

Submitter : Dr. Harry M. Miller

Date: 07/13/2006

Organization : Creative Physicians

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hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.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

Thank you very much.

Submitter : Dr. Mark Wix

Date: 07/13/2006

Organization : individual anesthesiologist

Category : Physician

Issue Areas/Comments

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

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

If these policies are instituted, the current shortage of anesthesiologists will only worsen as more doctors will go to other specialties due to the payment inequity.

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. Mark Lewis
Organization : Dr. Mark Lewis
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

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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.

Thank you.

Sincerely,

Mark S. Lewis, M.D.

Submitter : Dr. Dana Simon

Date: 07/13/2006

Organization : Medical Center Anesthesiologists PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed payment reductions from CMS for Anesthesiology services will serve only to create further flight from our senior citizen medical services to the private payment sector. The irony is that our senior citizens require the most skilled and intensive care, other than that delivered to neonates or preemie babies.

Your thinking on this proposed reduction is all wrong and truly a reductio absurdum.

I implore you to truly reconsider what is being proposed. It will eventually result in a further erosion of care to all of our senior citizens; I know this very well from my years of experience with Medicare patients and my own parents who live in Tucson, AZ. They waited over three months to see rheumatologists who accepted Medicare patients. Better reimbursements, not cuts, would improve access and quality of care.

I feel that these cuts to anesthesiology are very very poor ideas.

Please repeal these proposals.

Sincerely,

Dana Simon MD (515)-224-4884

Submitter : Dr. ANAND PREM

Date: 07/13/2006

Organization : GREAT RIVER MEDICAL CENTER

Category : Physician

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.

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Submitter : Dr. Bryant Santos

Date: 07/13/2006

Organization : Oregon Anesthesiology Group

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Steve Lipman

Date: 07/13/2006

Organization : Dr. Steve Lipman

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS,

Thank you for the opportunity to comment on this important issue. 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 hurt 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 would benefit by gathering 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 could take immediate action and 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, because the reality is providers will simply switch to practices that have decreased percentages of medicare patients.

Thank you very much,

Sincerely,

Steve Lipman MD
Assistant Clinical Professor
Dept of Anesthesia
Stanford University

Submitter : Dr. Dan Tivener
Organization : Dr. Dan Tivener
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

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Submitter : Dr. Henry Cabrera

Date: 07/13/2006

Organization : Advocate Illinois Masonic Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr.
Organization : UT Southwestern Medical Center
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I understand that the data used to calculate practice expense for anesthesia services is currently outmoded as it was obtained 10 years ago. Costs have certainly risen and it would be prudent to collect 2006 data before making adjustments. As a provider of care mainly to medicaid and underinsured or noninsured patients at a public hospital I implore you to do this. We must be able to continue providing care to these individuals who so desperately need it.

Submitter : Dr. anil tiwari

Date: 07/13/2006

Organization : UC Irvine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

These cuts will continue to make it more difficult for the nation's most vulnerable populations to receive care from anesthesiologists in operating rooms, pain clinics, and critical care medicine.

Submitter : Dr. William Fogarty
Organization : American College of Physicians
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I write to support the proposed revisions in the RVUs for E&M codes. There is a crisis in primary care that is, to a significant extent, driven by low remuneration for the services most commonly rendered by primary care physicians. Fewer medical school graduates are going into primary care each year as the need for practitioners in these disciplines increases. The growing number of elderly and patients with chronic disease demands that primary care physicians, especially Internists, be available to render them care. Young physicians are turned away from primary care by their educational indebtedness and the low remuneration that they can expect.

The practice in which I practiced for more than 30 years finds it increasingly difficult to hire general Internists for their growing practice. The proposed RVU updates are a good beginning to address the crisis in primary care and I whole heartedly support them.

William M. Fogarty, Jr., MD, FACP

Submitter :

Date: 07/13/2006

Organization :

Category : Physician

Issue Areas/Comments

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

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

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Submitter : Dr. Long Vu

Date: 07/13/2006

Organization : Dr. Long Vu

Category : Physician

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.

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. Anesthesiology has been identified as an area of physician shortage, therefore, these rulings would further exacerbate this problem by using negative incentives to enter newly graduating doctors from entering this field.

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

Submitter : Dr. Jorge Scheirer
Organization : RPS Internal Medicine
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 a general internist in a group with four other internists. We provide care to over 1600 Medicare beneficiaries. In the last 15 years, I have noticed that these patients have gotten more complex and require more of my and my staff's time to provide the best care. Indeed, the average internist requires 3 support staff to assist in the management of their patients. The internists in my community are struggling to keep their practices afloat and in fact, over 30 of these internists have conceded to become employees of our hospital in order to avoid closing their practices. Primary care doctors cannot continue to provide care to Medicare patients if their costs of running their practices continue to rise at a rate that far exceeds their ability to increase revenue from the fees they charge their patients. Medicare patients constitute the overwhelming majority of our internists' panel of patients. Internists take pride in managing the care of their complex patients because they understand that no one else wants to or is capable of doing this. Our patients understand and appreciate the vital role we play in their care. The bad news is that fewer medical students want to go into primary care because they see how besieged internists and primary care doctors are. They also realize that the Medicare reimbursement system handsomely remunerates the performance of procedures while denigrating -- yes, denigrating -- the cognitive services that primary care doctors provide. As I write this, I am on vacation and have spent 1 1/2 hours every day of my vacation just trying to keep up with the data flowing into our electronic medical record. You may know that we are not remunerated for that work either nor do we receive payment for the multitude of phone calls that we make in effort to manage diabetes, cholesterol and other problems. Increasing the RVU for our services would begin to defray the cost of providing care to Medicare patients and provide a vital infusion of support to our efforts.

Jorge J. Scheirer, MD
Medical Director
RPS Internal Medicine
Wyomissing, PA 19610

Submitter :

Date: 07/13/2006

Organization :

Category : Physician

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.

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. Zdravka Zafirova

Date: 07/13/2006

Organization : University of Chicago

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS must address the issue of anesthesia work undervaluation. The value of the anesthesiologists work is already diminished by the teaching rules for reimbursement of academic anesthesiologists. Under the current policy, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

There is already shortage of anesthesiologists and critical care physicians and these changes will only worsen that shortage. 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 launch a much needed survey of new overhead expense data which will greatly improve the accuracy for all practice expense payments.

Submitter : Dr. Jorge Kurek

Date: 07/13/2006

Organization : Dr. Jorge Kurek

Category : Physician

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.

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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 : Michael Morrissey
Organization : Warren Anesthesiologists
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Practice Expense

Practice Expense

The long term undervaluation of anesthesia work within CMS and its processes needs to be corrected. 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 because the data CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS needs to gather new expense data to replace the decade-old data currently being used. The AMA and many other specialty societies are committed to supporting a comprehensive, multi-specialty PE survey.

CMS must address the issue of anesthesia work undervaluation or the most vulnerable members of our society will certainly face shortages of anesthesia care in operating rooms, pain clinics, and in critical care settings.

Submitter : Dr. Suzanne Blaylock
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Practice Expense

Practice Expense

As your policy currently stands, we face large payment cuts. The proposed change in PE methodology hurts anesthesiologists more because the data used to calculate overhead expenses is outdated and significantly underestimates actual expenses.

CMS should gather new overhead expense data and replace the old outdated data you are using.

CMS must address the issue of anesthesia work undervaluation, or you will face a shortage of anesthesia care, not only in the operating room, but also in the intensive care units and pain clinics across the country.

We are already undervalued in payments, we cannot take another reduction.

Submitter : Dr. Brian Fitzsimons
Organization : Cleveland Clinic Foundation
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

I am writing to oppose the Medicare funding cuts to anesthesiologists throughout the US. Please consider the following:

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, 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.

Brian Fitzsimons, MD

Submitter : Dr. Damon Dozier

Date: 07/13/2006

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please be informed that as an Anesthesiologist I have many concerns with these proposals. Including, 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.

Thank you for your consideration on these issues.

Sincerely,
Damon Dozier, MD

Submitter : Dr. ted vance

Date: 07/13/2006

Organization : Dr. ted vance

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

If your intent is to lower the quality of healthcare to all americans then this is a great first step. By continuing to cut our reimbursement level you are guaranteeing that the best and brightest students will avoid anesthesia like the plague. Who wouldn want to take care of the sickest patients for long challenging surgery for 32.00/hr? Does that seem fair to you? Please reconsider the proposed cuts to anesthesiologists to ensure that when it's time for YOUR surgery you have someone competent at the head of the table.

Submitter : Dr. Michael Froelich
Organization : University of Alabama at Birmingham
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

The new practice expense methodology, as well as changes in work values stemming from the recently conducted Five Year Review proposed on June 29 by the Federal Register is likely to negatively impact patient care for several reasons:

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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Michael Froelich, MD MS
University of Alabama

Submitter : Dr. dawn clancy
Organization : American College of Physicians
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a practicing internist at an academic medical center I am acutely aware of the crisis in which Primary Care presently finds itself. Over the years the progressive decrease in reimbursement for cognitive services, those which general internists provide everyday to the most fragile of the population, the elderly, general internal medicine/primary care has deteriorated to the point that students and resident no longer see it as a viable career option. In order to pay back the \$120,000 debt load of indebted medical students, they are migrating to careers that have a higher return on their investment. Consequently primary care is in crisis.

The proposed changes to the E&M codes will provide improvement in reimbursement for primary care that should result in some increased revenues. The direct effect of this increase will be that physicians will be able to spend more time with their elderly patients - they will not have the pressure of VOLUME, VOLUME, VOLUME that they have now. This can only improve the medical care that can be delivered to Medicare patients.

This is an excellent start towards resuscitating primary care and I would STRONGLY encourage that the changes be accepted as they have been proposed.

Submitter : Dr. John Schisler
Organization : INOVA Loudoun Hospital
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

Continued cuts in physician reimbursement are unwise. There is increasingly becoming an access problem for our medicare population.

I guess it will have to become a crisis before our government figures that out.

Submitter : Dr. Gary Johnson

Date: 07/13/2006

Organization : Dr. Gary Johnson

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs:

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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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.

Sincerely,

Gary Johnson, MD
1132 Mill Creek Circle
Saint Cloud, MN
56303

Submitter : Dr. William Moss
Organization : Northern Colorado Anesthesia Professionals
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

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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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Thanks

Submitter : Dr. Robert Lubanski

Date: 07/13/2006

Organization : Dr. Robert Lubanski

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

I am concerned over the proposed cuts in reimbursement for anesthesiology services. We are already undervalued and find it very challenging to provide services with such poor reimbursement. The Medicare population is becoming sicker and with a host of medical problems in addition to advancing age. The anesthetics for these patients are getting much harder, certainly not easier. Reimbursement should reflect this.

Submitter : Dr. Ralph Glasser
Organization : Dr. Ralph Glasser
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Other Issues

Other Issues

I am writing to protest the proposed CUTS to reimbursement for ANESTHESIOLOGISTS.

As it is we are paid a miniscule portion of our fees when caring for the Medicare population. Please explain how it is appropriate for Medicare to pay us less than \$30 per hour when it costs us \$72/hour to hire nurse anesthetists to assist us.

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. Navin Goyal

Date: 07/13/2006

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Submitter : Dr. Roy Sheinbaum
Organization : American Society of Anesthesiologists
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

I must strongly disagree with the proposed legislation that would again cut reimbursement for Anesthesia Providers.

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. John McCall
Organization : University of Cincinnati Medical Center
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Background

Background

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.

Thank you for your consideration.

John E McCall MD
Professor of Anesthesiology
University of Cincinnati College of Medicine

Submitter : Dr. Evelyn White
Organization : Family Treatment Center
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As an internist I am asking you to finalize the recommended work RVU increases for E/M services. Over the past 10 years the amount and complexity of the work required to care for patients has increased. Also, the cost of running a practice has increased with little or no corresponding increase in reimbursement. These changes will help assure continued access to primary care providers.

Submitter : william caldwell
Organization : william caldwell
Category : Health Care Professional or Association

Date: 07/13/2006

Issue Areas/Comments

GENERAL

GENERAL

CMS-1512-PN

We have a critical shortage of anesthesia providers in florida. Further cuts will put us over the edge. Please do not continue to hurt us.

wbodo

Submitter : Dr. David Gambling

Date: 07/13/2006

Organization : ASMG

Category : Physician

Issue Areas/Comments

Background

Background

Another attempt to squeeze honest hard working professionals! Give us a break:

- 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. Hugh Hemmings
Organization : Cornell University
Category : Individual

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

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Submitter : Dr. Frederic Walker
Organization : Internal Medicine Associates of Grand Junction
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 writing to ask CMS to approve and finalize the recommended work RVU increases for evaluation and management services. I practice as part of a four physician group in Grand Junction, Colorado. Over 50% of my patients are covered by Medicare.

Since I joined my group in 1992, my patients and their problems have become more complex. They are on more medications, require more attention, and more frequently arrive for appointments accompanied by family members and caregivers with their own questions and concerns. Patient visits are more intense, more time consuming, and generate more paperwork and phone calls. The expenses of operating the office increase annually, yet reimbursement for office work for Medicare patients has not kept pace with increases in overhead. My group, like many others, has tried to compensate by increasing the number of patients seen daily and adding ancillary services. Of course, seeing more patients means more time at the end of the day returning phone calls and finishing dictations. The dinner hour gets later and later. There is less time to research and reflect on complex patients, traditionally an important part of internal medicine. Supporting inadequately reimbursed office visits with income from ancillary services, is a shaky proposition, vulnerable to sudden changes in reimbursement or to new regulation.

In view of the above, who can be surprised that older patients in Colorado already have problems finding primary care physicians, especially if they move to a new community, which they often do as they become ill, to be closer to children and other support. This access issue will only get worse if the issues of reimbursement continue.

The proposed changes in relative value unit for E&M services are a step in the right direction to fairly reimburse internists for the work they do and make primary care internal medicine once again a viable career choice for young physicians.

I urge CMS to adopt the changes.

Frederic B. Walker IV MD FACP
Internal Medicine Associates of Grand Junction, P.C.
744 Horizon Court
Grand Junction, CO 81506

Submitter : Dr. Gregory Garbin
Organization : MACMGI
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

I am an anesthesiologist and my specialty stands to experience significant reductions in payments with the proposed changes - cuts which are disproportionate to many other fields. We know that your data is flawed and out of date, underestimating overhead expenses incurred by my specialty. The CMS is irresponsible in proceeding with the current methodology and needs to expend the effort to obtain new and ACCURATE data to replace the decade old data which is currently being used. My professional society, the ASA, would willingly provide financial support to obtain this information through a comprehensive, multi-specialty survey. CMS needs to avail themselves of this opportunity and take immediate action to launch such a survey which will allow INFORMED DECISIONS to be made regarding the fee schedule. Our specialty's work is extremely undervalued with the current schedule and this should not be allowed to continue. As a federal agency, you are my employees and you are obligated to work responsibly and fairly as my elected officials. This continued prejudicial approach toward the anesthesiologists of this country is unfair and must stop. I demand that you stop and listen to what we anesthesiologist's are saying about your actions with regard to the Physician Fee Schedule. It is your professional, moral, and ethical obligation to do so.

Submitter : Dr. Chad Brink
Organization : Dr. Chad Brink
Category : Physician

Date: 07/13/2006

Issue Areas/Comments

Other Issues

Other Issues

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