

Submitter : Dr. Michael Bailey
Organization : Nashville Arrhythmia Consultants, PC
Category : Physician

Date: 05/13/2006

Issue Areas/Comments

GENERAL

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To Whom it May Concern,

I am a physician in Nashville, TN, that practices electrophysiology, the specialty specifically trained to deal with heart rhythm disorders. I do not agree with the proposed changes in the payment rule that is referenced above. Without pretending to be aware of all the details that contribute to the plan outlined above, I know that this change will bankrupt my hospital. We spend a significant time (administrators and physicians) debating how to improve patient care and safety and at the same time budget money for the continued technological advances that have made such an impact in patient lives. I implant defibrillators in patients at high risk for sudden death. This therapy is cost effective but expensive. It is the only therapy available to patients at risk that effect significant positive change. At my institution, with cardiology carrying the rest of the hospital financially as is the case with most centers, we will not be able to continue providing this life saving therapy or many other therapies that are not cost effective for the hospital. In short, this change will cost lives. It is reckless and poorly considered and I do not support this measure. Please reconsider before going further.

Submitter : Dr. sankar varanasi
Organization : HUDSON VALLEY HEART CENTER
Category : Physician

Date: 05/13/2006

Issue Areas/Comments

Background

Background

PROPOSED PAYMENT CUTS FOR HOSPITALS PERFORMING HEART RHYTHM PROCEDURES

GENERAL

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As a electrophysiologist,als o known as a heart rhythm specialist i am quiet concerned about the potential impact of proposed payment cuts to hospitals performing heart rhythm procedures.Implantable cardiac defibrillators are life saving devices used to prevent sudden cardiac arrest the nations number one killer of all people. The implementation of the proposed cuts would have a devastating impact on my hospitals ability to provide care for my patients in the community. For example the administrative costs of the recently mandated registry requires administrative costs .This is a quality improvement service which would not be supported by the hospital due to reduction in resources.

The proposed system has inherent flaws that make the system prone to severe adverse impact on the hospitals and medicare beneficiaries.

I would like you to consider these comments seriously and consider postponing the implementation of theses changes to better analyse the impact of these changes as well as CMS to reconsider their proposals.

On behalf of my community and the patients i serve , i thank you for kind consideration of these comments.

sincerely

SANKAR N VARANASI MD FACC

Submitter : Dr. Arjun Sharma
Organization : Dr. Arjun Sharma
Category : Physician

Date: 05/14/2006

Issue Areas/Comments

Background

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Defibrillator and pacemaker reimbursement has been low in the past

GENERAL

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The proposed reimbursement for pacemakers and defibrillators are less the purchase cost of the device alone let alone any hospital cost for work up and surgical procedure and staffing.

If CMS really wants to control costs why do you not have the government fix device and drug prices! Not likely. Instead you make it a money loosing situation for hospitals. What incentive is there for any hospital to provide good care by established guidelines if they are guaranteed to loose money by trying to provide care? How is this going to improve the health of Americans?

Provisions

Provisions

Re: Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates