

Submitter :

Date: 07/01/2006

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 :

Date: 07/02/2006

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. Delores GarciaChung
Organization : Dr. Delores GarciaChung
Category : Physician

Date: 07/02/2006

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. Ivonne Schulman
Organization : Dr. Ivonne Schulman
Category : Physician

Date: 07/02/2006

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. Thomas Braxtan
Organization : Manatee Memorial Hospital
Category : Physician

Date: 07/02/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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. Firaz Hosein
Organization : Dr. Firaz Hosein
Category : Physician

Date: 07/02/2006

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. Michael Greenhawt
Organization : South Florida Oncology-Hematology
Category : Physician

Date: 07/02/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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 as 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. R Scott Hanson
Organization : Dr. R Scott Hanson
Category : Physician

Date: 07/02/2006

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.
Organization : Dr.
Category : Physician

Date: 07/02/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I have been a practicing general internist for 22 years, the last 8 in solo practice. Revenue from the care of Medicare patients now constitutes 50% of my practice income. The management of these patients has become considerably more time consuming and difficult over the past many years due to advances in treatment options, longer lives in these patients, more knowledge and questions raised by this group at office encounters, etc. These patients require a MINIMUM of 20-30 minutes per visit. The economics of this situation have resulted in no pay increase for myself in the past 7 years, and the continued delay in my interest in purchasing an EMR system. I have begun to limit considerably the acceptance of new Medicare Patients into my practice despite nearly daily requests. The Medicare payment system formula is flawed and the RVU distribution formula is unfair. I spend an incredible amount of time with these patients and love doing so but cannot continue to run a successful business with this patient mix unless the reimbursement for time spent increases. Please implement the proposed ammended E/M work RVU in the Medicare physician fee schedule for 2007.

Submitter : Dr. David Chansolme
Organization : David Chansolme, MD, PC
Category : Physician

Date: 07/02/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I was very happy to see the new RUC recommendations regarding reimbursement of E&M services. This is what physicians are paid to do, think. As a physician taking care of critically ill people, the most challenging part of my daily work is synthesizing comprehensive care plans for my patients. It is much easier for me to perform some procedures which pay much better, but the patient benefits more from my expertise as a physician, not as a technician. Perhaps other costs to third party payors will also decrease as procedural codes are deemphasized and the most important part of being a physician is recognized - quality time with the patient.

Thank you for considering the RUC recommendations. I look forward to seeing the changes adopted by CMS as written.

Sincerely,
David Chansolme, MD

Submitter : Dr. Katrena Floyd
Organization : Adult Primary Care of Pensacola
Category : Physician

Date: 07/02/2006

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.

If such changes are not enacted, I plan to stop seeing all Medicare patients. Our office has already stopped accepting new Medicare patients due to the current fee schedule.

Submitter :

Date: 07/02/2006

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.

1

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/02/2006

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 : Stephen Scranton
Organization : Stephen L. Scranton, M.D., F.A.C.P.
Category : Physician

Date: 07/02/2006

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.

It has been a travesty that reimbursement and incentives have been provided for procedures and new technology, rather than incentivizing value and cerebral decisions. With cognitive reimbursement, a dramatic change will be seen in utilization and expense.

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

Submitter : Mary Busowski

Date: 07/02/2006

Organization : Mary Busowski

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Docket: CMS-1512-PN - Five Year Review of Work Relative Value Units Under the Physician Fee Schedule

Submitter : Dr. Jeffrey Behrens
Organization : Medical Specialists of the Palm Beaches
Category : Physician

Date: 07/02/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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. David Priest
Organization : ID Consultants
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

GENERAL

GENERAL

I fully support the proposed changes for E and M coding for 2007. These changes more accurately reflect the value of the "cognitive specialities" in medicine. The lower reimbursement rates for "thinking" physicians (those who think rather than perform procedures) has been discouraging for those practicing in these fields and has discouraged medical students from choosing these disciplines. In order to survive, cognitive specialists often have to see a high volume of patients in order to generate enough revenue to keep a practice going. Rather than focusing on patient care they have constant discussions about "alternate revenue streams". The proposed changes will help relieve this stress and improve our ability to care for patients. Thank you.

Submitter :

Date: 07/03/2006

Organization :

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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 : D Sella
Organization : D Sella
Category : Health Care Provider/Association

Date: 07/03/2006

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. Rajendra Sawh
Organization : Watson Clinic LLP
Category : Physician

Date: 07/03/2006

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. Abraham Lin
Organization : ACP
Category : Physician

Date: 07/03/2006

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.

Thank you for your time.

Abraham Lin, MD
linak@medicine.ufl.edu

Submitter : Dr. Albert Lopez, Jr.
Organization : Lopez Internal Medicine Associates
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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.

Thank you.

Submitter : Dr. Michael Rothberg
Organization : Dr. Michael Rothberg
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I wish to support the recommendation to adopt the increases in E&M services. As a practicing internist for over 10 years, I can attest that the complexity of medical care has increased greatly over that period. There are always new drugs, new tests, and new procedures which must be explained to patients in order for them to make informed decisions. There are an ever increasing number of screening tests which are recommended and need explanation and adaptation for individual circumstances. All these add to the time required for an office visit, without increasing the amount of history which can be documented or the number of physical exam elements. The complexity is in knowledge required and the time to explain things to patients (exactly what patients complain their doctors don't give them because they are so rushed).

As a faculty member in an internal medicine training program I find that despite having an excellent program, we have trouble attracting students to go into internal medicine and have actually chosen to shrink the size of our program despite the need for internal medicine graduates in our community. Our experience is repeated in training programs across the country. Not only can we not find US grads interested in internal medicine, we can't find foreign grads. Those students who do enter our program mostly choose to go on for specialty training, because procedures pay so well and they have large loans outstanding. The proposed changes are a first step in addressing this inequity and the only way to assure that there are primary care physicians available to care for the baby boomers in 10 years, when the bulk of current primary care physicians will retire.

Submitter : Dr. Donald Behnke
Organization : Dr. Donald Behnke
Category : Physician

Date: 07/03/2006

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. Timothy Pettigrew
Organization : Dr. Timothy Pettigrew
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The current fee schedule does not reimburse at a rate compatible with the time needed to perform necessary evaluations and encourages physicians to rely more heavily on added laboratory and other tests to offset the concern over missing significant diagnoses. It is important for us to devote more time and reimbursement for critical thinking. Our Internal Medicine practice is at a medical center and a large percentage of patients are referred for evaluations by primary care physicians who are perplexed due to their patients' complex medical problems. Better evaluation and management reimbursement would allow us to serve these physicians better as well as decrease the number of referrals; often a referral is made as it is the most time-effective response for the referring physician. Furthermore hospital and office practices tend to put their energy toward health care that is well reimbursed and as such over the past 10 years it seems more difficult to attend to outpatient evaluation and management services as these are loss leaders. We are at times asked by patients out of our county if we can provide primary care as they state no providers in their area will see them. Thus patients perceive that their local primary care providers are unable to see medicare and medicaid patients. If evaluation and management reimbursement covered office expenses and allowed practices to thrive by careful performance of these services our healthcare system would be much improved and local care would be more available.

Submitter : Dr. Celeste Soberano
Organization : Celeste S. Soberano, MD PA
Category : Physician

Date: 07/03/2006

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. Thomas Brandecker
Organization : Dr. Thomas Brandecker
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The care of patients has become more complex over the past 5 years. We are in the process of converting to an electronic medical record. The nurse who helps input data cannot believe the number of medications and diagnoses per patient. In my visit I have to assess what 3 specialists get to do at three separate visits. The current pay in no fashion is equal to the work put into the visit. Raising the RVU's is long overdue. If this is not done, I'm not sure how long I or my partners can continue to work in this field.

Our practice is approx. 70% Medicare. The new formulary has also added a tremendous burden on my practice. This impacts Internal medicine and family practice more than most specialties. The patients expect us to take care of all their paperwork needs. Please allow the increase in RVU's for E/M services.

Submitter : Dr. Christopher Terrigal Burn
Organization : Palo Alto Medical Foundation
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I completely agree with the decision to increase the value of E and M codes. The 330 physicians in our multi-specialty group have seen a substantial change in what is required in primary care visits in particular, and in E and M parts of physician work in general. Evaluating older, sicker, more sophisticated patients, coordinating multiple chronic diseases, explaining health maintenance topics and tracking them require substantially more time. Furthermore, the disparity between the specialists whose principal income is from procedures and those in 'cognitive' specialties has widened to a point that is unsustainable. Part of the difficulty in recruiting primary care is the undervaluation of their services.

Terrigal Burn, MD
Medical Director and Chair, Executive Board
Palo Alto Medical Clinic

Submitter : Dr. Freddie Rodriguez
Organization : Freddie M. Rodriguez, MD. PA.
Category : Physician

Date: 07/03/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Our overhead has continued to increase over the last 20 years and income has continued to deteriorate. We've had to stop providing hospital services and now concentrate only on outpatient care. The only codes billed at our office are evaluation and management service codes and these are not sufficient to maintain the staff needed to provide efficient services. If nothing is done, I'll be forced to close out altogether and leave this inner city area. Please help us stop this downward spiral.

Submitter : Dr. Robert Sherrick
Organization : Kalispell Diagnostic Service
Category : Physician

Date: 07/04/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am an Internal Medicine physician in private practice in rural Montana. I applaud the recent proposed updates on practice expense RVUs and strongly urge you to keep pushing for the proposed changes.

Reimbursement for practice expenses has not kept up with increases for many years, recently coming to the point that it is extremely difficult to attract and retain quality physicians. In my work as an Internal Medicine physician, almost all of my charges come from E&M services, and a large portion of my patients are frail, elderly, chronically ill patients, covered by Medicare. Without the proposed updates, we will not be able to maintain the same quality and access to our Medicare patients that we would like to provide.

You will no doubt hear from various subspecialties, such as surgeons, that are more procedure based and will potentially have their reimbursements decreased under the proposed changes. What they won't tell you is that their overhead expenses as a percentage of collections are much lower than Internal Medicine practices, and that there is no reason to believe that the updated reimbursement amounts are not adequate to cover the practice expenses associated with the procedures they perform (largely in a hospital, not in their offices).

The proposed updates on practice expenses are long overdue, and now are critical to maintaining access for our seniors to high quality primary care Internal Medicine physicians. With less pressure to produce charges to cover overhead expenses, I believe that I will be able to spend more time on each patient, potentially resulting in cost savings, as I may be less likely to simply order some tests so that I can get to the next patient. I urge you to continue with the proposed practice expense updates, and implement them as soon as possible.

Sincerely,

Robert C. Sherrick, M.D.
Kalispell, MT

Submitter : Dr. Jonathan Appelbaum
Organization : American Academy of HIV Medicine
Category : Physician

Date: 07/04/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

These proposed changes are welcomed and I support their adoption.

As a primary care and HIV specialist, I am concerned that inadequate reimbursement is and will be a deterrent for young physicians from entering this field. I urge CMS to finalize the recommended RVU increases for E&M services. In my own practice I care for over 70 HIV positive patients whose medical and psychosocial issues have grown more complex as we are able to manage this chronic disease.

I urge CMS to reject any changes that would lower the overall proposed improvements in work RVU's off E&M services.