

HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION

June 2023

PRESIDENT'S COLUMN

Advocacy

I have learned so much about what the Alaska State Medical Association is really about over the last year as president. I will be handing the torch to our incoming president, Steve Compton in a few weeks so this is my last piece in the ASMA Heartbeat for now. This is the most important thing I want to highlight: ASMA's role is **ADVOCACY**. We advocate for you and your interests. The Alaska State Medical Association advocates on behalf of physicians and for the health and well-being of all Alaskans. Large specialty groups will always have the ability to advocate for their own interests but with-



Jessica Panko, MD

out ASMA there is no bulwark protecting the interests of the small practices in Alaska and the medical profession as a whole. We need a system of medical care in Alaska that works for everyone, not just the wealthy few.

Mismanagement of medical systems by Administrators, MBAs, Investors, and now even Venture Capital is inevitable if physicians fail to stand up and lead. We are facing a relentless dilution of quality of care by physician extenders and mid-level providers. To use an aviation metaphor, you wouldn't put a new private pilot with limited training in a fighter jet or transatlantic 747 and expect them to execute flawlessly. There

2023-2024 ASMA BOT Meeting Schedule

Thursday	June 8, 2023	7:00 am	Thursday	December 14	7:00am
Thursday	July 13	7:00 am	Thursday	January 11, 2024	7:00am
Thursday	August 10	7:00 am	Thursday	February 8	7:00am
Thursday	September 14	7:00am	Thursday	March 14	7:00am
Thursday	October 12	7:00 am	Wednesday	April 17 th	
Wednesday	November 1		Spring General Assembly	5:00 pm	
Fall General Assembly		5:00 pm	Thursday	May 9	7:00 am
Thursday	November 9	7:00am	Thursday	June 13	7:00 am

Officers elected to serve effective July 1, 2023

President: Steve Compton, MD (term July 1, 2023 – June 30, 2024)

President Elect: Kristin Mitchell, MD (term July 1, 2023 – June 30, 2024)

Secretary: Sherry Johnson, MD (term July 1, 2023 – June 30, 2024)

Secretary/Treasurer Elect – Paula Colescott, MD (term July 1, 2023 – June 30, 2024)

Trustee 2nd and 4th District (FBX) – Jessica Panko, MD (term July 1, 2023 – June 30, 2026)

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- 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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Legislative Committee Eli Powell, MD
PHC Mary Ann Foland, MD
Public Health Committee - Rhene Merkouris, MD

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.

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Panko Continued from Pg 1

is a reason medical training is upwards of 10 years for most of us. Physicians need to claim leadership or else the voices of moneyed vested interests will take the forefront.

Who is ASMA?

ASMA is all of us but really the people who do the work here are 1) our fabulous executive director, Pam Ventgen and our office manager, Cassie Jeanes, 2) our powerhouse volunteer board, a passionate group of doctors from all around the state who deeply care about medicine in Alaska and show up consistently throughout the year to make a difference. 3) our talented lobbyist, Kevin Jardell. 4) Roger Holmes, ASMA attorney, who watches legal trends and specific cases including medical malpractice.

We advocate for you in so many ways!

We take care of doctors and their health, by supporting the work of the Physician Health Committee, with the goal that every doctor who has experienced issues with substances or mental/physical health will be able to safely return to practice. There is no other organization in the state that is doing anything like this. And some states do not have this resource at all.

We, with the help of our lobbyist, Kevin Jardell, make sure the practice of medicine is supported by sane legislation and thoughtful government oversight. Kevin is constantly tracking every active piece of legislation that affects us and our practices. He helps nurture relationships with legislators on both sides of the aisle who are good advocates for the practice of medicine in Alaska so that we can serve as a resource and avoid unintended consequences of well-meaning but poorly crafted legislation.

Did you know that:

- there were forces who wanted all DUI offenses to be reportable to the medical board. ASMA successfully advocated to protect the privacy of doctors engaged in recovery.
- Naturopaths want to be authorized to prescribe the full pharmacopeia and do office surgeries. We continue to testify in committee hearings to protect the scope of medical practice.
- Some PAs are proposing dropping their collaborative agreements after 2000 hours of clinical practice, which could lead to starting independent practice.
- Lay midwives are proposing that they practice independently, assisting in births after only 200 hours of training, including twins and VBACs. We are strongly advising protection for mothers and their gestating children.
- The 80th percentile rule was designed to protect patients from unexpected medical bills from out-of-network providers that insurance companies insisted on paying at low rates which left high balances to patient responsibility. We are fighting to protect patients through ongoing work with the Division of Insurance after the governor recently repealed the 80th percentile rule.

- Recent court cases have awarded higher damages than any time in the past based on a doctor's practice being deemed "reckless," a term that is not clearly defined in law. We are working to make sure that damages remain limited so that medical insurance premiums do not skyrocket and force some of us out of practice.

These are proximate threats that without oversight, could easily undermine Alaska medicine. These problems and the well-intentioned but uninformed proposed solutions require constant management, leverage of important relationships, understanding medicine well enough to propose better solutions, willingness to teach legislators what is needed to take care of the health of Alaskans.

OUR MISSION:

- Forging strong relationships between physician and lawmakers
- Influencing Alaska state and local policy
- Advising government agencies including the medical board
- Improving the state licensing process
- Helping doctors return to practice via the Physician Health Committee
- Collaborating with other stakeholders (strategic partnerships)
- Education & Influence on Public Opinion

I would like to see more of us involved in talking with our state senators and representatives. The most important time to connect with your legislators is when you don't need anything from them. That is when we need to establish our value as a resource.

Whether you see it or not, ASMA continues to work for you every day. It is my hope that every doctor in Alaska will understand how important ASMA's advocacy is now and will continue to be in the future. I would like to see 100% physician engagement with ASMA. Your participation is critically important. We want to know what problems you are facing so we can help you find solutions. Please encourage your colleagues to join in. Membership funds are what make all of this possible.

It has been an honor to be your president. Hope to see you at the next open membership meeting.

Jess Panko, MD, Radiologist
Radiology Consultants, Inc.
Fairbanks Memorial Hospital

The CACHE (The Clearinghouse of Alaska’s Continuing Health Education) is an online catalog hosted by the University of Alaska.

This is a broad platform intended to support the Alaskan healthcare and workforce industry. The CACHE is available for Alaskan Providers and Alaskan healthcare industries to list their upcoming CE events for free! In addition to being a catalog, The CACHE has the functionality of a learning management system and a registration platform.

You are welcome to submit healthcare trainings (Advertising Only) to be listed on The CACHE directly through the [CACHE Listing Request Form](#).

Please Note: Asynchronous, self-paced content can be hosted either privately for your organization or shared widely with the Alaskan healthcare community.

Thank you!

Continuing Education Training Team



You asked and we’ve heard you!

The Alaska State Medical Association has partnered with E&M Consulting, Inc. to produce our 2024 Directory. The publication will be available in both print and digital formats. E&M will be managing the project, including advertising sales and layout/graphic design. They are highly professional and produce a high-quality publication, and we ask that you give them a moment of your time. E&M may contact you regarding advertising opportunities. The publication will be mailed to every member – a great opportunity to promote and give your company additional exposure.

If you have any questions or want to advertise, please contact an E&M sales associate at 800-572-0011 ext. 8005 or advertising@eandmsales.com. As always, your support is greatly appreciated!

To ensure you will be included in the 2024 Medical Directory please log onto the website and verify your practice information, to include practice name, address, specialty, NPI and medical school details. If you do not already have an account, you can create one for free. In order to ensure the directories are delivered in a timely manner ASMA’s cut off for being included in the directory AS A MEMBER will be Jan 15th 2024. Members are welcome to renew after that date but they will NOT be published as a member past Jan 15th.

Similarly, any non-member that wishes to be listed in the printed directory just needs to create a free account/profile on our website, asmadocs.org, no later than Jan 15th 2024.

Title: Overdue Thank You's: Gratitude for all parts of Alaska WWAMI

Author: Kathy Young, MD

Like many in this state, I came to Alaska for a job – as a family practice physician – in 1998 and never left. In 2011, in addition to my practice, I began teaching Alaska WWAMI medical students a few hours a week at the University of Anchorage Alaska (UAA) as adjunct faculty.

The University of Washington School of Medicine Alaska, or Alaska WWAMI for short, is a multi-state partnership between the University of Washington School of Medicine and six universities across five states: Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI). The University of Alaska has helped educate WWAMI students since its inception in 1971. With our most recent curriculum revision, students spend all 15 months of their initial Foundations phase here at UAA and have the option to spend all but 12 weeks of their clinical training in Alaska.

Today, as the Assistant Dean of Foundations, I'm excited to see another class start in July and to start our expansion to help meet workforce needs. It's a significant moment in our medical school's history and I want to thank my partners and colleagues for the impressive changes I've seen over the last decade and more:

State of Alaska - Through annual appropriations, our legislature ensures that Alaska students pay in-state tuition for a world-class medical education. Supporting our students in this way means they will graduate without as much debt burden, giving them the option to serve where they are needed most. To our considerate legislative body, both past and present, thank you for supporting public medical education.

Alaska WWAMI Clinical preceptors - To our physician preceptors that can be found across the state, thank you. Our students learn clinical skills with you, but just as importantly, they are also inspired by you. They see what is possible, what it looks like to practice medicine in Alaska. Our medical students are intelligent, curious, and passionate about caring for people young and old, and I have seen time and time again how they recognize that drive and dedication in you, as well.

University of Alaska - Call me biased, but the University of Alaska is the very heart of Alaska WWAMI. It takes a village to teach and train students from high school through undergraduate and into the WWAMI medical education program. The dedicated faculty from across the University of Alaska system help to prepare our Alaska students for success. Our Foundations faculty provide the bedrock, "foundational" knowledge our students need to succeed in their clinical years, and beyond. Thank you all for all of your enthusiasm, dedication and passion.

Alaska WWAMI Medical Students - I'd be remiss not to thank the students themselves, who work incredibly hard to earn the title of M.D. They bring eagerness, energy and determination to their work and graciously give back where and when they can to the communities in which they live through volunteer service activities from foot care to naloxone distribution to encouraging the next generation of students through tours and classroom presentations. We often see our WWAMI alumni volunteer to precept, or teach, current students in their clinics, continuing the cycle of service.

There are many I'm unable to thank in this brief column (Alaska AHEC! UAA College of Health!) but suffice it to say that there are so many that help make Alaska WWAMI the success it is. I appreciate you all. With these partnerships in place, I am confident that the next chapter of Alaska's medical school will be even more impactful than the first.

##

Kathleen "Kathy" Young, M.D., is a family medicine doctor in Anchorage and is affiliated with Providence Alaska Medical Center. She received her medical degree from Trinity College Dublin, in Ireland, and has been in practice for more than 20 years in Alaska.

University of Washington - Alaska Internal Medicine Rural Residency Program

Executive Summary

Mission:

The University of Washington - Alaska Internal Medicine Rural Residency Program (UW AK IM RRP) will provide outstanding general internal medicine training, including an intensive Alaska-based rural primary care experience, with the goal of recruiting exceptionally skilled and dedicated internists to practice in high-need Alaskan communities.

Vision:

UW AK IM RRP graduates will improve the health of rural and urban Alaskans by providing primary care to patients with complex medical problems; offering internal medicine consultation, as well as coordination of care with medical subspecialists, when subspecialty care is difficult to access; and serving in educational and leadership roles within their medical communities.

Design:

Affiliation

The UW AK IMRRP is a separately accredited program within the UW Department of Medicine (DoM). There will be strong collaboration with the DoM Internal Medicine residency program in Seattle, including shared clinical rotations, shared curricular elements (e.g., didactics, case conferences), and opportunities for mentorship and faculty development for AK-based residents and attendings.

Core Structure

The program will follow the 1-2 model common among rural training tracks, with residents spending their first year in Seattle and their second and third years in Alaska. More than 50% of the total training will be completed in rural Alaska settings.

Residents will have an intensive 18-month outpatient experience in Soldotna, Alaska, including four half-days per week of continuity clinic providing primary care and internal medicine consultation to a panel of medically complex patients.

Central Peninsula Internal Medicine (CPIM) in Soldotna will serve as the Alaska administrative home and primary rural teaching site for the program. The CPIM clinic has served as a WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) teaching site for UW IM residents and third year UW IM core clerkship students since 1999.

Central Peninsula Hospital (CPH) in Soldotna will serve as a core partner for the UW AK IM RRP, offering procedural, emergency medicine, and inpatient experiences.

Residents will spend the remaining six months in Alaska doing core and elective rotations at rural and urban sites throughout the state, allowing the residents to get broad-spectrum internal medicine training, as well as exposure to the diverse clinical opportunities available for future practice.

Complement

The program will train two residents per year for a full complement of six residents (four in AK at any given time).

Required opioid education.

Any licensee holding a DEA registration must complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders prior to their next DEA registration renewal. Physicians and PAs whose DEA registration renews before 12-31-24 therefore will have more than the Alaska-required two hours to meet the Alaska license renewal requirements.

Alaska-licensed physicians in these two groups are **exempt from the new DEA requirement but must fulfill** Alaska's 2-hour opioid education requirement:

The following groups of practitioners are deemed to have satisfied the DEA training:

Group 1: All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.

Group 2: All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training on:

Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or

Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

There are many free options to get the required education.

NEJM Knowledge+

<https://www.asam.org/education/dea-education-requirements>

Not free but good education at <https://www.acponline.org/clinical-information/clinical-resources-products/substance-use-disorder-sud-education-new-dea-requirement>

aoa.org

<https://education.acmt.net/dea-mate>

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Alaska State Medical Association Meeting of the General Assembly May 13, 2023 Minutes

Call to Order: The meeting was called to order at 9:04 am by President Panko.

Board of Trustees in attendance: Doctors Panko, Foland, Malter, Merkouris, Roberts, Compton, Mitchell, Powell, and PA Froiland.
Staff present: Holl, Holmes and Ventgen.

Members present: Lisa Finley, Morris, O'Malley, Chang, Schwartz, Roy, and Mina

Guests present: Dennis Morris and Gina Bastian from State Division of Vocational Rehabilitation

President's Statement: Panko thanked everyone for their attendance and participation and asked each person to introduce themselves and give their views on ASMA purpose and strategic activities. Dr. Panko took extensive notes and plans on moving forward with development of a strategic plan at next month's board of trustees meeting.

Speaker's Statement: Foland thanked everyone for attending. She reported on her recent meeting with the pediatric group where she shared what ASMA has been doing for physicians in the state.

Minutes: The minutes of the October 2022 General Assembly Meeting were approved after a motion by Foland that was seconded by Merkouris.

Election of Officers: By unanimous vote the following slate of officers was elected.

President: Steve Compton, MD

President Elect: Kristin Mitchell, MD

Secretary/Treasurer: Sherry Johnson, DC

Secretary/Treasurer Elect: Paula Colescott, MD

Trustee for the 2nd and 4th Districts: Jessica Panko, MD

ASMA Business: Directory - On a motion by Foland, seconded by Compton, there was unanimous approval to move forward with the directory proposal from E&M Consulting Inc. with the understanding that ASMA would vet advertisers prior to publication in the medical directory.

Communications – After a brief history of printed mailing labels and trends toward emailing instead of printing/mailing educational and other offers there was discussion of the best use of ASMA's email capabilities. If ASMA could figure out a way of sending emails on behalf of others without using ASMA's email address, then there would be support for sending other mailings that might be of interest to physicians. In the meantime, it was unanimously agreed to reserve ASMA emails ONLY for ASMA business so that when physicians receive an email from ASMA they would know it was considered important. We could also assure members that ASMA protects their email addresses from potentially unwanted mailings. Other groups marketing educational opportunities would be offered the ability to purchase advertising space in Heartbeat.

Announcement – Dr. Mitchell announced that Soldotna has received approval of a rural training track for an internal medicine residency program – the first in the country! It is a three-year program, Residency Year 1 would be at University of Washington beginning in 2024, Residency Years 2 and 3 would be based in Soldotna with rotations throughout the state beginning in 2025. ASMA members Drs. Gail Pokorney and Megan Roosen-Runge have spearheaded this program.

Legislative Update:

Mr. Jardell reported that among the 350 bills that were introduced this session 60 bills dealt with health care in some way and were followed by ASMA. Only 15 bills have passed so far with just a few more days of the session remaining. A few bills consumed the most time and had the biggest impact on the medical community. These included naturopathic scope expansion, PA scope of practice, and the 80th percentile rule.

Direct Health Care Agreements Not Insurance – some physician practices are already using this model with a monthly fee for access to care. In Alaska these are considered to be an insurance product and regulated under the Division of Insurance. This bill would clarify that it is more a membership agreement and not insurance. This bill is likely to pass.

Veterinarians and PDMP – ASMA opposed this bill in the past but withdrew opposition because the emergency medicine physi-

icians are not seeing cases of drug overdoses from animal medications, and they have backed off their opposition. Though revision of the PDMP regulations to better accommodate veterinary medicine would be preferable, that seems unlikely at this time.

Certificate of Need – ASMA has no position on this bill.

No Patient Left Alone – AHHA is taking the lead on this bill and believes that hospitals are already doing this. The bill hasn't moved this session.

Postpartum Coverage – the bill expanding Medicaid coverage for postpartum and well-baby care has already passed.

Naturopath scope of practice – This bill has moved through the first committee and is now stalled in both House and Senate Labor and Commerce committees. There is significant need for physicians to contact their legislators during the interim to help educate the legislators on lack of naturopath training in prescribing medications and minor surgical procedures.

Temporary Permits – the medical board already issues temporary permits so this bill will not impact medical licensing.

Telehealth – there is some effort to amend last year's telehealth bill to include multidisciplinary teams for care that is not available in Alaska.

Physician Assistant Scope of Practice – both the medical association and the medical board had working groups with the physician assistant community to discuss their current regulations. This bill was brought to Senator Loki Tobin by a constituent and appears to allow for PAs independent practice. The bill has had no hearings yet. Jardell suggests ASMA form a committee on suggested changes to the scope of practice.

Nurse Licensure Compact – all states are already in the compact, the nurses are in favor of the compact and it has the full support and backing of the hospital association, but the nurses union fears it will lose negotiating leverage. Other unions have supported the nurse union, making it difficult to pass the bill. The bill really isn't about traveling nurses, those companies have the staff to help with licensing, this bill would make it easier for hospitals and practices to directly hire nurses from other states.

Prior Authorization – the bill adopted ASMA language for prior authorization, it received 80% approval last year. The ophthalmologists took issue with this bill.

Lay midwives – though very concerning to physicians this bill probably has a low likelihood of passage due to many safety concerns.

80th Percentile Rule – The governor issued a press release May 17 outlining his plan for a Health Care Reimbursement Reform Package that includes repeal of the 80th percentile rule effective January 1, 2024 among other provisions. There are still ways to participate effectively with this process.

Mr. Jardell then gave a presentation about contacting legislators. The website provides a place to identify the legislators for your home and business addresses. It also provides a search engine for similar bills in other states. Kevin then reviewed the akleg.gov website and how to find various things on this website. Following this, we discussed how to connect with your legislator via written testimony/comment, in-person communication and how to testify on the floor during a committee hearing. He also emphasized how important it is to connect with your legislators during the interim, establish a connection, let them know you are active as a business, contribute to the PAC.

Legal Issues:

Mr. Holmes provided a brief history of tort reform efforts in Alaska since the early 1970s. Now, medical professional liability rates are rising across the country. In Alaska there have been recent cases alleging "reckless" behavior by the physician which bypasses the current caps for non-economic damages. Collateral source rules have been challenged, claimants' demands are going up, the entire situation is shifting. After a short discussion Roger offered to contact Janice Ginley at MIEC and formulate next steps.

Conclusion:

Dr. Panko pledged a \$100 donation to the PAC and that she would contact Representative Prax.

Dr. Foland pledged \$100 to the PAC.

Mr. Holmes will call MIEC and prepare an article for Heartbeat.

Dr. Roy pledged a donation to the PAC and increased participation in ASMA.

Dr. Malter pledged a donation to the PAC.

Dr. Mitchell committed to meeting with Representative Ruffridge this summer.

Next meeting of the General Assembly will be on Wednesday, November 9th, 2023, from 5 to 8 pm.

The meeting was adjourned at 1:18 pm.



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