HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION April 2023

PRESIDENT'S COLUMN

BUY LOCAL

Medical tourism has a corrosive effect on health care for Alaskans.

Health care is expensive. And it is more expensive in Alaska. But everything is expensive here, cars, fuel, groceries, travel. And we just plain don't have enough providers to meet Alaska's needs. No wonder care is expensive here.

Medical tourism is one response to high health care costs; however it brings hidden, dangerous costs. Intended to save money for insurance companies, ironically it is only going to make the problem worse by creating an unsustainable system where Alaska providers are disincentivized to provide excellent care that sustains the local community.

Jessica Panko, MD

For example, Transcarent, previously known as BridgeHealth is a third party that offers benefits to multiple large organizations and unions around Fairbanks such as the Borough (FNSB), the University (UAF) and the Electric Company. (GVEA).

Highly selected patients are offered certain elective surgeries out of state for which the organization offers to pay:

Panko Continued Page 5

Save the Date

Spring General Assembly Meeting

*Saturday, **May 13**, 9:00 am to noon*

Attend at the ASMA office in Anchorage or on Zoom

More information coming soon to your email.

2023 Legislation ASMA is watching

Bill number	Description	ASMA position
SB 45/HB 47	Direct Health Care Agreement	Support
HB 56/SB 51	Exempting veterinarians from PDMP	Not oppose
SB 8/HB 35	Repeal Certificate of Need	
HB 52	No patient left alone	No position yet
HB 59/SB 58	Medicaid coverage for postpartum mothers	Support
SB 44	Naturopath expansion of scope of practice	Oppose
HB 85/SB 83	6 month temporary permits for professional licenses	
	Repeal of 80th percentile rule	Oppose
SB 91	Adding multidisciplinary care teams to telehealth bill	
SB 115	Physician Assistant scope of practice	
HB 149/130	Nurse Licensure Compact	Support

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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.

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Log-in to ASMA's new site

Many of ASMA's user's haven't created a new password after we launched the new website last year. The vast majority of ASMA's membership benefits are on the member page of the site and only available after you've logged in. Please take advantage of all that is available to you by resetting your passwords and logging in today!

-YOUR USERNAME IS YOUR EMAIL ADDRESS -

Username

Password

Retrieve Username | Reset Password

Keep me logged in

LOG IN

Your username should be your email, but if you aren't sure which email it's under you can click the retrieve username button and the system should send you an email.

If you haven't logged in yet, you'll have to create a new password. Old passwords did not carry over from the previous site. Click on the "reset password" link and the system will send you an email.

If you don't get one, please check your junk folders to ensure it didn't go to the wrong place. If you still haven't received the emails your system security may be blocking our platform emails.

Please contact ASMA via email @ cjeanes@asmadocs.org to have your password/ username's reset manually.

You bring out the best in us.

Alaska's most award-winning hospital.

Providence Alaska Medical Center has once again been recognized as the top health care provider in Alaska. U.S. News & World Report, the global authority in hospital rankings, has named Providence Alaska Medical Center as a High Performing hospital in seven categories including heart attack and stroke.

Thanks to the great work of all our caregivers, providers and community partners, enabling us to serve our community with award-winning care.

Learn more at **Providence.org/PAMCawards**

Providence Alaska Medical Center, a nationally recognized trauma center and Alaska's only Magnet hospital, is part of Providence St. Joseph Health, a not-for-profit network of hospitals, care centers, health plans, physicians, clinics, home health services, affiliated services and educational facilities. For more information about PAMC, visit alaska.providence.org.

Panko Continued from Pg 1

Surgical costs with no additional deductible or coinsurance

- First-class airfare
- Hotel and food

Expenses of your chosen companion for the trip

They pitch that they are "able to offer this benefit because the cost for these procedures can be much lower outside of the state of Alaska." They even promise to send folks to "centers of excellence" where they will be matched with high-quality providers with 80% fewer complications as compared to the national average.

What they don't advertise is:

- The surgeon in the lower 48 collects the bundled fee for the procedure plus three months of follow on care which the patient won't be able to access.

- The patient is very often sent where the surgery can be performed cheaply.

- They may even end up with a long term risk such as an inexpensive lower quality prosthesis.

- For complications the patient is on their own to figure it out from home. They most certainly don't get flown first class with a companion back to the original surgeon to take care of the problem.

The patient is hoodwinked into thinking they are getting a great solution and doesn't have any idea that they are getting lower quality care. After rolling out the red carpet on the front end, the patient is kicked out the back door, sent out of the hospital and back home as quickly as possible.

A friend of mine recently went out of state for a specialized orthopedic surgery that he could not get locally. And he came back with ongoing pain and a DVT. Thank goodness it was not a more significant complication or an infection. But I watched him call all the orthopedic providers in town looking for someone to help him locally. And I don't blame offices for referring him back to his out-of-state surgeon.

If patient has a more serious complication and ends up in the ED, the doctor on call is forced by EMTALA to take on the other surgeon's complication. It is bad for the patient's continuity of care and unfair that another doctor should be saddled with post op care for a surgery they didn't perform.

There are plenty of organizations and people who come to Alaska specifically to work and then take their profits out of state. But for Alaska to thrive we need strong infrastructure based in local industry and commerce, that supports families who raise their kids in local schools and create thriving local communities. Good local medical care is part of that equation.

We all know that there is some care that is provided at a loss to the clinician, who depends on a diverse patient mix to subsidize the low paying, urgent, more complex ongoing care delivered to those without the means to pay. When the easier, faster, more highly reimbursed cases are taken out of state, our local practices become unsustainable and the whole system then becomes unsupportable.

This cycle is sucking the vitality and sustainability out of medical care in Alaska. Opportunists have figured out how to game the system to siphon the money into their own pockets and out of state. The danger is that care in Alaska becomes not only more expensive but even worse, less available. This process imperils the ability of Alaska to attract high quality providers and specialists. Providers are disincentivized to stay in our small communities and we are left with low cost, low quality health care of last resort or inexpensive options like lower trained providers and telemedicine.

This is a situation where it really matters where we spend our money. It matters where we get our medical care. If we only shop at Amazon and big box stores and do not support local commerce, we will end up driving our local suppliers out of business. Likewise, medical tourism has the potential for real damage to health care in the state. We must avoid a situation where all the lucrative cases are removed from Alaska and the system is no longer able to provide emergent and high risk medical care.

New DEA education requirement goes into effect June 27th, 2023.

CHICAGO — The American Medical Association (AMA) today announced the launch of a new resource on the AMA Ed Hub™ to help physicians and other practitioners complete the new, one-time eight-hour training requirement issued by the Drug Enforcement Administration (DEA) on treating and managing patients with opioid or other substance use disorders. The page will serve as a one-stop shop to make the process as easy as possible for DEA-registered physicians and practitioners to earn required Continuing Medical Education (CME).

"This is an important resource for physicians and medical practitioners to further their education and continue AMA's mission of ending the nation's drug overdose epidemic," said Bobby Mukkamala, M.D., chair of the AMA Substance Use and Pain Care Task Force. "Since the AMA first convened the Substance Use and Pain Care Task Force in 2014, physicians have dramatically increased and enhanced our education around pain and substance use disorders. The epidemic of drug overdoses and deaths evolves daily, so it is important the medical community continue learning and adapting to meet the needs of patients struggling with opioid use disorder. We don't endorse (PDF) the requirement but we're positioned to help remove friction with a great solution."

By completing this CME early, starting on June 27, 2023, physicians will be able to simply check a box on their DEA registration application or renewal form indicating that they have satisfied this training requirement. The free courses offered on the AMA Ed Hub page can be taken in any combination to fulfill the eight-hour requirement. The training does not have to occur in one session. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards this requirement.

The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.

The trainings on the newly launched AMA resource page meet the requirements of the Medication Access and Training Expansion (MATE) Act that was passed as part of the Consolidated Appropriations Act of 2023, which is available here (PDF).

The courses feature education from the AMA and other trusted sources including the American Society of Addiction Medicine (ASAM).

The AMA Ed Hub has multiple offerings on the treatment and management of patients with opioid or other substance use disorders, which are included in our Opioid Therapy and Pain Management CME course.

You asked and we've heard you!

ASMA is currently researching options for bringing the printed directory back. **HOWEVER**, we need your help. Currently, about half of ASMA members, and 2/3 of all account holders, have not logged into the ASMA website since it went live nearly two years ago.

In order to make a printed directory useful we need the participation of as many providers as possible. Physicians asked for a way to maintain their own profiles and we have provided it. With this provision and the ASMA staff reductions we are asking that providers use the website and update their own records.

Please, take a moment, log in, confirm the accuracy of your profile information, and check out what is available to our members. Your username is your email address, if you don't know which email there is a button on the sign in page to retrieve your username. If you haven't logged in yet, you will need to use the reset password link. If you have any issues logging in, please email Cassie at cjeanes@asmadocs.org, she'll be happy to assist.

We're here for you, please check it out.

What Plans Have You Made for your Medical Records and Patient Care if you are Suddenly Unavailable?

ASMA recently became aware of the sudden death of a physician. The funeral home posted a notice looking for family members of the physician. It is believed the physician was in private practice, it is unclear whether there was any office staff. The physician reportedly did not have a will. The landlord of the practice location was trying to clear out the office space so that it could be made available for rent. Attorneys became involved as did the deceased physician's professional liability carrier. Major questions of primary concern were:

who would notify the patients of the death of their provider

who might those patients be referred to for care

who would take custody of the medical records (some paper records and some electronic medical records)

The Alaska state Medical Board has guidelines based on AMA policies that say when a physician retires or dies, patients should be notified and urged to find a new physician and should be informed that upon authorization, records will be sent to a new physician. Records which may be of value to a patient, and which are not forwarded to a new physician should be retained, either by the treating physician or another physician or a person lawfully permitted to act as custodian of the records.

In Alaska, state statutes require hospitals to maintain medical records for at least seven years following discharge unless the patient is a minor child. Records of a minor must be maintained until two years following the patient reaching the age of 19 or seven years following discharge, whichever is longer. No state statute details the length of time a physician's office records must be maintained.

AS 18.23.005 states that patients are entitled to inspect and copy medical records maintained by a provider or other person providing care but does not address the length of time records must be maintained.

12 AAC 40.967 (30) Unprofessional Conduct includes "failing to notify the board of the location of patient records within 30 days after a licensee has retired or closed a practice" is considered unprofessional conduct.

Additionally, the State Medical Board and the Alaska State Medical Association should be notified about the location of the records as these two bodies are most likely to receive calls when patients are trying to find medical records after a physician is gone.

Have you talked to your spouse, partners, office manager, malpractice carrier, attorney or others about these matters? If not, it would be a good idea to start making plans.

33-LS0490\A

SENATE JOINT RESOLUTION NO. 10

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-THIRD LEGISLATURE - FIRST SESSION

BY SENATORS GIESSEL, Gray-Jackson, Wielechowski, Tobin, Dunbar, Claman

Introduced: 3/13/23
Referred: Health & Social Services

A RESOLUTION

1 **Encouraging Alaska's Congressional delegation and the federal government to raise**
2 **Medicare reimbursement rates to meet the actual cost of care for the state's senior**
3 **citizens.**

4 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 **WHEREAS** Medicare reimbursement rates are below Alaska Medicaid rates for most
6 services and are inadequate to cover the cost of care to senior citizens in the state; and
7 **WHEREAS** the cost of living in Alaska is among the highest in the United States,
8 leaving senior citizens with fewer financial resources to pay for health care and prescriptions,
9 a problem that is exacerbated by inflation; and
10 **WHEREAS** health care costs in Alaska are among the highest in the United States;
11 and
12 **WHEREAS** Alaska has fewer primary care providers per capita than any other state;
13 and
14 **WHEREAS** Alaska has had the fastest growing senior population per capita of all 50
15 states for the last 10 consecutive years; and

New Text Underlined [DELETED TEXT BRACKETED]

1 **WHEREAS** health care providers may choose to accept a patient based on the
2 patient's insurance payer, and a diminishing number of primary care providers in the state
3 accept Medicare patients; and
4 **WHEREAS** the high cost of providing health care in the state makes accepting
5 Medicare patients difficult for both large corporate hospitals and small clinics and provider
6 groups; and
7 **WHEREAS** health care providers are further strained by the health care workforce
8 crisis, resulting in increased costs; and
9 **WHEREAS** lack of access to primary care delays care, resulting in more serious
10 intervention and higher costs to patients and the health care system; and
11 **WHEREAS** the closure of the Alaska Regional Senior Health Clinic has left hundreds
12 of seniors scrambling to find health care services in a very limited health care marketplace;
13 **BE IT RESOLVED** that the Alaska State Legislature calls on the Alaska
14 Congressional delegation and the federal government to raise Medicare reimbursement rates
15 to meet the actual cost of care for the state's senior citizens.
16 **COPIES** of this resolution shall be sent to the Honorable Joseph R. Biden, President
17 of the United States; the Honorable Lisa Murkowski and the Honorable Dan Sullivan, U.S.
18 Senators, and the Honorable Mary Peltola, U.S. Representative, members of the Alaska
19 delegation in Congress; and all other members of the 118th United States Congress.

Health Care Providers – Alaska's Required Reporting

The following table summarizes the reporting requirements for health care providers by detailing timeframes and acceptable methods. Additional reporting details can be found on subsequent pages for each category of conditions.

Condition	Timeframe	Acceptable report methods
Public Health Emergencies	Immediate	Phone
Infectious diseases	Within 2 days	Phone, fax, mail
Firearm injuries	Within 5 days	Phone, fax
Occupational disease & injury	Within 5 days	Phone, fax
Blood lead levels	Within 1 week	Phone, fax, mail
Toxic or hazardous exposures	Within 1 day	Phone, fax
Healthcare-associated infections required to be reported to federal authorities	Follow NHSN practice	NHSN
Immunization administration data	Within 14 days	VacTrAK
Cancer	Within 6 months	Fax, Direct Secure Messaging, Web Plus
Birth defects	Semi-annually	Fax, Direct Secure Messaging, Web Plus
Newborn hearing loss	At least monthly	Electronic database

Immediate Reporting (these are considered public health emergencies):

If you suspect or diagnose a disease that represents a public health emergency, immediately call 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

Anthrax
Botulism
Diphtheria
Glanders
Hemorrhagic fever, including dengue fever
Influenza, suspected novel strains
Measles
Melioidosis
Meningococcal invasive disease
Paralytic shellfish poisoning
Plague
Poliomyelitis
Rabies in a human or an animal
Rubella
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Tetanus
Tularemia
Yellow fever
An outbreak or unusual number or clustering of diseases or other conditions of public health importance

Required Reporting Continued - Page 11

Alaska's Required Reporting Continued from Page 10

Routine Reporting (within 2 working days):

Reports must be made within 2 working days after being suspected or diagnosed. Please call the Section of Epidemiology at 907-269-8000 or complete the appropriate report form found at the links below and fax to 907- 561-4239.

Acquired immune deficiency syndrome (AIDS)
Amnestic shellfish (domoic acid) intoxication
Antibiotic-resistant organisms of national significance, including vancomycin-resistant Staphylococcus aureus and carbapenemase- producing Enterobacteriaceae
Arboviral neuroinvasive and nonneuroinvasive disease, including West Nile virus infection
Brucellosis
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Ciguatera fish poisoning
Cryptosporidiosis
Cyclosporiasis
Cysticercosis
Diphyllobothriasis
Echinococcosis Giardiasis
Gonorrhea
Haemophilus influenzae invasive disease
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome (HUS)
Hepatitis (type A, B, or C)
Human immunodeficiency virus (HIV) infection
Influenza death, laboratory-confirmed by any testing methodology
Legionellosis (Legionnaires' disease or Pontiac fever)
Leptospirosis
Leprosy (Hansen's disease)
Listeriosis
Lyme disease
Malaria
Mumps
Pertussis (whooping cough)
Pregnancy in a person known to be infected with hepatitis B, human immunodeficiency virus (HIV), or syphilis
Prion diseases, including Creutzfeldt-Jakob disease (CJD)
Psittacosis
Q fever
Rheumatic fever
Salmonellosis
Scombroid fish poisoning
Shiga-toxin producing Escherichia coli (STEC) infection, including O157:H7
Shigellosis
Streptococcus agalactiae (Group B streptococcus), invasive disease
Streptococcus pneumoniae (pneumococcus), invasive disease
Streptococcus pyogenes (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome, including necrotizing fasciitis
Syphilis
Trichinosis (trichinellosis)
Tuberculosis
Typhoid fever
Varicella (chickenpox)
Vibrio infection, including cholera
Yersiniosis

Infectious Disease Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmInfect.pdf HIV/STD Report Form: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

Many of the same conditions are reportable by both health care providers and laboratories. Sometimes reports are not made because each party responsible for reporting assumes that the other has already reported. Health care providers are not relieved of their obligation to report by virtue of the condition also being reportable by laboratories (and vice versa).

A Frequently Asked Questions for health care providers about reporting infectious diseases is available at: http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ReportingFAQ.pdf

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Physician Support Line

1 (888) 409-0141

Free and Confidential / No appointment necessary
Open 7 days a week / 8:00 am to 1:00 am Eastern time

(You are not establishing a doctor-patient relationship, thus this is not reportable as receiving therapy services. No need to report to your medical board.)

The Mission:

To offer free and confidential peer support to American physicians and medical students by creating a safe space to discuss immediate life stressors with volunteer psychiatrist colleagues who are uniquely trained in mental wellness and also have similar shared experiences of the profession.
The line is staffed by 800 volunteer psychiatrists helping our US physician colleagues and medical students navigate the many intersections