

THE NORTH CAROLINA SOCIETY OF ANESTHESIOLOGISTS

the beacon for patient safety in North Carolina

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[FROM THE PRESIDENTS]

CHARLENE GREEN, MD, 2018 PRESIDENT

D. MATTHEWS HATCH, MD, MBA,
2019 PRESIDENT



Passing the baton from 2018 to 2019

Wow! 2018 was a trying year for North Carolina and our country. The Opioid crisis has devastated our state and our communities. For physicians in North Carolina, I believe the most significant law passed in recent years was the STOP Act, passed by the General Assembly and signed into law by Governor Cooper. The new law limits the number of days opioids may lawfully be prescribed for acute pain, requires that prescribers review the patient's 12-month history and calls for faster reporting of prescriptions.

The STOP Act, in the short time of its existence, has been successful in decreasing opioid deaths. However, there is still room for improvement. Physician anesthesiologists can and should play a key role in the opioid crisis. In the perioperative setting we can take the initiative to better educate patients and offer alternatives to opioids for pain relief, such as nerve blocks or non-opioid medications. We can also take the initiative to improve physician awareness and education regarding management of this crisis.

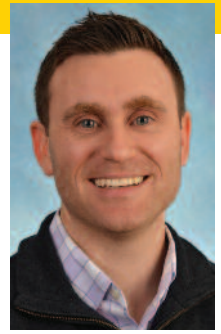
Goals of the NCSA should always include advocacy for high quality physician anesthesiologist led care, as well as support for superior graduate medical education and academic scientific research. Focusing on maximizing patient safety is our legacy and what we strive for daily.

Our NCSA staff of Kara Weishaar, Dana Simpson, Jim Harrell, Claire Dodd and all our NCSA leaders have worked extremely hard to advocate for patient safety for North Carolinians. But the NCSA could not have done this without all of you. Every day, you work diligently and with laser focus to take care of North Carolina patients.

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[FROM THE NCSA EDITOR]

ANDY LOBONC, MD



It is hard to believe that 2018 came and went and the 2019 legislative and meeting schedule is upon us. As fast as it has gone by, we still have had some exciting events (and one missed due to hurricane!).

We were fortunate again to host the ASA President (now immediate past president), Dr. James Grant, for an NCSA Advocacy Event at UNC in March. Dr. Grant was extremely outspoken with his weekly Monday Morning Outreach emails, so it was an honor to meet him and hear all of the great things he has done for the ASA in person. He was a fantastic leader of the ASA, addressing concerns that affect us both at the state and national level. The event was well attended and even included several residents.

For the second year in a row I was able to attend the ASA Legislative Conference in Washington, D.C. in May, and it has become something I look forward to each year. It was amazing to see how much has changed in just one year, as last year we spent most of our time talking about the VA handbook, MIPS and MACRA. While we did not completely escape these topics this year, we seemed to focus more of our attention to the growing issue surrounding opioids, our role in being a leader to combat it, and the significant drug shortages we are experiencing. UNC was fortunate to send two of our residents as first-time attendees to the conference this year, each with different levels of advocacy experience. As someone whose interest in advocacy began and grew during residency, I was interested in how this opportunity was perceived by these trainees, with the hope that this conference could inspire future advocates. I asked one of our senior residents, Dr. Jacob Wang, to summarize his experience and he said...

"I believe that the ASA Legislative Conference is a very valuable experience. As a resident, it is easy to get focused on the clinical aspects of anesthesiology, as there is so much to learn in 3 short years. However, our clinical practice is often dictated or influenced by outside entities

including health care systems, practice models, payers, legislation, and public opinion. We must constantly advocate for our specialty and educate the various players of this larger framework in which we practice in order to provide the best care for our patients. I hope that all residents are exposed to this macro-level view of our specialty before graduation. The ASA Legislative Conference is the perfect venue for any resident looking to learn more about how to become a leader in advocating for our specialty."

Dr. Wang's insights reinforce how important it is to get our residents involved in advocacy as early as we possibly can. I hope to continue to attend the conference year after year not only for my own growth but also to encourage our young trainees to learn about the importance of the non-clinical side of our specialty. I am hopeful that my institution can continue to send residents each year and encourage more training institutions to support resident attendance. While it is important for all of us to stay as involved as possible, it is even more important to inspire our young trainees so they can continue to help our specialty remain proactive and relevant.

I was hoping that in 2018 we would hit a turning point in the opioid epidemic, but even while opioid prescription rates have fallen, deaths continue to rise as the use of illicit substances continues to increase, especially due to fentanyl. This is a complex issue that reaches far beyond just peri-operative and chronic pain prescribing of opioids, but it is a great opportunity for us to take the lead given our expertise in pain control. Luckily this has been one cause to have bipartisan support, so I am hopeful we can find ways to reverse the trend. 2018 has also seen a dramatic increase in drug shortages, and we are lucky that the ASA is taking this seriously. While in Washington, D.C., we were able to

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[FROM THE ASA DIRECTOR]

R. PAUL RIEKER, JR., MD

Physicians and Mosca's Political Class

A a Physician Anesthesiologist, do you consider yourself a member of the political class? Nobody told me that in medical school, but I have come to the realization that yes, we as physicians are very much part of the American political class. The American political class is most commonly described as a rotating roster of electoral elitists named Bush, Clinton, McCarthy, Pelosi, Schumer, and now even populists named Trump. The industrial political class is actually much broader than those that are elected officials, appointed public servants, policy experts and government employees. I would include practicing physicians as members of the political class by virtue of our chosen profession. Healthcare is one of the most expensive and important components of our society. As such, healthcare is highly regulated and legislated. The actions and initiatives that are proposed and enacted by the political class, both in Washington and Raleigh, directly impacts literally everything we do professionally. Physicians must be engaged in the political process as a natural aspect and responsibility of our profession.

The modern definition of political class is attributed to Sicilian political theorist Gaetano Mosca (1858-1941). Mosca had a distinguished career as a jurist, journalist, public servant, and elected official in early twentieth century Italy. He published several works that recognized all advanced societies are ruled by a “numerical minority” or political class. These individuals from a relatively small portion of the population acquired political power within modern bureaucratic society by means of their superior organizational skills. He thought of the political class as a group of circulating elites, and anyone possessing of the right skills or ability can rise to political power within democratic institutions. The term political class is often

used to describe those who are elected and appointed, as well those engaged in the political industrial complex as policy experts, pollsters, staffers, or campaign consultants. During the most recent national elections, the American political class has been portrayed as elitist, undemocratic, and self-serving. President Trump ran a successful campaign as a populist, or outsider from the main political class which he famously characterized as the “swamp”.

As physicians, our primary concerns are dedicated to patient care, medical research, and healthcare administration. We have extraordinary burdens and responsibilities to maintain our skills and medical expertise, increase efficiencies, and exceed often arbitrary measures of quality. It requires additional efforts to become politically engaged. Political involvement can be partisan, unsavory, uncomfortable, divisive and adversarial. It is easy to expect those who enjoy the political arena to do the work of advocacy. But not enough of us are involved. There are only 16 physicians elected to the U.S. Congress and only one physician member of the North Carolina General Assembly. Those elected physicians will serve as advocates and healthcare policy experts to their congressional colleagues. Doctors do not need to file for election to public office to be engaged. But it is the responsibility of all physicians to consider civic duty and political engagement as a professional obligation in ways that are natural to us. Political activism begins at the bedside with patient care. Every one of our patients and their family members should feel extraordinarily cared for and aware of our clinical expertise and compassion.

Physicians are leaders by nature and training. It is actually an easy extension of our abilities to be politically engaged.

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[LEGISLATIVE AND REGULATORY UPDATE]

DANA E. SIMPSON, JD
 JAMES A. HARRELL, JD
 KARA G. WEISHAAR



The 2017 Legislative Session of the North Carolina General Assembly convened in January and adjourned at the end of June. It was an eventful - but ultimately successful - session from the perspective of the North Carolina Society of Anesthesiologists (“NCSA”).

The political landscape in Raleigh has changed following the November elections. Led by Governor Roy Cooper, Democrats succeeded in their efforts to break the Republican veto-proof supermajorities in the North Carolina General Assembly. While Republicans maintained their majority in both the North Carolina House and North Carolina Senate, Governor Cooper will have a seat at the table for budget and policy negotiations in 2019.

Election Results

The 2018 election was a “blue moon” election in North Carolina, which means there were no gubernatorial, presidential, or U.S. Senate races to draw voters to the polls. Nonetheless, North Carolina experienced the highest voter turnout in any midyear election since 1990. This increased turnout resulted in significant Democratic gains in legislative races. In the North Carolina House, Republicans lost 10 seats and will have a 65-55 advantage over their Democratic counterparts. Similarly, Republicans lost six seats in the North Carolina Senate, and will have a 29-21 majority headed into 2019.

The only statewide elections in November were for the appellate courts. Democrat Anita Earls defeated Republican incumbent Justice Barbara Jackson for a seat on the North Carolina Supreme Court. This election gives Democrats a 5-2 majority on the Supreme Court. Many observers believe that the new Supreme Court could be

more inclined to hear constitutional challenges to North Carolina’s medical malpractice reform legislation (including the statutory cap on noneconomic damages). The Court may also take up new constitutional theories challenging political gerrymandering in redistricting.

While we will keep watch on cases pending at the judicial level, the focus of the NCSA in 2019 will be at the North Carolina General Assembly. The new partisan makeup of the Legislature will likely affect which issues the General Assembly will consider during its 2019 Long Session, which is scheduled to begin in January.

Insurance Issues

We expect policy debates over health insurance issues to be a top priority for the NCSA in 2019. This includes both proposed reductions in physician reimbursement by the North Carolina State Employees Health Plan, as well as potential out-of-network billing legislation favored by health insurers.

North Carolina Treasurer Dale Folwell is responsible for managing the North Carolina Teachers and State Employees Health Plan (“State Health Plan”). In September, Treasurer Folwell announced a major policy change that would link hospital and physician reimbursement to a percentage of Medicare in lieu of using the BlueCross BlueShield of North Carolina negotiated rates the State Health Plan has relied on for many decades. Treasurer Folwell announced his intention to dramatically cut provider reimbursements by moving to this “reference-based pricing” system, which is estimated to result in well over \$300-million in reduced reimbursements for hospitals and physicians. Specifically for anesthesiologists, Treasurer Folwell has proposed paying physician services at 160% of Medicare.

The North Carolina Healthcare Association (“NCHA”) and the North Carolina Medical Society (“NCMS”) jointly announced their opposition to this change and sought to meet with Treasurer Folwell to discuss other options for reducing State Health Plan costs through value-based payment changes similar to those implemented by the private sector. Thus far, Treasurer Folwell has rejected these proposals. NCHA and NCMS, along with the NCSA and other specialty societies, are working to educate lawmakers about the potential access to care implications of the Treasurer’s proposal. Health care providers are united in encouraging the Legislature to delay implementation of the Treasurer’s proposed change until a legislative study can fully assess the impact of such a drastic change.

In addition, we expect large health insurers to again push legislation to change North Carolina’s out-of-network billing laws to favor health insurers. Legislation drafted by health insurers in 2017 would have prevented physicians who do not contract with a particular insurer from billing patients of such insurer at any rate higher than 100% of Medicare. Physicians who billed in excess of Medicare rates would be liable for unfair and deceptive trade practices and subject to treble damages. Health insurers are pushing such changes to benefit their bottom lines, despite the fact that North Carolina has had patient protection laws on the books since the 1990s that protect patients from being balance billed by out-of-network hospital-based physicians. The NCSA is working with NCHA, NCMS, and other allied organizations to educate lawmakers about North Carolina’s existing laws that have worked well for two decades to protect patients without creating the type of state-mandated price fixing being pushed by the multi-billion-dollar health insurance industry.

On the proactive front, an increasing number of health care organizations and legislators are interested in passing legislation that requires health insurers to honor valid assignments of benefits by patients to out-of-network health care providers. Such a proposal was introduced in a technical corrections bill at the end of the 2017 Session and could be introduced again in 2019.

Scope of Practice

Nursing organizations have again launched an advertising campaign in North Carolina seeking to push their independent practice agenda. This sizeable media push by organized nursing is similar to the media efforts they undertook in 2017 in support of their legislative goals.

The NCSA has produced new educational materials for incoming legislators, to help educate them about the difference between physician and nurse education and the importance of maintaining North Carolina’s longstanding requirement of physician supervision. Please contact us if you would like a copy of these materials to use with your local policymakers. We expect organized nursing’s lobbying efforts to once again require the engagement of NCSA members with your local legislative delegation to educate them about the adverse patient impact of eliminating the role of physician anesthesiologists in supervising the care of anesthesia patients across North Carolina.

Medicaid Reform

The North Carolina Department of Health and Human Services (“DHHS”) announced this fall that North Carolina will move to Medicaid managed care by February of 2020. A few regions of the State may move to managed care as early as November 2019. DHHS is expected to announce in February the four health insurers that will be providing statewide Medicaid coverage. DHHS will also announce any health insurers that are providing coverage on a regional basis.

This change means that North Carolina Medicaid patients will be covered by one of four different health insurers, thus adding more paperwork and administrative cost to anesthesiologists and other physicians participating in Medicaid. DHHS officials have stated that reducing the administrative burden this change has on physicians is a top priority. To this end, please let NCSA staff know if your practice experiences difficulties as part of the Medicaid transition.

Opioid Issues

The General Assembly has passed legislation dealing with the opioid crisis in each of the last two legislative sessions. We expect 2019 to be more of the same. The NCSA expects to continue its leadership role in working with legislators to provide expertise on any new opioid-related legislation.

Conclusion

As we prepare for the 2019 Long Session, we want to acknowledge a number of key NCSA legislative allies who will not be returning to the General Assembly next year. These include NCSA friends such as Senator Tommy Tucker, Senator Michael Lee, Representative Bert Jones,

Representative Nelson Dollar, and Representative Bill Brawley.

As some of our longtime allies depart, NCSA members have been busy developing relationships with many of the new legislators joining the General Assembly. We are thankful for the efforts of NCSA members to engage and educate your local legislators so that you are trusted sources of information for them on health care issues. As a result of your engagement, the NCSA will remain one of the leading voices on health policy in our State.

As always, please do not hesitate to contact Kara Weishaar, Jim Harrell, or Dana Simpson if you have any questions regarding NCSA regulatory, legislative, or political matters.

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So as my tenure ends, I am extremely grateful for your graciousness and all your support.

Charlene Green, MD

I recently reread Jim Collins well known book *Good to Great* and was struck by a particular quote. “If you have the wrong people, it doesn’t matter if you discover the right direction; you still won’t have a great company. Great vision without great people is irrelevant”. As I transition into my new role as president of the NCSA I think this quote applies to our organization. One of the main reasons I stayed in North Carolina after fellowship was the amazing people I met working within the NCSA. Never had I seen anesthesiologists and staff who were so engaged in their practices but also in their hospitals as well as local, state and national politics including NCSA and ASA. Even physicians who were nearing retirement continued to attend meetings and lobby on behalf of our specialty. Clearly, these were the great people to whom Jim Collins was referring. Not only did they have great vision, but they were dedicated and passionate physicians. I knew I wanted to surround myself with these types of individuals and help the NCSA continue to move ‘from good to great’ and I have not been disappointed.

I am extremely humbled and honored to serve as your NCSA president this year. 2019 will be an extremely busy year with lots of challenges such as potential referenced-based pricing, out of network billing, scope of practice and certificate of need to name a few. This is not a job just for the executive committee or staff but will require involvement from every NCSA member. I have no doubt that we have the best component society in the country and it is the people that make it great. I encourage every NCSA member and any anesthesiologist who practices here who is not a member to get involved with the NCSA this year; from the intern in one of our three anesthesiology residency programs to the anesthesiologist who plans to retire tomorrow. I would love for our ASA PAC participation rate to double this year and have record-breaking attendance at every NCSA quarterly and annual meeting. It would be amazing if every member reached out to their local, state, and national representative and became a key contact to help educate them on health care policies. I look forward with eager anticipation to 2019 because I know we have so many great anesthesiologists in our state and we are going to do some amazing things as a state society.

D. Matthews Hatch, MD, MBA

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meet with the Senior Legislative Assistant to Congressman David Price, and she was very open to continue discussions should we have any thoughts on how to address the opioid crisis or drug shortage issue. This is definitely a conversation worth continuing, so feel free to email me at loboncaj@gmail.com, and I can stay in contact with them in Washington to make sure our voices are heard. Furthermore, please reach out to me at any point with other concerns you would like us to address or focus on in future newsletters.

Unfortunately, Hurricane Florence hit in September right at the same time as our annual meeting, cancelling what was going to be a great meeting in Charleston. However, safety is obviously our top priority, so the right decision was made to cancel early, and I hope that everyone made it safely through the storm.

I look forward to working with you in 2019.

[FROM THE ASA DIRECTOR] CONTINUED FROM PAGE 3

This engagement requires allocation of our resources, including time and money. Time to be engaged in our practices, hospitals, and communities. Time contacting our elected representatives and building trusted relationships. Time covering our colleagues who are more inclined to attend meetings, political events, and other professional activities. We need to invest our money supporting PACs, organizations, and candidates who are supportive of physician led healthcare. No matter where you practice in North Carolina, there are opportunities for you to be an engaged member of the political class.

Every aspect of our daily clinical or administrative practice is directly impacted by federal and state regulation or legislation. Facility administration, certificate of need, controlled substance prescribing, scope of practice, licensure requirements, meaningful use of electronic health records, insurance networks and reference based reimbursement policies, are all public policy initiatives with ongoing political discourse. It is the responsibility of all physician anesthesiologists, as members of the political class, to be engaged in some way to influence these considerations for the good of our patients, public health, and our professional sanity.



In December, Dr. Paul Rieker presented Dr. John Ebert with the Dr. Bertram Coffey Award for his many years of service to the Society. Dr. Ebert retired in 2018.



NC society of
ANESTHESIOLOGISTS

THE BEACON OF PATIENT SAFETY

P.O. Box 1676
Raleigh, NC 27602

DATES TO REMEMBER

Sunday, February 17, 2019 at 10 am

Executive Committee Meeting
The Umstead Hotel
Cary, NC

Tuesday, March 19, 2019 at 6:30 pm

Advocacy Reception
Winston Salem, NC

Monday, May 13, 2019 at 11 am

Executive Committee Meeting
Hyatt Capitol Hill
Washington, DC

May 13 – 15, 2019

ASA Legislative Conference
Hyatt Capitol Hill
Washington, DC

September 13– 15, 2019

NCSA Annual Meeting
The Grove Park Inn
Asheville, NC

October 19– 23, 2019

ASA Annual Meeting
Orlando, FL

Sunday, December 1, 2019 at 10 am

Executive Committee Meeting
The Grandover Hotel
Greensboro, NC

Please email Kara Weishaar
(kweishaar@smithlaw.com) if you would like
to attend any of these events.