

Good afternoon Chairman Weisz and members of the Human Services Committee. My name is Mylynn Tufte and I am the State Health Officer. I am here to provide testimony on House Bill 1300 that would call for the ND Department of Health (NDDoH) to study a nurse triage program and report to legislative management.

Prior to being appointed to lead the Department of Health, I worked for a management consulting firm and spent years working across the country with some of the largest health care providers and payers. They considered strategies to move toward value-based care models and implementation of population health management to meet the goals of what Dr. Donald Berwick and the Institute of Medicine (IOM) now at the Institute for Healthcare Improvement (IHI) coined the Triple Aim:



- To improve **patient experience of care** (including quality & satisfaction)
- To improve **the health of populations**
- To reduce the **per capita cost of health care**

I'm mentioning my background as an introduction for those who don't know me and to explain why I might ask for an amendment to clarify the goals of the study.

At the State, we serve and represent all parties in this continuum of care— the payer (i.e., Medicaid, Medicaid Expansion, and NDPERS Health Plan), the provider (e.g., Behavioral Health Field Services) and the patient (e.g., employees, political subs, and constituents, etc.). It will be important to have the intent and goals of the study clearly outlined, as well as which role the report is addressing and what aims are most important to achieve for which populations.

Further clarification of the definition of a nurse triage program is also important. I've personally implemented multiple types of these programs and they can range from a telephonic call center to a nurse navigator stationed inside an emergency room who helps place patients who do not require an inpatient stay but may have other psychosocial reasons for utilizing an emergency room. We recognize there may be benefits from a telephonic nurse triage program and this study may yield additional methods that could achieve the same outcomes but perhaps using more targeted and specific population-based approaches. If the goal is feasibility of developing a nurse triage program, resources will undoubtedly be needed.

The NDDoH in partnership and consultation with the Department of Human Services will perform this study should it pass. We anticipate that it may require additional expertise and partnership with the ND Insurance Department, our current third-party administrators and other North Dakota payers.

This concludes my testimony and I'm happy to take any questions you might have for me.

