

Our view: Medicare choices

Legislators should decide on ways to help seniors get care

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Rep. Les Gara of Anchorage has added an intriguing idea to the mix of proposals aimed at helping Alaskans 65 and older find medical care.

Many Alaska doctors won't accept patients on Medicare because the federal government won't let doctors collect anything close to the rate they normally charge for service. The feds boosted doctors' payments by 35 percent at the start of this year, but it doesn't seem to be helping much, says Dr. Tom Vasileff, president of the Alaska State Medical Association.

The problem is compounded by the fact that Alaska has a shortage of primary care doctors.

Rep. Gara has proposed that the state help increase the payoff for treating Medicare patients. His bill would pay doctors bonuses depending on how many Medicare patients were served: \$6,000 bonus for 200 to 399 visits a year; \$14,000 for 400-500 visits, and on up to \$28,000 for 700 visits. His bill would directly and immediately reward doctors for taking Medicare patients, and is worth investigating. But the cost to the state is unknown, and there's a question whether Gara's bill would pass legal muster. Under Medicare law, a doctor can't take additional payment beyond what the federal government allows for a doctor visit. Gara thinks the bill gets around that rule because the state money isn't paid for each visit.

Two other bills that would help Medicare clients are further along in the Legislature, and both are worth passing.

SB 18 would increase the number of state-subsidized medical school spots for Alaska students in the WWAMI, a program run by the University of Washington for several western states.

Half of the Alaska medical students and some from other states end up practicing in Alaska. Growing our own doctors is an effective way to relieve the shortage.

But it takes students at least seven years to get through med school and residency programs, so that's a long-term solution.

Another bill, SB 139, would pay incentives -- cash for established doctors, loan repayment for new ones -- to doctors and other health workers who take certain jobs in Alaska. Those who treat Medicare patients would get a priority for the incentives, which would be \$35,000 to \$47,000 per year for three years, depending on where the doctor practiced in Alaska.

For \$7.5 million, the state could recruit 90 health and social service workers and pay the three years' of incentives.

Or the Legislature could start the program with half that amount, and see how it works.

The bill could begin bringing additional doctors to Alaska very soon. It should get expedited consideration in the Legislature.

The Alaska State Medical Association supports both the increased aid for medical students and state incentives to attract new doctors, said Dr. Vasileff. With more doctors, the Medicare patients could be spread around, imposing less of a financial burden on any one doctor.

As for Gara's bill, Dr. Vasileff is concerned it won't pass the legal test. That's a key question the Legislature should investigate. Making sure doctors will take Medicare patients is a huge problem for Alaska. It will take more than one good idea to solve it.

BOTTOM LINE: State bonuses for doctors of Medicare patients? It's worth checking out. And the state should definitely pay to recruit new docs, and put more through med school.

Our view: Attracting doctors

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Legislature can raise Alaska's stake in competition for docs

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Alaska's shortage of primary care doctors has been described as grim. A study two years ago found we needed 400 more doctors to provide the same level of care as is available elsewhere in the country. One result is that few doctors will accept the low rates paid by Medicare, the government insurance for those 65 and older. It's a horrible situation for Alaska's senior citizens.

Two bills introduced during this legislative session would help relieve the shortage of doctors and other health care workers, and both are worth passing.

Senate Bill 18 would increase the number of state-subsidized medical students in each class of the WWAMI program operated through the University of Washington. Alaska WWAMI students spend their first year of study at UAA.

These students offer an excellent return -- according to the Alaska Physician Supply Task Force study in late 2006, half of Alaska WWAMI students end up practicing in the state, and a few WWAMI students from other states join them.

The state raised the number of Alaska WWAMI students in each class to 20 in 2007.

SB 18 would increase the number by a modest amount, to 24. That's the most UAA can accommodate without incurring expensive overhead costs, said Sen. Bill Wielechowski of Anchorage, the bill's sponsor.

Adding the four students would cost the state little to no money the first year. But by the fourth year, when we would have an additional 16 Alaska students in med school, the state cost is estimated at \$550,000 per year.

A second bill, SB 139, calls for the state to pay financial incentives to already-qualified doctors, nurses or other health workers if they take certain jobs in Alaska.

The bill, with a bipartisan group of sponsors, would carry out a plan developed by a group of health care professionals including representatives of the Alaska Primary Care Association and the Alaska State Hospital and Nursing Home Association.

The state would offer financial incentives to as many as 90 workers, from physicians to nurses, to come work in Alaska. Those who take hard-to-fill jobs, or treat a share of uninsured patients or those on Medicare or Medicaid, would get priority.

Each person would be guaranteed the incentive for three years as long as they kept working here.

The state would either repay part of their student loans or, if the health worker didn't have loans, simply pay them directly. The individual payments would range from \$20,000 per year for nurses, physicians assistants and some others, to \$35,000 for doctors, pharmacists and dentists, to \$47,000 for doctors who accept the hardest-to-fill positions.

The state's cost for three years' worth of incentives would be \$7.5 million.

That sum is large enough to cause concern this year, with a big drop in state revenues anticipated.

But consider this: Forty-four of the 50 states already offer financial incentives to lure health workers. Alaska is not competitive for health care jobs, and people are suffering because of it.

BOTTOM LINE: The Legislature should pass two bills to relieve a critical shortage of health care workers in Alaska.