by the state for autopsies and state and county responsibilities for the cost of autopsies, including the feasibility and desirability of counties sharing in the cost of autopsies performed by the State Department of Health and the School of Medicine and Health Sciences. This study was assigned to the interim Health Services Committee.

The interim Health Services Committee received information regarding medicolegal death investigation system funding models and the current system of death investigation in the state. The State Forensic Examiner's office collaborated with counties and other stakeholders to develop recommendations for a system approach to death investigation and brought recommendations for the framework of a regional death investigation system and for the establishment and implementation of statewide standards for death investigation to the committee.

The interim Health Services Committee determined more study was needed and, in addition to House Bill No. 1042 heard yesterday, recommends House Concurrent Resolution No. 3004 directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including

authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state.

The Health Services Committee's findings and recommendation regarding the autopsy funding study can be found in the "Report of the North Dakota Legislative Management".

That concludes my testimony and I would be happy to answer any questions you may have.

Attach #1
HCR 3004
03/30/2015
J# 25574

Madame Chair, members of the committee:

For the record, my name is Sheila Sandness and I am a Senior Fiscal Analyst for the Legislative Council. I am here to present information on House Concurrent Resolution No. 3004 directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices, including authorization, reporting, training, certification, and the use of information technology and toxicology, can improve death investigation systems in the state. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

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The interim Health Services Committee received information regarding medicolegal death investigation system funding models and the current system of death investigation in the state. The State Forensic Examiner's office collaborated with counties and other stakeholders to develop recommendations for a system approach to death investigation and brought recommendations for the framework of a regional death investigation system and for the establishment and implementation of statewide standards for death investigation to the committee.

The interim Health Services Committee determined more study was needed and recommended House Concurrent Resolution No. 3004 directing the Legislative Management to continue to study medicolegal death investigation in the state and how current best practices can improve death investigation systems in the state. The interim Health Services Committee also recommended House Bill No. 1042 to

provide appropriations to the State Department of Health for information technology costs related to the electronic review of death records and for the reimbursement of travel costs related to county coroner training and planning meetings, however the bill was not approved by the House.

In addition to funding provided for the medical examiner's office, the executive budget recommended $640,000 to contract with the University of North Dakota for autopsies in the eastern part of the state. The State Department of Health budget (House Bill No. 1004), as approved by the House, includes $480,000 for the contract.

The Health Services Committee's findings and recommendation regarding the autopsy funding study can be found in the "Report of the North Dakota Legislative Management".

That concludes my testimony and I would be happy to answer any questions you may have.

HCR3004
03/30/2015
Attach#2
Mary Ann Senns
J# 25574

Honorable Senator Lee, Senators and Representatives of the 64th Legislative Assembly:

It is an honor to address you today in support of House Concurrent Resolution 3004, to continue study of the medicolegal death investigation system in North Dakota. I am sorry to have to do this remotely but am happy to answer any questions, now or in the future.

Delivery of modern medicolegal death investigation is a critical service; every person and family in North Dakota eventually will need this system. It is a system we do not think about until a loved one dies, a public health risk occurs or a crime is present in our community. When these events happen – we all expect our governments will provide the best and timely investigations. I applaud North Dakota for taking the initiative to provide this service to the citizens. Death investigation is a complex system blending health care delivery, health care outcomes, risk assessment, modern forensic practices and services with overlapping accountability to public safety, criminal justice, communities and families. Accessibility of services are also important consideration. There is a need to keep costs and service duplications to a minimum. There are profound public health, work-safety, and public safety implications to death investigations. Services must be provided on a 24/7/365 schedule, often in emotionally difficult, tragic and unexpected times. The innocent must be protected, crimes and misdeeds identified, compassion and respect for families and decedents must be maintained as family risks, public risks, public health and safety mandates are identified. In short, it is most worthy of study to "Get it right" and to serve the real stakeholders – the citizens and families of North Dakota.

In my opinion, the study must focus on the systems issues, not just autopsies. There must be a clear path to achieving national standards while serving state needs. North Dakota has made significant progress, but still has obstacles to overcome. Currently, there are NO facilities which are accredited by NAME, the standard for death investigation systems; this must be a priority. We need more certified practitioners in the field and must establish a minimum entry level and career track for death investigation. We must integrate disaster emergency management, robust support of public health and safety and integrate the highest standards of forensic death investigation to all communities in North Dakota, while remaining sensitive to cost-effectiveness, modern practices and equitable service delivery in the state. Questions such as how many facilities and where should they be located are also key consideration; especially since each facility increases cost of the whole system yet reasonable accessibility must also be met. The system must provide timely and accurate data to numerous efforts – from the epidemic of drug deaths, criminal justice investigations, workplace hazards, infant/child deaths, traffic safety, medical quality assurance and unsuspected family health risks to name just a few.

This study will lay the blueprint for the legislative needs, cost expectations and service delivery options. The solutions must fit North Dakota. Creativity is needed; respect and planning for rural health care delivery will be a large component of this study since ultimately death investigation is the final medical care given to an individual. Forensic medicine must meet medical standards and accountability and will utilize many of the para-professional and professional health care delivery workers in the state.

The triad of service, framework and education will all need to be addressed in this study. The study should provide a way all the overlapping components can be integrated to best serve North Dakota, now and in the future. A clear path toward achieving national certification for facilities, deciding the right number and location of facilities, deciding what specialized facilities and people are needed, such as high risk facilities for highly infectious cases, chemical exposure, work-place evaluations, and numerous other considerations for achieving national standards and excellence for North Dakota. Broader questions should also be asked. Can this needed

2.2

medicolegal death investigation system also assist with other health care, specialized medical care, educational mandates and forensic service needs in North Dakota? All these questions and more will form a robust base for discussion and study.

This study is critically needed and I strongly support this initiative. In light of the complexity of the issues, the strong tie in with other health workforce issues in North Dakota and the significant potential costs of this system, I would recommend study by a group of experienced individuals, with commitment, dedication to this issue and deep understanding of North Dakota. Two groups come to the forefront in my opinion. First, the Advisory Council to UNDSMHS and ND legislature is an excellent choice, with significant background in health care issues in ND and representative of a broad geographic representation. Another candidate may be the Center for Rural Health, which has competently and wisely completed many studies in the area of rural delivery of health care and resources. Finally, national organizations, such as NAME (National Association of Medical Examiners) have assessed state and regional systems. Although they have the best knowledge of the field, they would not have the intimate expertise of rural systems and North Dakota issues. They also may have more costs than the other choices.

The choice is yours – both to approve this important study to set a rational course for North Dakota and to select the appropriate body to conduct this study. I strongly urge you to adopt this study to clearly articulate needs and a path to achieve them. I respect your knowledge in selecting the right group to achieve the best information and options for consideration in the next session. I promise to assist in any way I can to outline aims (as in previous testimony for the interim committee), provide national expertise and studies.

I am happy to answer any questions, both now and in future deliberations.

Mary Ann Sens, MD, PhD
Professor and Chair of Pathology
UNDSMHS

HCR 3004
03/30/2015
Attach#3
Mary Ann Dennis
HCR 3004
J#25574

Need for HCR 3004

Study Medicolegal Death Investigation:

Best practices

Current Gaps and Opportunities

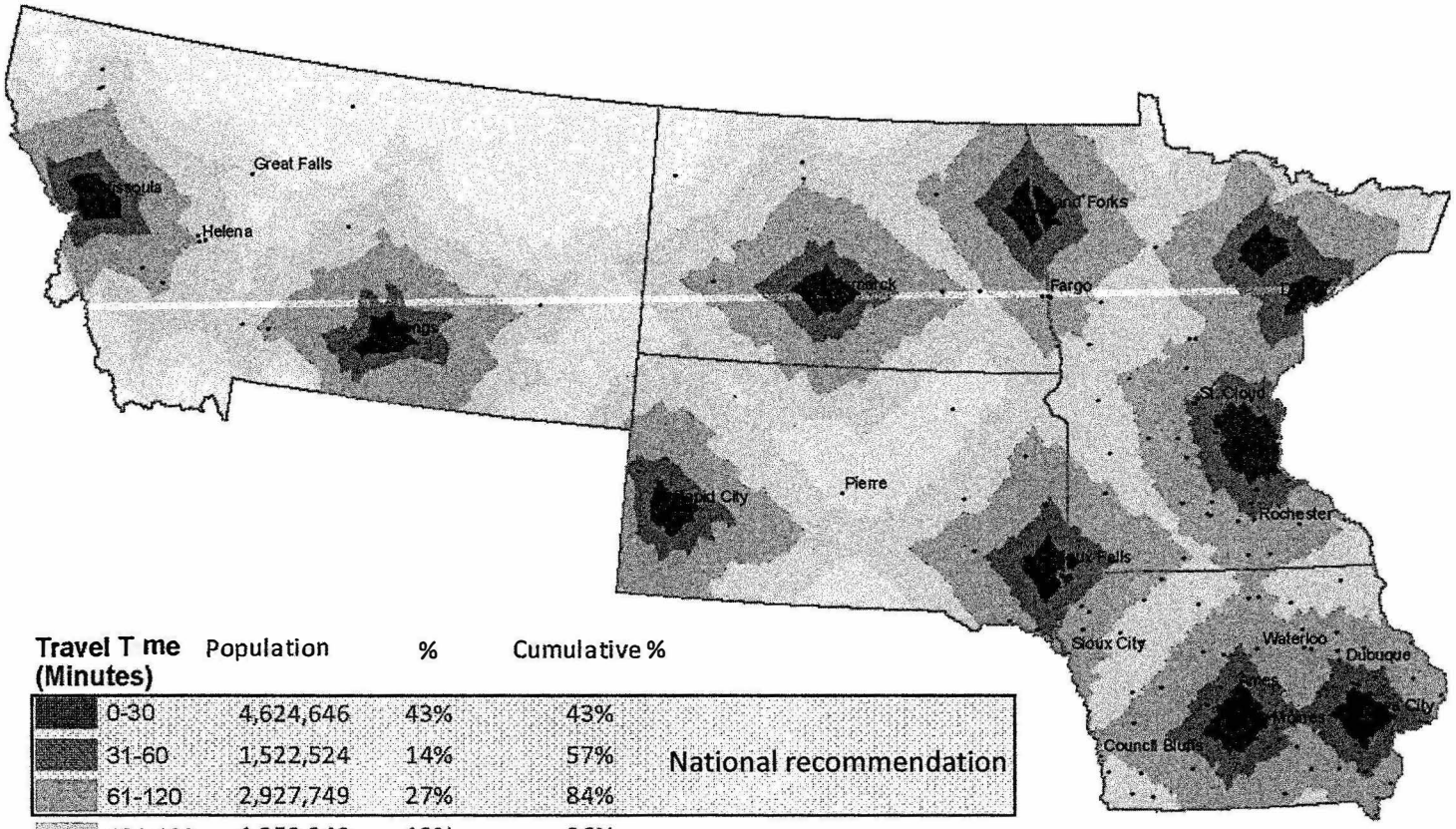
Recommend Path for Improvement

Goals and Current Needs

- SYSTEM ISSUES – not just Autopsies
- National metrics – Great need for improvement in ND
  - Accreditation of Facilities (None in ND)
  - Certification of Personnel (Some current; regional variation)
  - Quality improvement programs (most tied with accreditation)
  - Modernization to handle current best practices in forensic death investigation, disaster / emergency management, public health, workforce, current drug epidemic, full support of public safety, other needs
- State needs
  - Service excellence for ALL citizens and families
  - Minimize inequities in current system
  - Plan for cost-effective and service oriented, modern system
  - Maximize integration and information sharing across state and governmental entities
- Identify legislative needs, costs, plans for future.

Access Issues for North Dakota –

- Most of state meets recommended standard for access (2 hours travel) but 15% of population with greater than 2 hours distance for Forensic Services - most in growing "Oil Patch" with high case load
- Lost opportunities for efficiency through hospital and regional services to adjacent states

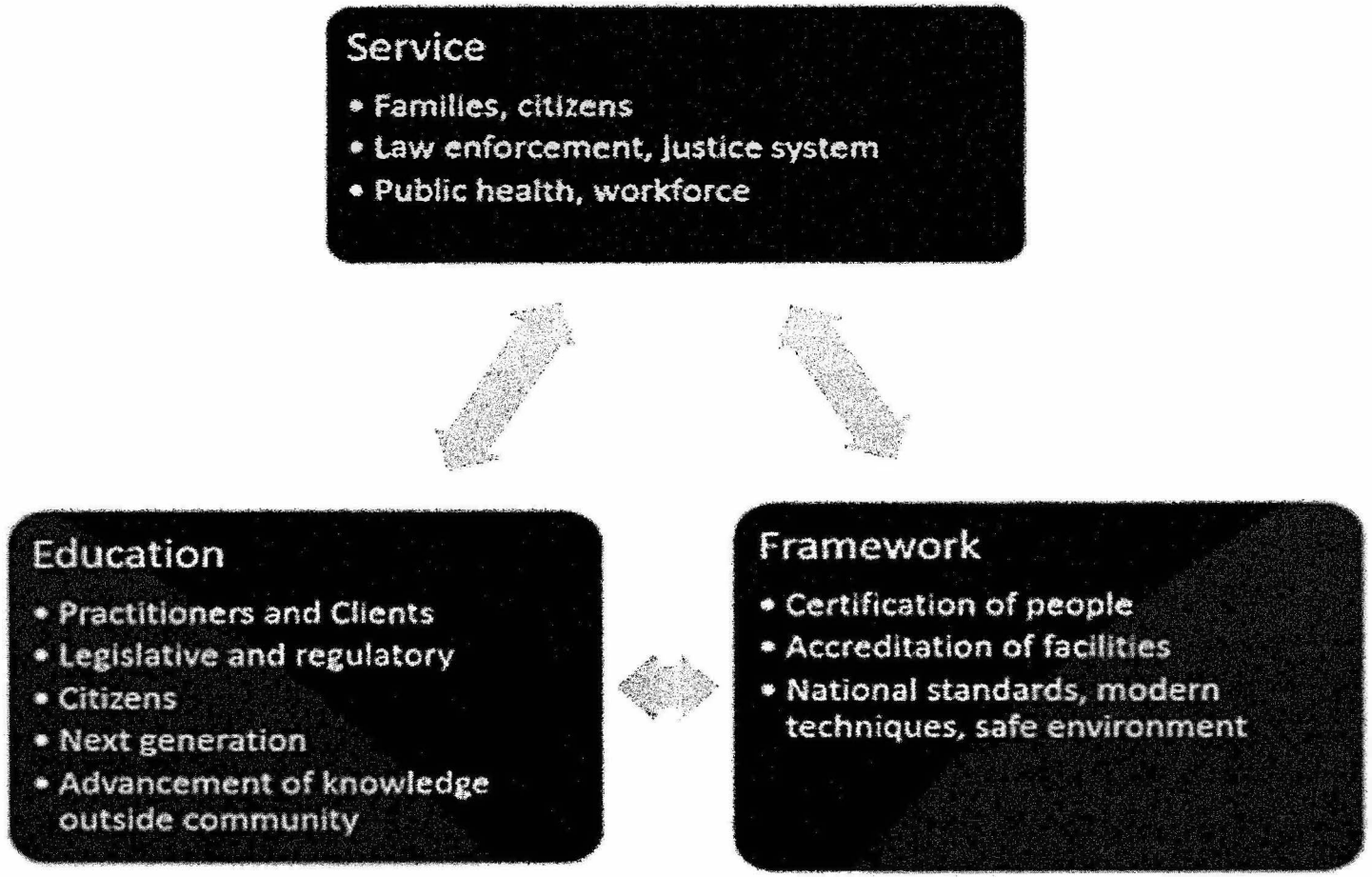


Travel T me (Minutes)	Population	%	Cumulative %	
0-30	4,624,646	43%	43%	
31-60	1,522,524	14%	57%	National recommendation
61-120	2,927,749	27%	84%	
121-180	1,352,349	12%	96%	
181-240	267,388	2%	99%	
240+	131,810	1%	100%	
	10,826,466			

Need for Study

- Needs of primary and secondary stakeholders
- Costs of entire system – at county, state and departmental level.
- Unique needs of state within national standards and health care delivery models and systems
- Many specialized health care provider needs, expertise, specialized testing exist
- May have current legislative barriers and structures
- Assure oversight and accountability for system, service and growth

Interplay of multiple factors, stakeholders, agencies and resources



HCR 3004: A path forward

- Study group with experience in health, systems and service delivery and broad, creative vision
  - Health outcomes, service and workforce considerations
  - Interface with large group of occasionally disparate stakeholders
  - Public health, public safety, education, health workforce, hospitals, police/law enforcement, work-safety, emergency preparedness, cultural, religious and family considerations, scientific expertise over broad fields
- System needed by every North Dakotan and ND family; compassionate, ethical and expert service needed.

HCR 3004: A path forward

- Advisory committee to Legislature on UNDSMHS / Health Care Workforce Initiative
  - Broad geographical representation from ND
  - Health care workforce expertise
  - Proven ability for study and outcomes
  - Likely significant base of knowledge and systems from previous studies.
  - Ability to network and utilize national resources, like National Association of Medical Examiners (NAME) selectively for specific areas
- Center for Rural Health
  - Known entity for health and rural studies
  - Previous excellent reports on other systems and workforce initiatives
- Potentially, a national review, such as by NAME
  - Great knowledge of national standards
  - Less knowledge of rural health and forensic delivery
  - Likely most costly

HCR 3004: A path forward

- Thank you

- Contact:

Mary Ann Sens, MD, PhD

University of North Dakota School of Medicine and Health Sciences, Department of Pathology

701-777-1200 (Main Forensic Number)

701-777-2651 (Departmental Main Number)

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HCK 3004
Attach #4
03/30/2015

Proposal for Establishment of Peer Review Panel for Evaluation of Pharmaceutical Narcotic Review J# 25574

Objective: To establish, under NDCC t23c34, an organized, professional and multi-disciplinary peer-review panel for evaluation of referred cases with pharmaceutical narcotic practices in order to 1) recognize trends and statistics in prescription narcotic use; 2) provide recommendations for system improvements and processes to reduce prescription narcotic abuse; 3) improve health care quality relating to pharmaceutical usage, prescription and dispensing practices; 4) provide guidelines as related to improvements of health care, prescription, reporting and dispensing practices.

Background: Quality management processes for health care recognizes that confidential peer-reviewed assessment of adverse or unusual events are needed for system improvements in order to identify and manage risks, improve practice and costs and recommend changes. Legally, the confidentiality of this process is recognized and these committee proceedings and discussions cannot be subject to subpoena provided certain conditions are met.

Every health care entity has established such panels and they actively improve health care within that organization. The goal of these committees are PROCESS and SYSTEM improvement, not individual directed "blame" and/or disciplinary action. If during deliberations, conditions, events or individual actions are considered to be reportable to an appropriate disciplinary or licensing board or to a mandated agency such as the Department of Health, this is done, but the process, recommendations and deliberations of the peer review panel is solely focused on system improvements.

Unique aspect of prescription drug issues and relevance for state-wide review panel: The establishment of such a panel to review selected cases of prescription drug events could yield positive system improvements in monitoring and prevention efforts. Many events may involve multiple health care providers and facilities, making the traditional health facility reviews incomplete and unable to fully explore system issues. Many health system level reviews may not rise to a reportable condition to an agency, such as Department of Health, Boards of Medicine and/or Pharmacy, etc. A review panel solely focused on system improvements and having access and reporting ability across facilities, providers, and pharmacies – the complete picture - could advance needed education, regulatory guidelines or legislative changes needed to improve system approaches to improve health care and prescription drug uses.

Advantage over direct reporting to current boards: Although direct reporting to current professional boards (Medicine, Pharmacy, law enforcement) of apparent deviations, anomalies, or errors can occur, the threshold for reporting is intuitively higher, simply because the focus of these bodies (Board of Medicine, Board of Pharmacy) is to ascertain if professional competency of practice has been violated or compromised, NOT primarily to improve systems in a non-blaming and non-disciplinary route. Thus, from the extensive experience from health system related "peer-review" or "quality management" panels, reporting is much freer and more robust when the goal is SOLELY to improve systems. These panels can and do report to internal disciplinary or professional review boards (or rarely law enforcement) BUT that is not the focus nor intent of the panel. The confidentiality of the panel and the status afforded by protection of deliberations from subpoenas further enhances the frank and free discussion of possible deviations of care and ways to improve care. Generally, these issues are identified and resolved EARLIER than if the deviations/errors must rise to the level of professional board review or referral to the justice system. The multidisciplinary nature of prescription drug abuse, the often multiple health systems, providers and pharmacies / suppliers involved makes a statewide review panel extremely desirable to understand the complexities of the problem, allow data and review from multiple sources and position the panel to make meaningful and robust system improvements for improving health of North Dakotans and address the complex issues in prescription drug dependence, overuse and abuse.

Proposed panel construction: Most committees are 10 – 14 standing members from multiple disciplines and services. Most have the ability to request additional ad hoc specialty members for deliberations particular to a case. There is usually one or two quality managers, often with medical / health care background but not necessarily at the independent provider level (usually nursing background with strong training in quality management). For prescription drug panels, additional representatives from addition (counseling) specialists, PhD pharmacologist/pharmacists (with pharmacogenomics / pharmaco-metabolism), addition/chemical dependency physicians, pain management providers, retail pharmacy providers, and health facilities representatives would be beneficial. Others may be added as deemed appropriate to committee.

Meeting structure: Face to face meetings are usually required for full discussion and security. Often, "pre-screening" of reported cases, often by 3 independent specialists appropriate to particular case is often done, simply to screen cases for full committee review. Travel and administrative support costs would be present but should be modest. Usually in organizations, the professional time, with the exception of the quality managers and/or the Chair of committee (usually a physician provider with some quality management training), is not directly compensated.