

Submitter : Dr. Paul Turry
Organization : Childrens Anesthesia Consultants
Category : Physician

Date: 07/12/2006

Issue Areas/Comments

GENERAL

GENERAL

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Mac Axelrod
Organization : JLR Medical Group
Category : Physician

Date: 07/12/2006

Issue Areas/Comments

Other Issues

Other Issues

Anesthesiologists face huge pay cuts, much larger than most specialties if the current schedule is maintained. CMS must address the issue of underpayment to anesthesia or face a massive shortage of providers!

Submitter : Dr. Nazia Choudhury

Date: 07/12/2006

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I would like to discuss the CMS proposed changes to physician fee schedule and how it affects anesthesiologists.

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Please consider the above in making changes.

Sincerely,
Nazia Choudhury, M.D.

Submitter : Dr. Sundeep Malik

Date: 07/12/2006

Organization : Dr. Sundeep Malik

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to ask you why you are so anti quality health care. Anesthesiology has made great strides in patient safety and implementation of evidence based medicine. You should be rewarding this type of activity instead of punishing it.

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine

Submitter : Dr. Zed Reagan
Organization : Bend Anesthesia Group
Category : Physician

Date: 07/12/2006

Issue Areas/Comments

Practice Expense

Practice Expense

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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Submitter : Dr. James Williams

Date: 07/12/2006

Organization : Dr. James Williams

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I write to communicate my understanding of the 5 year review and encourage decisions based on current data. My field (anesthesia) and others faces dramatic cuts. Shouldn't these decisions be based on a current, comprehensive, and accurate multi-specialty practice expense survey? (as suggested by the AMA and others)

Submitter : Dr. Shlomo Elspas

Date: 07/12/2006

Organization : Dr. Shlomo Elspas

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Do you not realize that you are cutting reimbursement for Anesthesiology far more than other specialties? You must reconsider. Surgeons cut and sew ONLY--they do not take care of patients. It is only your real doctor--your anesthesiologist--that runs your life support, breathes for you, resuscitates you, and stands between you and death. Remember this if you ever need surgery, that you are proposing cutting reimbursement to the most important physician in the operating room.

Submitter : Dr. Peter Lichtenthal
Organization : University Physicians Healthcare
Category : Physician

Date: 07/12/2006

Issue Areas/Comments

GENERAL

GENERAL

The cuts to anesthesiologists will be punitive and will add to the burden teaching hospitals already have. The single coverage rule already has been detrimental and should be changed. All this policy does is make it difficult to hire the best teachers as our institutions are no way competitive. In the long run it is helping to ruin resident education and American healthcare

Submitter : Dr. Alfonso Tagliavia

Date: 07/12/2006

Organization : Dr. Alfonso Tagliavia

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Gynecology, Urology, Pain
Medicine**

Discussion of Comments- Gynecology, Urology, Pain Medicine

AS the cost of everything goes up, how can we even consider cutting the reimbursement to physicians who are stuck in the middle of this debate between health insurance; malpractice insurance and politicians whose salaries only continue to rise!

Submitter : Dr. Jonathan Krohn

Date: 07/12/2006

Organization : Park Ridge Anesthesiology Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist, I object to the proposed changes in expense calculation. The RVS already grossly undervalues anesthesiology services, based on percent of private reimbursement and several other measures. It is already impossible to sustain an anesthesiology practice that relies on current Medicare reimbursement. Also, the proposed change relies on outdated data that underestimates anesthesiology expenses. Further, the proposed changes will impact anesthesiology and a few other specialties disproportionately.

There is currently a shortage of anesthesiologists in this country that shows no signs of improving. Further decreases in reimbursement will worsen this shortage and worsen the quality and availability of anesthesia services in our country.

Submitter : Dr. Rod Woerther
Organization : Anesthesiology, Chartered
Category : Physician

Date: 07/12/2006

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists are facing huge payment cuts! The proposed change in PE methodology hurts anesthesiology more than most specialties. Please address this work undervaluation of anesthesia services or eventual shortages in this field will hurt our seniors! This is a real problem!

Submitter : Dr. Robert Rogoff

Date: 07/13/2006

Organization : Dr. Robert Rogoff

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Gynecology, Urology, Pain
Medicine**

Discussion of Comments- Gynecology, Urology, Pain Medicine

I am an anesthesiologist and am the only doctor doing therapeutic nerve blocks at an inner-city hospital. Please do not decrease the medicare payment for my services. Malpractice insurance (required) and practice management costs go up and you are forcing me to move to a suburban hospital with a better payor mix or to retire. Thank you, Robert Rogoff, MD

Submitter : Dr. Gauri Waingankar
Organization : Dr. Gauri Waingankar
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Harold Minkowitz

Date: 07/13/2006

Organization : Anesthesiologist

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

With Respect,

I am a practicing Anesthesiologist in Houston Texas. I am extremely concerned about the future of the specialty of Anesthesiology. Overhead costs are rising exponentially, yet our reimbursement for providing high risk care to the Medicare population is rapidly decreasing.

Please bear the following in mind:

1. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
2. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
3. CMS should gather new overhead expense data to replace the decade-old data currently being used.
4. Our national society, the ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
5. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Please bear these critical comments in mind, so we can continue to qttct the best and the brightest to continue a rewarding career in Medicine.

Thank you

Submitter : Dr. Noel Chun

Date: 07/13/2006

Organization : Dr. Noel Chun

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

In the June 29 Federal Register, CMS proposed a new practice expense methodology, as well as changes in work values stemming from the recently conducted Five Year Review. Federal law requires that these changes be budget neutral, meaning that more payments to some specialties have to be offset by cuts to everyone else. The government estimates 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This would amount to a 10% cut in Medicare payments to anesthesiologists over the next four years.

If this measure goes forward, it will impair access to timely care for Medicare recipients.

Submitter : Katherine Harding

Date: 07/13/2006

Organization : North Florida Anesthesia Consultants

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiology faces huge payment cuts. This is not reasonable. Anesthesia work is already hugely undervalued, and CMS needs to address this. If not, our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

Submitter : Dr. John Park

Date: 07/13/2006

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist, I am concerned that the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine

Thanks for addressing this issues.

Submitter : Dr. Alon Frank
Organization : anesthesiologist
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Other Issues

Other Issues

I would like to echo my colleagues' concerns regarding cuts in payments for anesthesia services. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Lee Perrin

Date: 07/13/2006

Organization : Dr. Lee Perrin

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am an anesthesiologist and the CMS proposal is wrong and unfair to my specialty. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

-The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

-CMS should gather new overhead expense data to replace the decade-old data currently being used.

-ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

-CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

-Unlike other specialties, anesthesiology is reimbursed by CMS at a rate approximately 40% of what other non-government entities pay.

-I practice in a teaching hospital. A 10% cut on top of the 50% reduction we already receive when our medicare cases overlap by even ONE MINUTE will devastate residency programs. You must not implement these new changes. CMS must change the SGR and repeal the medicare teaching rule.

Thank you for considering my comments.

Lee S Perrin, MD

Submitter : Dr. Alan Blinn

Date: 07/13/2006

Organization : Dr. Alan Blinn

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

I vehemently oppose the proposed fee reduction schedule for anesthesiologists. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. Also, the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Jonathan Radin

Date: 07/13/2006

Organization : Dr. Jonathan Radin

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

How can CMS consider cutting anesthesia reimbursement even further from its paltry fee schedule now? As a tax payer, when I see the competitive advertising of ophthalmologists for cataract surgery (nearly 100% Medicare patient population) I see that as a reimbursement that is unfairly onerous to the taxpayer, nevermind other physicians. Is advertising by ophthalmologists considered a practice expense that Medicare includes in its computations? When I see retina specialists, again with nearly 100% Medicare beneficiaries with 7 figure incomes, some rebalancing of the Medicare fee schedule needs to be done. Anesthesia in Florida, with a very high Medicare population is reimbursed at an hourly rate less than the posted hourly rate in an auto garage. A further reduction would certainly limit access of Medicare beneficiaries to quality health care.

Submitter : Dr. Gary Friedman

Date: 07/13/2006

Organization : Nashua Anesthesia Partners

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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Submitter : Dr. Charles Cotton

Date: 07/13/2006

Organization : OUHSC - Dept of Anesthesiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia is still a struggling specialty that is considerably underpowered stemming from the drop of residency applications in the 90's. While the numbers are beginning to increase, a drop in reimbursement will start a slippery slope that will turn great prospective physicians away from the field.

Submitter : Dr. Robin Roth

Date: 07/13/2006

Organization : Dr. Robin Roth

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.

Submitter : Dr. Lillian Cohn
Organization : ninth street internal medicine assoc
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

I am an internist who takes care of many Medicare patients here in Pennsylvania, many of whom are referred to my practice because of multiple medical problems that require an attentive physician to manage.

I urge CMS to finalize the recommended work RVU increases for evaluation and management services.

In my practice, the complexity of taking care of patients has increased dramatically during the past ten years as has the cost of trying to maintain adequate staff and electronic medical record deployment. By investing in technology we will be able to provide higher quality care without duplication of service to our patients, which will improve care while decreasing cost of care to medicare and other insurers. the cost of this is prohibitive and currently the time spent managing complex medical problems is under valued. many physicians in my field and city are leaving medical practice due to the heavy burden of practice with little reimbursement for time spent on evaluation and management services.

The proposed changes will help assure continued access to primary care services.

I request CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

The only way we can ensure there will be physicians who are willing to take on complex medical management is if we recognize the value of that service and stop only recognizing the value of intervention with procedures.

thank you for your consideration.

Submitter : Dr. Stanley Roth

Date: 07/13/2006

Organization : Dr. Stanley Roth

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.

Submitter : Dr. Jeffrey Anderegg

Date: 07/13/2006

Organization : Dr. Jeffrey Anderegg

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

To all involved with the five year review of work RVU"s under the physician fee schedule:

I am an anesthesiologist in a small community in northern Wisconsin. I have been out of residency for two years and I can say that my eyes have already been opened regarding the large discrepancy in Medicare and Medicaid fee schedules and actual costs. I am writing because of the proposed changes to the physician fee schedule. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I believe that CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. Without a change anesthesia work will be grossly undervalued and our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

I appreciate your thoughtfulness on this matter

Jeffrey J Anderegg
Rice Lake, WI

Submitter : Dr. John Miner

Date: 07/13/2006

Organization : Mountain West Anesthesia, Utah Society of Anesth.

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

To: CMS Officials

From: John E. Miner, MD, Anesthesiologist and member, American Society of Anesthesiologists

Re: CMS-proposed changes to Physician Fee Schedule include substantial cuts to anesthesiology--a bad move.

I write to voice strong opposition to the above-referenced CMS-proposed changes to the Physician Fee Schedule that would result in substantial Medicare payment cuts for anesthesiologists' services. The proposed change would be adding insult to injury as anesthesia services are already grossly undervalued and undercompensated by CMS and Medicare. Further, it is bad policy for the following additional reasons:

- 7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
- 7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
- 7 CMS should gather new overhead expense data to replace the decade-old data currently being used.
- 7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
- 7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Moreover, the proposed cuts in Medicare payments to anesthesiologists are particularly troubling in light of ongoing problems with the SGR formula that adversely affects all of Medicare Part B physician services.

The proposed changes are egregious and will serve only to drive away providers at a time when they will be needed in ever increasing numbers as the senior Medicare population, bolstered by the baby-boomers, explodes over the next 15 years. Face it: Medicare funding, anesthesia reimbursement included, must increase substantially across the board if the supply of providers is to meet an ever increasing demand. Setting a cap on Medicare funding and merely redistributing those funds based on an archaic, largely arbitrary practice expense methodology is not even an effective stopgap measure; it is doomed to failure, will further cripple our healthcare system, and restrict seniors' access to quality care--all this in the short-term and long-term.

How vital and necessary are anesthesiology services? If anesthesia providers across the country get together, decide "Enough is enough!" and take a day off en masse, the answer to the preceding question will become painfully obvious.

John E. Miner, MD
Dixie Regional Medical Center
St. George, UT

Submitter : Dr. John Quinn

Date: 07/13/2006

Organization : Anesthesiology Consultants of Columbia

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Many medical specialties, but especially anesthesiology, face huge payment cuts to supplement the overhead cost increases for a handful of specialties. CMS should gather new overhead expense data to replace the decade-old data currently being used.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter :

Date: 07/13/2006

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

With regard to the 5 year plan.

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Kyle Wehner

Date: 07/13/2006

Organization : Fullerton Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Our group takes care of a great deal of Medicare patients. Any further cuts to Anesthesia reimbursements will cause a burden to members of our group. We are already under paid for caring for Medicare patients. I strongly disagree with the proposed cuts. Anesthesiologists have made great strides to improve patient safety during surgery and should be rewarded and not punished for their efforts.

Submitter : Dr. Thomas Ernst

Date: 07/13/2006

Organization : Dr. Thomas Ernst

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I look with disdain on the proposed reduction reimbursement for anesthesiology care. The present reimbursement rate is less than what it cost for plumbing services in our area. Our practice cares for many indigent children from over 7 states. Any reduction will impact on our ability to continue this open ended provision of care. It is difficult enough to recruit physicians into the practice of Anesthesiology. Many of the presently practicing Anesthesiologist will retire within the next 10 years. Who shall replace us? Your planned reductions in reimbursement will reduce the availability of anesthesia providers in the future.

Submitter : Dr. Bruce Evans

Date: 07/13/2006

Organization : N/A

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist it is amazing that we are to see a 10% decrease in medicare fee payments over the next 4 years. I assume you do not feel our services are needed because there won't be anyone left to provide them. We are already one of the lowest paid specialties in the medicare system. It cost more to do a medicare case than we receive now. I will not beg and have no intention of practicing for about \$75to \$80 per hour. You need to rethink this issue. This would be in the best interest of the medicare population. Thank You. Bruce W. Evans,M.D.

Submitter : Dr. Kashif Abdul-Rahman
Organization : SIA
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiology

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. James Kaufman
Organization : First Colonies Anesthesia
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

In the June 29 Federal Register, CMS proposed a new practice expense methodology, as well as changes in work values stemming from the recently conducted Five Year Review. Federal law requires that these changes be budget neutral, meaning that more payments to some specialties have to be offset by cuts to everyone else. The government estimates 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you to your kind attention to these issues.

Sincerely,
James Kaufman, M.D.

Submitter : Dr. Emilio Gallo

Date: 07/13/2006

Organization : Anesthesiologist

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Hello,
I have been a practicing anesthesiologist for 12 years. Your proposed Medicare cuts are shameful. Why should I take care of some of the sickest patients I see for \$70/hour? Why should I take the risks and exposure? I lose money on every Medicare patient I or our practice takes care of. I can not get the electrician or plumber or painter to work for such a rate. The Medicare rate is an insult to me. If the medicare rates go through many of us will elect to not take care of this group of people. When you become a senior and need surgery you will most likely regret this action if allowed to go forward.

Sincerely
Bruno Gallo MD

Submitter : Dr. Beverly Philip
Organization : Dr. Beverly Philip
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

This concerns Anesthesiology.

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you for your attention.

Submitter : Dr. Michael Hoger

Date: 07/13/2006

Organization : Comprehensive Anesthesia

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Your CURRENT conversion factor for anesthesiology services is already grossly undervalued...yet you plan to LOWER it by 10% over the next five years!? This is egregiously inept on the part of CMS and may do a major disservice to all Medicare recipients.....shame on you! Michael W. Hoger , DO.

Submitter : Dr. yan li
Organization : PVHMC
Category : Congressional

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

do not cut payment to anesthesiologists who work very hard with long work hour already.

Submitter : Dr. sanjeev chhangani

Date: 07/13/2006

Organization : university of rochester

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : ross appleyard

Date: 07/13/2006

Organization : ross appleyard

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

While I can appreciate budget neutrality on a macro economic level, on a personal, in-the-trenches level as a physician who has practiced 20-plus years and in the early 50's, I have to tell you- I increasingly do not want to take care of Medicare aged patients because of your wrong-headed budgetary decisions. Not only do rely on out-dated, decade old overhead data, you fail to update that data to actually represent what the reality is for 2006. Rather, why not undertake a comprehensive update of the overhead of all specialties which the AMA has advocated?

Finally, remember that the changes that you undertake now will affect "future generations"- a trite saying until you realize as I have entering middle age that what decisions y'all make in 2006 will not only effect me in 2026 but could bite you in the ass come 2050. Something to think about if you want to remake the world according to your present view of it. Ross Appleyard, M.D. A proud paying member of the ASA PAC since inception.

Submitter : Dr. Angelito Ham

Date: 07/13/2006

Organization : GHA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please read the following comments which I agree and endorse:

- 7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
- 7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
- 7 CMS should gather new overhead expense data to replace the decade-old data currently being used.
- 7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
- 7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Thomas Fawell

Date: 07/13/2006

Organization : Dr. Thomas Fawell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I am writing to oppose the new practice expense methodology. Estimates predict 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This would amount to a 10% cut in Medicare payments to anesthesiologists over the next four years. This is not acceptable.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. The American Society of Anesthesiologists and many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

Additionally, it is vital that CMS address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you for your time.

Respectfully,

Tom Fawell, MD
433 15th St
Bellingham, WA 98225

Submitter : Dr. Jeffrey Parks
Organization : Jeff Parks MD, Inc
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Other Issues

Other Issues

To whomever this concerns, I am writing with respect to planned pay cuts to Anesthesiologists for their work on Medicare patients. I think this is a move in the wrong direction. Medicare patients are getting sicker and are more difficult to care for, and require more difficult anesthesia. I think a better move to save money would be to start limiting care, through a review committee, to only useful surgeries that can better quality of life and productivity of the patient. Other surgeries for people that need insurance from the government should not be allowed. Thank you for your time.
Jeff Parks MD

Submitter : Dr. Riichard Apple

Date: 07/13/2006

Organization : Dr. Riichard Apple

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Reimbursements for Anesthesiology services have already been drastically cut over the past years. The supply of available positions for anesthesiologists is diminishing and not expected to keep up with demand, especially with anticipated retirements. Therefore any further cuts would dramatically risk our health care system, now and into the future.

Submitter : Paul Chiu

Date: 07/13/2006

Organization : Paul Chiu

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist and a member of the American Society of Anesthesiologists (ASA), I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula.

Averting this crisis is more important now than ever because of new proposals released by CMS that would amount to a 10% cut in Medicare payment to anesthesiologists over the next four years. This proposed cut, on top of potential SGR-related reductions, could irreparably damage my specialty.

The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable; essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them. If payments are cut in 2007, then Medicare physician payment rates will have fallen 20 percent below the government's conservative measure of inflation in medical practice costs in just six years.

ASA favors the update mechanism previously recommended by MedPAC, in which the SGR would be replaced by a system that reflects increases in practice costs and other medical inflation variables. For 2007, MedPAC has recommended a Medicare physician payment update of 2.8%.

Evidence is growing that anesthesiologists and other physicians are seeking practice settings where the need to provide care to Medicare beneficiaries is at a minimum. With a nationwide shortage of anesthesia providers, this trend suggests a looming access crisis for many Medicare beneficiaries to surgical, pain medicine and critical care services.

Please work to fix the flawed SGR formula to avert further devastating cuts to the medical specialty of anesthesiology.

Submitter : Dr. Eva Hayden Easley
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. James Bartlett
Organization : Medical Center Anesthesiologists, P.C.
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Under the current plan, anesthesiology is scheduled to be cut by 10% over the next 4 years. At the present time, anesthesiology is severely underpaid by Medicare relative to private insurance carriers (approximately 70% less than private insurance) and also as compared to other specialties. The current fee schedule pays anesthesiologists (in Iowa) approximately \$60 per hour after the initial 15 minutes (covered by the base charge) - plumbers make more than \$60 per hour! It is ironic, but for anesthesiologists, the sickest and most difficult cases pay the least. As an example, the typical peripheral vascular surgery patient has COPD, hypertension, coronary artery disease, diabetes, and some degree of chronic renal insufficiency. These cases often take 3 or more hours. In the same amount of time, an anesthesiologist could make 4-5 times as much working in an ambulatory surgery center doing 'bread and butter' private insurance ENT cases on healthy patients. The obvious result of this continued imbalance in reimbursement is that physicians may shun the difficult low pay Medicare cases in preference to the higher paying, easier, 'insurance' cases. The Medicare patients will have a harder time finding care and the care will be provided by the less talented physicians. Even without any cuts in Medicare reimbursement, physicians 'real' reimbursement drops every year in relation to inflation. This trend can't go on forever - does anyone remember the 30% cut in Medicare reimbursement anesthesiologists took about 10 years ago?

Submitter : Dr. Timothy Curry

Date: 07/13/2006

Organization : Amer. Soc. Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please ensure that anesthesiology, an already undervalued specialty, is able to continue to attract first-rate physician leaders to the specialty by ensuring reasonable and fair payment.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. bradford bohman

Date: 07/13/2006

Organization : Dr. bradford bohman

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

It is my understanding that your five year review would lead to cuts in anesthesiology payments. There is a serious flaw in your process if this is the case. There should be a major increase in these payments. Medicare is paying anesthesiologists about 30% of the already discounted rates paid by the third party payers. Most specialties are about 80%! The only reason there are any anesthesiologists participating in the Medicare program is because they are contractually obligated to do so by the hospitals they must contract with to practice and because they are so limited in the additional amount they could bill if they did not participate.

I absolutely cannot fathom how you can come up with cuts when more than a 100% increase would be appropriate and would still leave anesthesiologists at a disadvantage when treating Medicare patients compared to other specialties. As the percentage of Medicare patients increase in my practice I will be further damaged. Since Tricare follows these rates I will stop accepting these patients. While Medicare is presently about 20% of my practice it generates about 7% of my revenue. I actually do Medicare cases for free as the payments do not cover my costs for the CRNA let alone other associated practice expenses or anything at all towards my salary.

Submitter : Dr. alan kravatz

Date: 07/13/2006

Organization : Dr. alan kravatz

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please make every effort to pass the proposal to increase the physician fee schedule based on the work related rvu. I have been practicing for 10 years in the philadelphia area. My work load continues to increase and pay decrease. I have seen very few new physicians enter the marketplace. A change in the fee schedule is imperative to keep physicians in practice and maintain access to primary care physicians for our patients!