

**Notes**  
**Tele-Town Hall Forum with Senator Lisa Murkowski**  
**Access to Health Care as a Medicare Patient**

Sponsored by AARP Alaska

March 16, 2009

**Over 4,000 Alaskans participated.**

**Polling Question (*individuals were periodically invited to answer yes or no by pushing 1 or 2 on their phone key pad*):** If you are on Medicare, have you been able to find a primary care physician who accepts it?

**Response:** 26% of those on the phone responded that they have not been able to find a primary care physician who accepts Medicare (*note: a number of participants asking the questions noted that they are not on Medicare yet – if this is really a percentage of all the forum participants, not the actual survey respondents (presumably only those on Medicare), then it’s difficult to interpret this figure not knowing the number or percent of participants who are on Medicaid – need to check with AARP to confirm whether this was a percentage of respondents, or participants.*)

**Senator Murkowski**

I have heard from so many of you that you are having trouble with Medicare and health care access and it really concerns me.

Spoke with about a dozen primary care providers from Anchorage last Friday --- they told me that they have been hearing from you all how to fix this.

Last year Sen. Stevens and I secured a 35% increase for MD rates for Medicare. Thought it would fix the problem, but it’s clear, following call last Friday, that it’s not having the hoped for impact.

Right now we have 50K in AK eligible for Medicare - estimated to double in 15 years.

Need to figure out a way to make health care work for our growing elder population in the state.

**1<sup>st</sup> question**

**Fed employee not yet eligible for Medicare** – I’ll have good insurance when I retire, but how will I be able to use it? As soon as I turn 65 Medicare becomes my primary coverage --- why can’t I continue with my insurance?

**Senator Murkowski**

We’re getting this question from everywhere, not just AK. Right now there isn’t a way to opt out – the system doesn’t allow for it. Primary Care Providers last Friday told her that they hear from many that they want to be able to use their own insurance.

Caller “corrected” Sen. Murkowski’s use of term “Medicare Eligible” ---- everyone over 65 is a “Medicare Beneficiary” Not “Eligible”, because it’s not a choice when you hit 65 – when you hit that birthday you become a Medicare beneficiary. Sen. Murkowski thanked her – good clarification.

## 2<sup>nd</sup> question

The federal government is giving away so much money right now --- Is there any way we could afford to take care of our “forefathers” (seniors)?

### **Senator Murkowski**

That’s what Medicare is about, but the problem in Alaska right now is that you have the benefit, but there are no doctors who will see you. The commitment that was made years ago when Medicare was established doesn’t mean anything, and all those years that you were paying into the system, when the benefit becomes available, you can’t access the benefit because there are no providers.

## 3<sup>rd</sup> question

To the best of your knowledge why are the health care costs in AK so much higher than Seattle (I’ve heard our costs are 30% higher), and as a Senator, is there any way you can help remedy this?

### **Senator Murkowski**

In AK it simply costs more to deliver medical care just as it costs more to run a business --- fuel, overhead, etc. Also don’t have the same number of medical professionals and facilities as in Seattle, so don’t have the same competition. The overhead (wages) is higher – higher cost of living. So much of it is it comes down to supply and demand --- don’t have as great a supply of providers as they do outside. One idea --- electronic medical records ---how we might streamline systems to help reduce costs. We have models and procedures we can be looking at --- medical home concept --- in the news these days -- - how can we be more efficient in the delivery of care? Can we cut costs through prevention? Get the kids the immunizations they need, and focus more on being healthier people so we don’t have to spend money down the road on illness. About 70% of all health care costs are spent on treating chronic diseases, so if we can figure out a way to be more proactive and efficient in treating these diseases, such as diabetes, that could reduce costs. It’s a fact of business and life in Alaska that it costs more here.

## 4<sup>th</sup> question

Regarding coordination of benefits between Medicare and private insurance - I’m retired state employee --- had good coverage until I turned 65, and now I’m under Medicare. My problem is this is impossible to change, and with the current talk about the reform of health care, this is the ideal time to talk about it and fix it --- why can’t we fix it? Is it lobbying by the private insurance industry that is blocking this getting fixed?

### **Senator Murkowski**

It’s true that private insurance will be very resistant to seniors having the option to opt out of Medicare, because seniors staying on their insurance will cost them more. If the federal system was working the way it was designed to work then this wouldn’t be a problem. The problem in Alaska, if it’s true that the only practice in Anchorage taking new Medicare patients is the Anchorage Neighborhood Health Center, then there’s a problem of access.

We’re trying to sort out the opt-out question --- is this the way to fix the access problem? But people have paid into this system and it should work.

### **5<sup>th</sup> question**

I just turned 65 and have not had to depend on Medicare --- I was surprised that the medical office told me they don't take Medicare patients --- I guess it's legal for doctors to opt out.....one way to fix this is to pay MDs more. The other would be to pass a law to require doctors to take Medicare patients.

Also, I wanted to say in response to the other caller's request to make Medicare an option for seniors, this approach would create two classes of medical consumers in Alaska – the “haves”(those with private medical insurance) and “have-nots” (those with public insurance).

### **Senator Murkowski**

One of the questions is how fair, how equitable is it, to allow Medicare beneficiaries to opt-out. Regarding the physician rates --- we did get a permanent rate increase of 35% last year for AK physicians. Gave example of plumber coming in your home and fixing your plumbing and billing you \$100, and you say you will only pay him \$33. Can't think of any other service where we would pay less than the rate.

Doctors have told me, “In order to see enough Medicare patients to meet my overhead I have to run so many through the office that it affects quality of care and it's just not worth it.” If we make it a legal mandate for physicians to accept Medicare it wouldn't be fair since they aren't paid enough to cover their costs. This is also an issue in rural America where the costs are higher but rates are the same as in urban areas. I hope you can keep your physician. We're hearing about patients who have had a relationship for years with a physician get cut out of their practice as soon as they become Medicare beneficiaries.

When are we going to fairly reimburse the providers for the patients they've taken?

### **6<sup>th</sup> question**

Regarding Medicare Part D drug coverage --- Medicare is not allowed to negotiate drug prices, and we're not allowed to import cheaper but safe drugs from other countries. Would you support the importation of safe drugs? (Bill by Sen. Stabenow)

### **Senator Murkowski**

My position has been to ensure we have safety protocols in place that are truly in place that are truly sufficient that we aren't putting further at risk patients who are counting on the safety of a drug --- there are a whole series of safety protocols through the FDA. We are concerned that drugs coming to you from Canada, may have actually come from Sri Lanka and was shipped and packaged in another country. Cost of drugs is a huge cost driver to our system --- need a fix --- but I'm not willing to do it at the risk of safety to the American consumer. Need to make sure the safety is there. A lot of food safety issues have been in the news – e.g., milk in China --- in the economy where products are flowing freely from nation to nation we need to be ensuring safety.

### **7<sup>th</sup> question**

Is there any way of reducing the paperwork load on these physicians who would take patients if it wasn't for the huge paperwork load they have to deal with?

#### **Senator Murkowski**

I heard about this on the Friday call with the physicians--- it is just so complicated and cumbersome and they have to have extra staff to deal with it ---- but we also have to be conscious of fraud and we need documentation --- but the system needs to be reasonable. I heard Friday that physicians can be held to criminal penalties if a comma is missing --- maybe not a good example, but if you're just working hard to care for people and your primary focus isn't paperwork --- what are we trying to do here? There has to be a happy medium or solution. We've made the system more difficult for the providers. There is more that we need to do within the system --- it's too rigid and inflexible and it's chasing away providers who might otherwise be seeing patients.

### **8<sup>th</sup> question**

Yes or no --- will you vote for importation?

#### **Senator Murkowski**

If we can certify safety, I'm fine with importation.

### **9<sup>th</sup> question**

I run the office that is the State Medicare Resource Office (Judith B.). How can we continue in good conscious to tell our retirees to stay here in Alaska, or tell people to bring their parents here to care for them, when there is no access to health care for them?

#### **Senator Murkowski**

That's the question. We're talking about our neighbors. You would think in Alaska's largest city that the care would be available. We are the 2<sup>nd</sup> fastest growing senior population on a per capita basis (Nevada is number 1). Look at what we have to provide in terms of facilities and programs --- assisted living, long term care units --- and factor in the number one issue is access to health care. You're right -- - how can we in good conscious bring our parents up here so we can take care of them when we won't be able to get medical care for them. I have been trying to shine a spotlight on the seriousness of this for the past couple of years, but it amazes me to hear from people that they've heard me talking about this for a couple years but they just never realized how bad it is. A former co-worker called me in DC at my home in tears --- she had brought her mother up from Oregon to take care of her and she could not find a doctor for her and had to call her US Senator to find out where to find a doctor --- I had to tell her that her only option is the Anchorage Neighborhood Health Center, and I don't know when you'll be able to get your mom in there.

It's disappointing news to hear from docs that the 35% rate increase hasn't helped to fix the problem --- it's only been 2 months, maybe we'll see some improvement over time.

Anchorage is facing a much more critical situation than any other community. Fairbanks and MatSu are having some issues, but the Kenai Pen and SE smaller communities seem to be doing a little better. ISER

just completed a study on access to care and where needs are greatest and it spotlights that Anchorage is in crisis and most other Alaska communities are ok. In Anchorage only 1 in 10 sees Medicare patients. Almost 300 doctors, but only 1 in 10 see Medicare patients --- so that's the extent of the crisis.

### **10<sup>th</sup> question**

I'm a 35 year health care provider and I've worked all over the state. There are two issues. 1 billing --- if the patient could pay the doctor themselves and could fill out the billing paperwork themselves, and file secondary insurance, then would ....(caller didn't have this right).

### **Senator Murkowski**

It's very frustrating, but bottom line it's what the federal law allows. But the downside you create if you create an opt-out option for beneficiaries is a system of haves and have-nots. But there are ways we can look to Medicare reform where we're looking at the billing component and figure out ways that allow for a level of expediency in the process and not locked into the rigid structure that has been put in place. As we're looking to reform we're going to have to look at the billing side.

### **11<sup>th</sup> question**

The common thread in these questions is cost. AK has high cost, but per capita in the US we pay more for medical care than anyone else in the western world, but many are not covered. I'm not for social medicine, but I am for equity. At least primary care and preventive care should be provided. Where is the money going? Anytime there is an effort to make medical care more efficient the medical industry fights it.

### **Senator Murkowski**

We're all trying to figure out where the money is going. Medical liability is a huge component of cost. Anyone on the line who has undergone a test or procedure and thinks "gosh - I don't need an MRI for this" ...but docs are recommending additional tests or procedures just to make sure they've covered themselves against having overlooked something - that adds to cost. We talked about prescription drug costs - they are ever escalating - we have to reign that in. What else do we do to bring down prescription drug costs? I'm meeting tomorrow with Gov Sebelius - the new nominee for DHHS Secretary. I will ask her perspective about bringing down health care costs. But I really want to hone in on this issue about access in Alaska and other medically underserved communities - rural communities. I don't expect her to be able to wave a magic wand and fix it. It's very complicated, and there are lots of moving parts. We're going to have to rock the boat a little bit. We're going to have some fights with drug companies and insurance companies but the path we are on now is not sustainable. When I'm travelling around the state everyone, democrat and republican, fishermen and businessmen, is telling me about the problem of the price of health care. If you're developing a business plan it's the one component you can't project or plan for--- people are frustrated and fed up.

### **Conclusion - Senator Murkowski**

I appreciate these comments. They are constructive. They are a good add-on to the comments I heard from physicians last Friday. I would encourage you to contact my office in D.C. if you didn't get a chance to ask your question or have more to say. We will be working to address the Medicare piece in the work we'll be doing on health care reform in WA DC over the next year. It's very important to me to not just hear the statistics --- I get lots of statistics --- it's important to me to hear your stories.