

Submitter : Dr. Charles Craig
Organization : Charles P Craig MD, PC
Category : Physician

Date: 06/27/2006

Issue Areas/Comments

GENERAL

GENERAL

Over the past 10 years, the complexity of Infectious Disease practice, my specialty, has increased enormously. I am solely responsible for the care of over 330 patients with HIV, whose care is now one of long term management of the illness and serious complications, such as renal failure, hypertension, heart disease, and stroke. At the same time practice expenses have increased over 25%, and there has been no associated increase in reimbursement, such that I have had no personal income from practice for 4 years (I get along on about \$50,000 per year in retirement income, and have 3 dependents). It is imperative that primary care physicians such as I have relief from these circumstances, and Medicare (CMS) is the leader in establishing reimbursement profiles that most 3rd parties follow. Please implement the changes recommended by ACP for E and M services. Thank you for your attention to this correspondence.
Charles P Craig MD, FACP, FIDSA, FCCP

Submitter : Dr. Jeanne Densmore
Organization : Blue Ridge Internal Medicine
Category : Physician

Date: 06/27/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing in support of the recommended work RVU increases for evaluation and management services. I am an internist providing primary medical care. I am one of only a few still accepting new medicare patients due to the current level of reimbursement. I urge you to accept the RUC's E/M recommendations to help assure continued access to primary care services for the millions of aging adults.

Submitter : Dr. Alberto Ricart

Date: 06/27/2006

Organization : Dr. Alberto Ricart

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of an increase in reimbursement for evaluation and management services specially as it pertains to clinic work. Primary care has been difficult to practice due to low reimbursement and rapidly increasing overheads. Even the Electronic medical record does not seem necessarily to generate savings and comes with its own expenses.

Spending the time taking care of patients in the office can decrease hospitalisations and thereby improving patient care and decreasing costs. It is challenging to practice with financial pressures to increase the number of patients seen an hour, and the increase in amount of paperwork that needs to be completed. Older individuals frequently have multiple medical problems and require more time than younger healthy people to communicate their needs.

I urge you to increase E/M services fees.

Submitter : Dr. Daniel Mast
Organization : Lancaster County Internal Medicine
Category : Physician

Date: 06/27/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to urge you to finalize the recommended work RVU increases of E & M services. In my own practice it is increasingly evident that the complexity and work associated with taking care of patients in the office, hospital and nursing home has increased dramatically over the past 10 years. Consistently, I find the need for increased communication with other providers, for more detailed evaluation and documentation of the same. Additionally, there is an increased demand for tracking and reporting of care required. Such changes as proposed will help assure continued access to primary care services. Without these changes, I find myself processing whether or not I am able to continue in the primary care setting as expenses to provide patient care due to the increased time required by myself and my staff to provide safe & thorough care continue to rise significantly while reimbursements remain essentially the same or lower. I urge you to reject any comments that would lower the overall improvements in work RVUs for E/M services. Thanks.

Submitter : Dr. Timothy Hinton
Organization : Dr. Timothy Hinton
Category : Physician

Date: 06/27/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am an internal medicine physician at Vanderbilt University. I find the increases in the RVU values for the E&M codes that have been proposed would be extremely welcomed. With most of my work being done in the outpatient setting, the 2 codes I use most frequently are 99213 and 99214. It seems the complexity of patients continues to increase as they are on more and more medications. When a patient comes in for even a "quick" sick visit or simple complaint, it still requires significant time to review that patients particular medications to try to avoid any harmful interactions. Also, chronic discases such as diabetes, coronary artery disease and hypertension seem to be increasing in complexity. It would be nice to be compensated fairly for thinking through a patient's history and taking a good history. Often, due to the pressures to see more patients quickly, the thinking has to come later in the day after I am done seeing my patients. This extends my work day significantly. Also, the compensation by increasing the RVU's for the office visits would help offset the long amounts of time that are spent filling out forms for disability, leave of absence forms, prior authorizations for medications, etc. Often these forms are not filled out by the specialists and are sent back to the PCP to be taken care of. It would be great to receive a more equal compensation for taking care of these important issues. I strongly support the change in the RVU values of the E&M codes that have been proposed.

Submitter : Dr. Kimberly Morris
Organization : University of Tennessee, Dept. of Medicine
Category : Physician

Date: 06/27/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I would encourage the finalization of recommendations to increase the payment for E/M services provided by general internists. Since completing my residency in IM in 1991, I have seen the complexity of patient care increase tremendously with fewer community and family resources to support these very ill patients. I am quite concerned as a medical educator as I see an expansion of the aging population with very complex medical concerns yet the brightest students from our US Medical Schools are choosing speciality careers. Until the inequities are addressed, this drain will continue and will reach a crisis point in the near future. I simply do not understand our system which will provide tens of thousands of dollars for a specialist to insert an implantable defibrillator into a patient with a fairly short life expectancy but will fail to reimburse a primary care physician who is making a long term difference in the lives of Americans by counseling patients regarding preventive health measures and treating common diseases such as diabetes, hypertension and hypercholesterolemia.

In the hospital, there is even more complex disease and more time required to educate patients and their families how best to take care of their health. The primary care physicians are charged with the responsibility of managing all aspects of care including communication with other specialists, ancillary staff, scheduling of follow up tests and comprehensive discharge planning.

It is not surprising that bright students coming out of Medical School are not choosing a field with more work and less pay. Who will take care of the next generation?

Submitter : Dr. RICHARD BARDIN
Organization : AMERICAN COLLEGE OF PHYSICIANS
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I would like to urge CMS to finalize the recommended work RVU increases for evaluation and management services. The complexity and work associated with taking care of patients during office and hospital visits and consultations has increased dramatically over the past ten years. The current reimbursement schedule makes it almost impossible to meet overhead while taking sufficient time to meet the needs of medically complex patients. A significant revision upward in fee schedule is imperative to assure continued access to primary care services for Medicare patients. I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Respectfully,
Richard L. Bardin, MD, FACP

Submitter : Dr. Cathy Schubert
Organization : IU Medical Group Primary Care
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

I am a geriatrician/internist providing primary care exclusively to indigent, frail elderly who frequently have multiple comorbid diseases. Not uncommonly, their healthcare is complicated by memory impairment, depression, and a poor psychosocial support system. Providing just adequate care for these patients is a time-consuming, labor-intensive effort that requires not only a physician but also a social worker and geriatric nurse; and my practice is striving to provide not just adequate but high quality care that "adds life to years, not just years to life." With our intensive management, we have decreased the number of hospitalizations our patients require and lengthened the time they stay in the community rather than needing placement in an extended care facility.

Unfortunately, for my practice to offer these services to the elderly, we are dependent on our hospital for some of our funding because Medicare reimbursement is inadequate for us "to pay for ourselves." As the hospital is a publicly-funded, county hospital, though, this relationship is rocky at best and tumultuous at worst. Increasing the work RVUs for evaluation and management services would help ensure that we can continue to provide our high quality, comprehensive care.

Even if an increase in the work RVUs is not possible, I must urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services. This would certainly doom our practice and thus harm the frail elderly for whom we provide care.

Submitter : George Ferguson
Organization : George Ferguson
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Ladies and Gentlemen:

As a practicing general internist for the last 21 years, I implore and urge appropriate RVU corrections for E and M coding for the medicare patient. It has become painfully obvious that patient care has become more complex, secondary to our senior citizens living longer and complicated by the accumulation of chronic illnesses over time and the subspecialists who help manage these problems. My management of such a patient requires great thought to avoid decisions that may help one medical problem yet aggravate another. It often requires one or more phone calls to other subspecialists involved in the patient's care to affirm appropriate management.

A recent example included an elderly post-operative open heart patient with diabetes mellitus, kidney impairment, and hypertension on multiple medications who developed chest pain following discharge after this procedure. After he consulted both his surgeon and cardiologist, they felt his symptoms were not related to his heart and referred the patient back to me. After reviewing records from his recent hospital stay, updating his medicine changes and talking to the patient, it was felt after examination that the patient's symptoms most likely represented an inflamed nerve, best managed with an injection from a pain specialist. This was achieved after direct consultation with the patient's other physicians and the knowledge that certain pain medicines easily prescribed by me would be more injurious to the patient's chronic medical conditions.

I believe that an increase in E and M reimbursement fees will indirectly help improve access to primary care physicians by our rapidly growing population of medicare recipients. Changing this fee schedule in a positive manner will help make this career track more attractive to graduating medical students, helping to steer these new physicians away from the more highly reimbursed surgical specialties. I think it will also reduce the number of primary care physicians from leaving their current practice and joining the smaller, limited access, concierge practices.

Again, I support and encourage the proposed E and M fee schedule changes and urge you to bring these changes to fruition. Thank you for the opportunity to express my thoughts.

Most Sincerely,
George Ferguson, MD, FACP

Submitter : Dr. Chris Grimsrud
Organization : Santa Rosa Orthopaedic Medical Group
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

**Discussion of Comments-
Orthopedic Surgery**

Discussion of Comments- Orthopedic Surgery

As I enter practice I am deciding what services to offer my patients. If the reimbursement for hip and knee arthroplasty continue to fall, I will try to limit the number of these procedures that I perform.

It seems that the only clear way to stay financially viable for a total joint surgeon is to opt out of medicare altogether. Given the efficacy of total joint replacement I hope the CMS will reconsider the reimbursement schedule for these procedures.

Sincerely

-Christopher Grimsrud M.D./Ph.D

Submitter : Dr. William Sypura
Organization : Columbia Park Medical Group
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

GENERAL

GENERAL

I am so glad that someone is addressing this issue. Our Clinic is struggling to make things work. All the doctors have taken a salary cut and are working more hours. In essence we are working harder and getting paid less. I don't know how long all of us can keep going at this rate until we burn out or make mistakes that affect patient care. I am pleading that you put forth these reimbursement increases for primary care, (i.e. Internal Medicine and Family practice).

Submitter : Dr. Gary K. Barbin
Organization : Waco Internal Medicine Associates, P.A.
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

WIMA is a four man board certified Internal Medicine group that has provided the majority of Medicare primary care services in Waco, Tx, inpatient and outpatient for the past 25 years. Sixty five % of our practice is Medicare. We are being forced out of business by the poor reimbursement by Medicare and have stopped taking new Medicare patients. Our expenses increase by 3-4% annually, and our salaries have declined similarly over the past 3-4 years. The need for internists is great in Waco, but we cannot afford to recruit or pay the salaries of a new internist because of the continued decline in reimbursements. Private insurers have similarly tied their reimbursements to Medicare and cut our reimbursements. Likewise the state of Texas has passed a tax on our services for next year that possibly contribute to our early retirements (one partner is 63 y/o, one is turning 60 y/o, I'm 56 y/o and considering retiring at 60 if the financial hemorrhage doesn't stop). The stress of treating Medicare patients 12 hours a day and every fourth night, just to pay the overhead expenses, and not being able to afford backup help, keeps mounting, with no relief in sight unless the payment formula is permanently fixed. We have immediate need just within our group for two full time internists to service our patient base now and into the future.

Please fix the formula, improve reimbursements, so that we can provide future services to our Medicare patients.

Sincerely yours,
Gary Kent Barbin, MD

Submitter : Dr. HOMAR BARTRA
Organization : HOMAR J BARTRA, MD FACP
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

Over the last ten years I have practiced general Internal Medicine following my patients in the office and in the hospital, and I have noticed that the complexity and the work associated with taking care of patients during office and hospital visits and consultations has increased dramatically over the past ten years, but our reimbursement has not increased.

The recommended work RVU increases for evaluation and management services will help assure continued access to primary care services by elderly patients with several medical problems that take multiple medications and require close monitorization by physicians who care about them.

Lastly and respectfully I want to urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services. Patients need doctors who are interested in caring for them, and we doctors need better reimbursement to be able to take care of these elderly and very complicated patients. Thank you.

Submitter : Dr. Timothy Lechmaier
Organization : Dean Health Systems
Category : Physician

Date: 06/28/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to indicate my enthusiastic support for the proposed 2007 changes in E&M work RVUs. The practice of internal medicine has become increasingly more complex over my 26 years of practice in a multispecialty clinic. The time and effort to care for Medicare age and Medicaid patients has increased due to the advancing age and attendant increased complexity of their diseases. To keep up with office expenses I have had to accelerate the "throughput" of these patients or consciously try to limit the number of these patients seen. Neither is an acceptable option as viewed from a compassionate quality focused physician-citizen. We must not shortchange this population. The increase remuneration will be a step in the right direction.

Submitter : Dr. Robert Wilson
Organization : HOPE Clinic
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to urge CMS to implement recommended RVU increases for E/M codes in 2007. As a primary care physician, I have seen my Medicare reimbursements stagnate to the point that I am no longer able to accept open scheduling for Medicare patients. I have limited the access to one a month as the reimbursement for labor intensive care of the elderly is dismal. It has not kept pace with overall increase in practice expense, more than 4 % per year. Many Internists in our rural community have closed acceptance of Medicare enrollees due to high work factor with dwindling pay. Primary care physicians have been squeezed at the expense of access to care.

Please, please boost the RVU for E/M in primary care.

Submitter : Dr. Eric Ruschman

Date: 06/29/2006

Organization : ACEP

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I urge you to approve the proposed increases in E/M codes.

Submitter : Dr. thomas barley
Organization : north vernon internal medicine
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

it is about time this is addressed. office doctors are being killed by the cuts in pay. i have quit taking new patients and considered closing my office practice. a way to pay for non personal contact is now needed. i have managed up to 16 protimes in between visits, but cannot bill for them. thank you for finally dealing with this. thomas barley m.d.

Submitter :

Date: 06/29/2006

Organization :

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. Leroy Fleischer
Organization : private practice
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

To whom it may concern,

I was relieved to hear from the American College of Physicians representative that the CMS was in favor of updating the value of E&M services. As a struggling Internest, trying to keep my doors open to both Medicare and Medicaid patients, I am very hopeful now that I will be able to stay in practice and attempt to offer the highest quality services to these populations. With the pending reimbursement cuts over the next few years looming on the horizen, I wasn't sure that this would be possible.

As I'm sure that you have heard from my colleagues that reimbursments have lagged behind expenses for quite some time. There are some months that I have had to forego some or all of my salary in order to pay rent, malpractice insurance and my office payroll to keep my doors open. And I am still paying off my student loans...its no wonder that it has been so difficult to attract young physicians into primary care fields. I'm not so sure that a few years back I would have chosen Internal Medicine if I knew then what a financial struggle it would be. And that is sad, because I love what I do, taking care of patients at the front lines, trying to prevent disease, not just pile on expensive interventions.

I hope that CMS will adopt the proposed increases for E&M services, and scrap the terribly flawed SGR formula once and for all. For those of us trying to hang on to our struggling primary care practices, it will be a relief that has been a long time coming, and greatly appreciated by physicians, staff, and most of all, our patients.

Sincerely, Leroy B. Fleischer, M.D.

Submitter : Dr. Tim Prince
Organization : American College of Physicians
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam:

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

Submitter : Dr. Jeffrey Dresner
Organization : Dr. Jeffrey Dresner
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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Submitter : Bernard Kaminetsky
Organization : Bernard Kaminetsky
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Dear Sir/Madam:

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

Sincerely,
Bernard Kaminetsky, MD, FACP

Submitter : Dr. Terrence Cohen
Organization : Dr. Terrence Cohen
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

GENERAL

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

Submitter : Dr. John Norris
Organization : John W. Norris III MD PA
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

Submitter : Dr. Jeffrey Humbarger
Organization : Mayo Clinic
Category : Physician

Date: 06/29/2006

Issue Areas/Comments

GENERAL

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