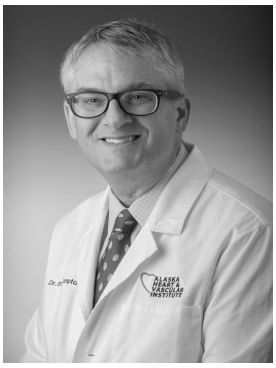
HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION October 2023

PRESIDENT'S COLUMN

How is a fake heart surgeon in Kodiak going to blow up Alaskan health care, and what does the Dunleavy administration have to do with this? Buckle in and I'll tell you.

Insurance companies negotiate prices for medical care within their own networks, but they now want to control out-of-network care. This summer, the Dunleavy administration decided to allow health insurance companies to single-handedly determine their payments for out-of-network medical care in Alaska, nailing patients with the remainder of their bills. Premera/ Blue Cross/ Blue Shield has been lobbying for this change, as it will give them legal permission to not pay the usual/ customary/reasonable (UCR) costs of care. As of January 2024, Premera/Blue Cross will pay out-of-network bills at a low rate, 125% of Medicare.



Steven Compton, MD

The Dunleavy administration's move allows the health insurance industry to name their own prices. This fox-and-henhouse situation has already played out poorly in other places around the US. In 2009 this exact scheme resulted in US Senate hearings entitled," UNDERPAYMENTS TO CONSUMERS BY THE HEALTH INSUR-

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WHY IS ALASKA HEALTHCARE SO EXPENSIVE?

An explosive shift in age demographics. In every health care system, elderly populations are the most expensive. Alaska's elderly have tripled since 2000, growing faster than any other state.

Limited road system, expensive travel. Patients often have to travel long distances for medical consultations and treatments, incurring additional travel and accommodation expenses.

Highest labor costs in the country, so it's expensive for hospitals and clinics to hire receptionists, technicians, nurses, and physicians.

Absence of a public hospital. Seattle/King County has an entirely separate funding mechanism for Harborview County Hospital; Alaska's system forces these costs onto the insured population.

Diversion of health care dollars out of state. In 2021, the earnings reported by Providence, HCA (Alaska Regional), and CHS (MatSu Regional) added up to over $500 million, with operating margins ranging from 10-42%. These systems use their Alaska earnings to support their lower 48 hospitals. This represents over $700 for each Alaskan, each year.

Limited access to primary/ preventive care, resulting in higher treatment costs for preventable diseases.

Shipping, resulting in higher material and infrastructure costs. Every piece of equipment, every IV catheter, shipped up from Lower 48.

Low population density makes it difficult to achieve economies of scale, increasing per capita healthcare costs.

Alaska's unique demographic and healthcare requirements, such as serving indigenous communities and addressing specific health issues like substance abuse, mental health, and trauma, can result in higher costs for specialized care.

The limited number of insurance providers in the state leads to higher premium costs due to reduced competition.

High Demand for Seasonal Workers: Seasonal industries in Alaska, such as fishing and tourism, require temporary workers, often without health insurance, increasing the burden on the healthcare system.

Do you or did you have a GCI email address?

GCI is terminating its email services in 2024.

Remember to update your ASMA profile with your new email address when you make the switch.

ASMA Website Info:

- For those that have not logged in yet, the site did not carry over your password. You **WILL** need to reset it in order to login.
- If you don't have an address in the "personal" field you will not receive mailings. Please login to update your profile.
- Physician images were **not** imported to the new site so please be sure you log in and upload a new photo for the OMD (Online Medical Directory).
- The system currently does not support Company Admin's uploading individual physician photos. You may email photos to Cjeanes@asmadocs.org, but please include the physician name and company so that we can be sure we're uploading to the proper profile.

HEARTBEAT

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CME Opportunity

Neuroimmune Institute is hosting a virtual CME conference March 1-2, 2024, via Zoom and has granted Neuroimmune Foundation 500 fee waivers for physicians. The topic is *Improving Quality of Life in Patients with Autism: Emerging Research, Evaluation, and Management of Co-Occurring Conditions.*

You and your colleagues are invited to attend. The focus is both pediatric and adult patients. CME credit is available to all live attendees. Speakers are from Harvard, Stanford, UCSF, Brown, University of Virginia, CHOP, University of Pennsylvania, King's College, and other highly regarded institutions.

Greater than 90% of attendees of prior conferences rated the overall quality as 5/5 in their CME evaluations.

The virtual conference is being offered *free of charge* to 500 physicians who have not attended a prior Neuroimmune event. The link to register and request the fee be waived can be found on Neuroimmune Institute's https://neuroimmuneinstitute.org/autism-2024-conference-fee-waivers/

Leadership Program taking applications

The Future Alaska Medical Leaders program (FAMLI) in partnership with the Physician Foundation is offering another leadership program in 2024. We can take up to 15 participants in the program. There are no fees for this program due to grant funding, but applicants must be current members of ASMA. Additionally, participants can earn 35 hours of CME for completing the program.

The program schedule is modified for 2024. There will be an all-day, in-person beginning and ending session in Anchorage with the interim sessions via Zoom.

January 19 – Live Kick-off session in Anchorage – 9:30am-4:30pm followed by reception with program alumni invited to join the 2024 cohort.

January 26 – Virtual - 8:00am-11am

February 2 - Virtual - 8:00am-11am

February 23 - Virtual - 8:00am-11am

March 8 - Virtual - 8:00am-11am

March 22 – Virtual 8:00am-11am

April 5 - Virtual 8:00am-11am

April 26 - Virtual 8:00am-11am

May 3 – Live final session and graduation in Anchorage – 8:30am-3:30pm

More information and application forms are on the website www.asmadocs.org or contact Pam Ventgen at pventgen@asmadocs.org.

Application deadline is December 1, 2023

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ANCE INDUSTRY." Insurers used a "defective and manipulative" database to force "consumers to write a blank check" for procedures without knowing how much they would later have to pay out of their own pockets.

A patient in New Jersey was left owing thousands of dollars in health care bills for her breast cancer treatment because her insurance company cooked the books to cover far less of the cost than it should
have.

This New Jersey patient--like many other patients and families--was forced to pay for care that her insurer should have covered under the terms of her insurance plan.

And if that wasn't bad enough, the so-called "Independent Organization" that was supposed to protect all patients by objectively determining how much of the cost should be covered by insurance was
owned by an insurance company.

That arrangement was a conflict of interest and undermined all Americans' faith in the health care system.
The US Senate concluded that health insurers would abuse consumers in the absence of regulatory guardrails.

The Dunleavy Administration's move gives control of a major portion of the state's economy to a single out-of-state company, Premera/Blue Cross/Blue Shield. Although Premera/ BC/BS has publicly blamed escalating medical costs on providers, they don't really believe that. How do we know? Because after they got what they wanted—the repeal of the 80th percentile rule--Premera is still increasing premiums by 18% next year. Dunleavy's Division of Insurance has also blamed escalating medical costs on providers, but they also don't really believe that. While blaming providers for rate increases, the Division secretly REQUIRED some health insurers to increase their rates each of the past two years.

At the same time the Division used fake claims data as a justification for repealing the 80th percentile rule. The Division cited the FAIR Health database, which extrapolated its data to include claims from cardiothoracic surgeons practicing in Kodiak, Fairbanks, Juneau, and Ketchikan. There are no such providers. ASMA argues that state policy decisions should not be based upon fabricated data.

So what is really driving up Alaskan healthcare costs beyond the general national trends?
Number one: An explosive shift in age demographics. In every health care system, elderly populations are the most expensive. Alaska's elderly population has tripled since 2000, growing faster than any other state.
Number two: Our limited road system resulting in higher travel expenses.
Number three: The highest labor costs in the country, so it's expensive for hospitals and clinics to hire receptionists, technicians, nurses, and physicians. See the sidebar for more details.

"No big deal!" you might say, "This only affects private insurance! Most of our patients have Medicare/ Tricare/ VA/ Medicaid!" The government-pay patients are actually the most vulnerable. Struggling clinics have already reduced the level of access for government pay patients. Health care stands on a three-legged stool of cost, quality, and access. Changing one leg messes up the other two.

"Still no big deal," you might say, "Our clinic/group/practice is in-network; This 80th percentile business is for out-of-network providers!" The insurers are already proposing network rate cuts ranging from 33-70%. Indications are that many in-network insurance contracts will be cut to less than Medicare rates in 2024 and 2025. Medicare patients cannot find care at these rates; it's likely that Aetna patients will find themselves in the same boat. We expect disastrous consequences for all patients with the new plan.

The Alaska State Medical Association has met with the Governor and offered a plan to address the administration's concerns regarding escalating costs. We've proposed a modified insurance guardrail to protect consumers from rapacious insurance practices while simultaneously expanding access to care. The Governor has expressed no interest unfortunately, and appears to be moving forward with the flawed plan.

The Dunleavy administration's proposal will harm Alaskans, and the next step will likely be in the courts. ASMA is supporting the Coalition for Reliable Medical Access as it examines the merits of a lawsuit against the State of Alaska Division of Insurance. The suit would ask a judge to stop a plan that is based upon erroneous and fabricated data.

Encourage our non-member colleagues to join the Alaska State Medical Association, as we fight for access for all Alaskans. Please join ASMA in supporting the Coalition for Reliable Medical Access (www.reliablemedicalaccess.org). Share your feelings with Governor Dunleavy's office at (907) 465-3500.

Alaska State Medical Association

Meeting of the General Assembly

October 4, 2023

Minutes

Call to Order: The meeting was called to order at 5:09 pm by President Compton.

Board of Trustees in attendance: Drs Panko, Foland, Malter, Merkouris, Roberts, Sheufelt, Mitchell, Powell, and PA Froiland.

Staff present: Jardell, Holmes and Ventgen.

Members Present:

Ashok Rai	Ed Hall	Laura Moore
Mary Klix	Peter Lawrason	Kristina James
John Finley	Alexander von Hafften	Jean Tsigonis
Praveen Roy	Wendy Cruz	Aaron Berhanu
Seth Krauss	John Morris	Jeff Moore
KC Kaltenborn	Jim O'Malley	Pam Sheffield
Jennifer Fayette	Kathy Young	Sharon Schaffer

President's Welcome: Dr. Compton thanked everyone for their attendance, both in person and on Zoom. He stated that ASMA's mission is to maintain the best medical care in the state and that membership and participation are essential to that mission. He encouraged each member to recruit a new member this fall. Dr. Foland shared the new "what has ASMA done for you" brochure and the AMA Education Matters wheel. Dr. Kaltenborn shared information on the Grand Rounds program sponsored by Providence, with expert presentations at 12:15 one Wednesday each month. Schedule and information can be found at https://bit.ly/P54rr4e3AMC_GRseries This information will be shared on ASMA's website.

Greeting from Senator Lisa Murkowski: The senator recorded a video message appreciating physicians' continuing care of Alaskans and highlighting her health efforts on the national level.

Minutes: The minutes of the May 13, 2023, General Assembly Meeting were approved after a motion by Foland that was seconded by Finley.

Bylaws Amendments: Amendments to the Bylaws were explained by Roger Holmes – changing the requirement that a special meeting called by the President need be approved by the Board of Trustees rather than approval by 20 members. The other change was syncing the terms of office to "the close of the annual meeting until the close of the annual meeting of the following year". This eliminated the lag time of elections in May but new officers taking over July 1. Upon a motion by Lawrason, seconded by Klix, the Bylaws amendments were approved.

ASMA Business: The budget was briefly reviewed. It was noted that dues revenue for 2023 looks low but membership drive is just beginning and most dues revenue comes in between October and December each year. Ventgen explained that directory information is based on email addresses, though emails will not be published. It is necessary for physicians to either log in or create an account, which can be done at no cost, to set up information that will be published in the directory. Initially the directory will not be as robust as the old directory but once established, it can be improved each year.

Minutes Continued on Pages 7– 9

Minutes Continued ….

FAMLI leadership training program will be running another session this coming year, January through May. PA membership was discussed, and Pam stressed that large groups of over 20 physicians can add PA members at no additional cost.
Dr. Foland shared information about the Physician Health Committee as another benefit provided by ASMA.

Legislative Update:

80th Percentile Rule – Dr. Compton gave a brief history of the reason the state created the 80th percentile rule in 2004 and how the business community now thinks it is the reason behind rising healthcare costs. He pointed out some of the flaws in the ISER study and erroneous data the state got from FAIR Health who admitted that they made up data when they didn't have 'real numbers' – this is how they came up with cardiothoracic surgeons in Kodiak and southeast Alaska – communities that don't have such professionals nor the facilities to support those services. Thanks to Dr. John Morris, a meeting was held between a small group of physicians and the governor where the physicians presented alternative guardrails to the governor, but the governor did not follow up as promised. John Morris explained the creation of the Coalition for Reliable Medical Access and the tremendous amount of physician and other health professionals support to preserve the 80th percentile rule. Without these guardrails in place, it is believed that Premera Blue Cross will limit physician networks and lower contracted reimbursement to 125% of the Medicare Physician Fee Schedule. And despite repeal of the rule Premera raised premium rates 18% next year. This is unsustainable and would very likely reduce access to care over time.

Naturopath scope of practice – Dr. O'Malley discussed his concerns about naturopaths having legal authority to perform minor surgical procedures. He stated that all surgeries are consequential to patients and even minor procedures can have major consequences. There is no plan for naturopaths to send biopsies to the lab, if a skin lesion turned out to be a melanoma and the naturopath only did a shave biopsy, staging can't be done on that specimen. Naturopaths have no residency and no supervised clinical

Minutes Continued ….

experience. Judgement is the most important asset of a surgeon and without adequate training a naturopath shouldn't be allowed to do even minor surgical procedures. Dr. Mitchell described her concerns with Naturopath request for prescription medications and the formulary that was proposed by the naturopaths. Mr. Jardell explained that expanding the naturopath scope of practice was all about market share. They want a part of the primary care market. When a potential patient contacts a naturopath office and learns that they can't prescribe and can't do minor procedures, many patients choose to go elsewhere. States that have naturopathic schools have more 'followers' and have lobbied and gotten broader scope of practice laws. Legislative language specificity is important and Representative Justin Ruffridge is not at all in favor of broad language. Neither is Senator Bjorkman but Senator Cathy Giesel is in favor of increasing scope of practice for many professions. Reigning in scope of practice expansion is an annual effort but physician engagement this coming year will be more important than ever. Mr. Jardell will work with Ms. Ventgen to get a list of key legislators out to ASMA members.

Physician Assistant practice – There are two tracks here. Senator Loki Tobin introduced SB115 last session that would establish independent practice for PAs as she thinks that would help rural communities. The bill has not yet been heard in any committee. At the same time the State Medical Board was looking at PA regulations which, as proposed, would restrict the ability of PAs to practice as they currently do. ASMA reviewed the regulations and submitted written comments suggesting a working group to improve the language of these proposed regulations. Member Jenny Fayette spoke about the restrictions of the proposed regulations and referenced an impact statement on the PA website.

Lay Midwives – Mr. Jardell explained that HB175 proposed by Rep. Allard has not had any hearings yet. ASMA is watching. Dr. Cruz spoke about how lay midwives do have a governing board, but it is very hostile to having an OB physician on the board. Approximately five years ago, despite OB and Certified Nurse Midwife objection, the lay midwives got all the expansion of practice they wanted at that time. There is no accountability for bad outcomes. If a case goes bad the patient is transferred to the hospital and morbidity and mortality statistics become part of the hospital data and are not attributed to the lay midwife. It was agreed

Minutes Continued ….

that ASMA will work with Alaskan OB physicians to stop this bill.

Legislative matters in general – Mr. Jardell discussed the coming election season and how important it is for the association to be involved. Currently there are no limits on campaign contributions. No matter how distasteful it is to have to pay into campaign funds, it does increase access to legislators. Also important is individual contact with legislators in your district – they really do pay attention to their constituent concerns. Mr. Jardell explained that he recommends legislators to the Political Action Committee who makes the final decisions on where contributions go. The mix of supported legislators spans both political parties, both houses and both minority and majority members. Decisions are based on previous interaction with ASMA concerns and legislator willingness to reach out to ASMA for information and advice on health care matters. In the House the following representatives have been especially important to ASMA's interests: Rep. Justin Ruffridge, Stan Wright, Andy Josephson, Andy Gray and Cathy Tilton. On the Senate side, Senators Bjorkman, Merrick, Dunbar, Kiehl, Claman and Olson. Click Bishop has also been helpful but does not plan to run again for Senate. ASMA will reach out to members with contact information for legislators along with some key talking points.

Legal Issues: Mr. Holmes reported that since Providence Hospital Alaska apparently has different agendas, they were not at all interested in engaging in tort reform at this time. Without hospital involvement, ASMA chose not to pursue this matter further.

Committee Reports:

Dr. Foland said the Physician Health Committee was doing well, generally monitoring 12-18 physicians and physician assistants.

Dr. Powell endorsed what Mr. Jardell said about contributions to the Political Action Committee. Pam will send out information on how to contribute to ALPAC.

Dr. Moore reported on Workers' Compensation Medical Review Committee, he is ASMA's representative on the committee which will meet several Fridays in June, July and August next year. Workers' Compensation fee schedules stayed the same this year. Next year the committee will be looking at evidence based medicine and treatment guidelines.

Conclusion:

Next meeting of the General Assembly will be on Wednesday, April 24 or May 1, 2024, from 5 to 8 pm.

The meeting was adjourned at 8:00 pm.

Grand Rounds is back and is available live across Alaska
KC Kaltenborn, MD.
Since June 2023 monthly Grand rounds has resumed in person after a COVID-induced hiatus. It is held 12:15 to 1:00 p.m. on Wednesday once per month both virtually and at classroom C of Providence Alaska Medical Center. It has hosted lecturers from Alaska Native, Alaska Regional and Providence campuses. The emphasis is on local physician presenters and is open to all practitioners. Collegiality is back with up to 35 attendees in person and 20 attending online with access to mail-in questions. Topics have included fatty liver, Dr McMahon; hypertension pearls, Dr Gitomer; obesity treatment, Dr Clark; heart failure treatment, Dr Kelly; dietary therapy, Anchorage Bariatrics.

To connect to the Grand Rounds schedule or register to attend go to: https://cmetracker.net/PAMC/Publisher?page=pubOpen&nc=9551225462#/custom17
Click the yellow button to Sign In and Register

12:15 to 1:00 p.m. Wednesdays
October 29th—Dr. Wesley – Infectious disease update
December 13—Dr. Liu – immune therapy of cancer and its side effects
January 17th—Dr. Moore – allergy update
February 21—Dr. Haghighi – GI update
March 20—Dr. Wu – office ophthalmology pearls

I am excited to see collegiality and enthusiasm being shared at these presentations and welcome input regarding topics:kckinak@yahoo.com

Physicians Needed for Collaborative Plan Opportunities in Alaska!

Wilderness Medical Staffing is seeking experienced physicians to serve as independent contractors, providing collaborating physician services for our team of physician assistants working for facilities in Alaska.

Qualifications:

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- Familiarity and agreement of compliance with the Alaska State Medical Board's Policies and Procedures for Collaborating Physicians.

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WILDERNESS
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Are you willing to serve?

Physicians serve their communities in many ways. One of the ways physicians can be of service to their profession and to Alaska is service on the State Medical Board. Check out this link on the State website to learn more and to apply - https://gov.alaska.gov/services/boards-and-commissions/apply-for-a-board-appointment/

Five of the eight positions on the medical board are up for appointment March 1, 2024. Service on the medical board can be interesting, challenging, educational and sometimes tiring. Appointments to the board are made by the governor and the term is four years with the potential for reappointment for a second four-year term. The board holds quarterly board meetings. Recently the meetings have been held on a Friday, three meetings on Zoom, one meeting per year in person. In years past (pre COVID) the meetings were two days in person each quarter. Special meetings can be called for various reasons, though these tend to be short and with limited topics.

The board members review applications for licensure, sometimes conduct interviews with license applicants, review malpractice cases reported to the board, determine disciplinary sanctions when necessary, and also influence healthcare practices across the state. This may involve things like regulations changes, comment on proposed legislation, consider things like the Interstate Medical Licensure Compact.

Consider applying for a medical board appointment with the potential for long-lasting influence on medicine in Alaska.

Naturopaths seeking expansion of practice

Naturopathic medicine is a form of alternative medicine that combines natural therapies with a belief that the body can heal itself. This is in contrast to allopathic medicine which is based on evidence-based, or scientific therapeutic measures.

Naturopathic education to achieve an ND is not equal to a Medical School teaching allopathic medicine to receive an MD or OD. ND education is not comparable to MD or OD in time or substance.

Primary Care Physicians attend four years of medical school followed by three years of residency in an accredited residency program. It is in the residency training where the physician really learns all aspects of patient care with hands-on experience in both the outpatient and inpatient (in hospital) settings. Compare the American Academy of Family Physicians required 3-year residency program for a Family Physician to the 1-year optional residency program for naturopaths. The hours respectively are 9,000 to 10,000 versus 535 to 1,035. Furthermore, as few states allow prescriptive authority for naturopaths the optional residency may lack training in use of pharmaceuticals.

SB44 and HB115 would give Naturopaths greater independent prescription and surgery authority than M.D.'s and D.O.s coming out of medical school. After four years of naturopathic education with little to no hands-on patient experience these bills would allow a naturopath to treat patients including prescribe all drugs, except controlled and chemotherapeutic agents, use poisons on patients and allow some surgeries. M.D's and D.O.'s would have an additional 9,000 to 10,000 hours of training with patients prior to practicing within the same scope independently.

Proposed expansion of prescriptive authority.

Licensure by the State and scope of practice limitations are meant to protect the public. Allowing these expansions would signal to Alaskans that ND's are properly trained to administer these drugs. There simply isn't adequate training for ND's to treat Alaska families with prescription drugs. One course of pharmacology, even if it was the same course as MD's, does not provide adequate training and education to ensure patient safety.

Proposed expansion of scope to allow "minor surgery."

While ND testimony around "minor surgery" sounds innocuous the reality is Arizona ND's are using "minor surgery" allowances to conduct liposuctions and other aesthetic surgeries. Plastic surgeons must attain a core medical and surgical education and train for at least fourteen years to become qualified to perform surgical procedures such as these – as much as four times as long as a naturopath.

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