Submitter : **Dr. Victor Roberts** **Date: 07/04/2006**

Organization : **Endocrine Associates of Florida, PA**

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. Moises Feldman** **Date: 07/04/2006**

Organization : **Dr. Moises Feldman**

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. Philip Mongelluzzo **Date:** 07/04/2006

Organization : Dr. Philip Mongelluzzo

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I urge CMS to finalize the recomended work RVU increase for evaluation and management services. There is simply not enough time in a 15 minute encounter to address a patient's diabetes, hypertension, sleep apnea, hypercholesterolemia, Gerd, social issues and medication adjustments. And then beyond that, preventive care needs to be addressed. There is simply not enough time to effectively take care of a patient as patients have become more complex over the last 5 years. Increasing reimbursment is the single most important tool that can be employed to encourage medical students to become primary care doctors and to allow current primary care doctors a ray of hope. It is the best interest of CMS not to accept any comments that would lower the overall improvemens for RVUs foe E/M services.

Thank you.

Submitter : **Dr. Arnold Falchook** **Date: 07/04/2006**

Organization : **Dr. Arnold Falchook**

Category : **Physician**

Issue Areas/Comments

Discussion of comments-HCPAC Codes

Discussion of comments-HCPAC Codes

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.

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I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.
Respectfully,
Arnold Falchook, MD

Submitter : **Dr. Rias Ali** **Date: 07/05/2006**

Organization : **Gulf Coast Medical Group**

Category : **Physician**

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.

Rias Ali, M.D.

Submitter : **Dr. David Felker** **Date: 07/05/2006**

Organization : **Dr. David Felker**

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.

According to Medical Economics, primary care physicians, such as myself, have experienced a 10% delcine in real income over the past 5 years. Expenses have increased dramatically.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule. It will have a lasting effect on the next generation of caring doctors.

Submitter : Dr. Kay Mitchell **Date:** 07/05/2006

Organization : Gov Florida Chapter of ACP

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

Your help will keep Doctors in Florida

Submitter : **Dr. John Weems** **Date: 07/05/2006**

Organization : **Infectious Disease Associates, GHSUMC**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am delighted to see that the relative value of evaluation and management services is beginning to be addressed in this most recent proposal. Currently these services have become so de-valued it is creating a crisis in coordinated care of our patients. With the current reimbursement structure, a practice purely dependent on E and M services cannot survive, thus we see primary care physicians resorting to supplementary services unrelated to their patients' most serious problems that can be reimbursed outside of the E and M structure (laser varicose vein treatment, etc.) I see many complicated patients who are truly "ships without rudders" lost in a mix a proceduralists each of which is providing fragmentary input and although the patient may receive care from many physicians, they in essence have no physician. Patients will benefit from the thoughtful coordination of their care by a physician more than by another procedure.

Submitter : **Dr. Jessica Davidson** **Date: 07/06/2006**

Organization : **Palo Alto Medical Foundation**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I support the proposed changes. Internists have not been adequately compensated for the work they do. These changes will help rectify the disparities. I would appreciate attention to the possibility of increasing compensation for 99214 services.

Submitter : Dr. Steven Eyanson **Date:** 07/06/2006

Organization : Physicians' Clinic of Iowa

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a practicing rheumatologist in Iowa, I support the proposed RVU increases in the work units for E/M services. As rheumatology has been improved with the addition of highly effective biologic agents, the need for more work to evaluate and manage patients has increased.

I urge CMS to finalize the recommended work RVU increases for E/M codes and to reject comments that lower the improvements in Work RVU's.

Submitter : Dr. Dana Merrithew **Date:** 07/06/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed changes in E and M services reimbursement. For to long E & M codes have been paid at a rate far below those of procedural codes. As a result there exists a dangerous physician specialty maldistribution as new physicians have entered procedural specialties in greater and greater numbers at the expense of the primary care specialties. At the same time the administrative burdens on primary care specialists have become unmanageable. The entire healthcare system is in danger of collapse because of this maldistribution of physicians. Increasing E & M code reimbursement against procedural reimbursemnet will begin to correct the problem.

Submitter : Dr. Paula Lester **Date:** 07/06/2006

Organization : Dr. Paula Lester

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of a proposed increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations. Patients are increasing more sick with complex medical conditions and require more intense evaluations.

Thank you,
Paula Lester, MD

Submitter : Mrs. Jaspreet Dhoot **Date:** 07/06/2006

Organization : OHSU Medical Student

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I support a proposed increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations, known as evaluation and management (E/M) services.

Submitter : Dr. Thomas Roberts **Date:** 07/06/2006

Organization : IDIMA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of
a proposed increase in the work relative value
units (RVUs) assigned to office and hospital visits
and consultations, known as evaluation and
management (E/M) services.

Submitter : Dr. Paul McKenney **Date:** 07/06/2006

Organization : Dr. Paul McKenney

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sirs: Please finalize and approve the recommended work RVU increases for E/M services. As a hospital-based internist and administrator in practice for over 20 years, it is dramatic to see the increasing complexity and work involved in caring for hospitalized patients with multiple medical problems. It is also worrisome to note that many internists and primary care physicians have opted to give up their hospital privileges because of the undercompensation and high risk of caring for these patients. Reimbursement has long been slanted in favor of procedural and surgical services, leading to a supply and access crisis for primary care. Providing reasonable reimbursement will improve the quality and continuity of physician care to hospitalized patients. The higher RVUs are finally reflecting the complexity of this care, and are absolutely necessary.

Submitter : **Dr. Farr Curlin** **Date: 07/06/2006**

Organization : **The University of Chicago**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I would urge CMS to finalize the recommended work RVU increases for evaluation and management services. I have been practicing medicine for five years as a general internist. My patient population is, on average, extraordinarily burdened by chronic diseases, and every year there are added "quality measures" that require that more be done and more be screened for. In addition, I often serve as the physician called on by multiple specialists to deal with "primary care issues" for patients with very complex disease burdens. I also have noted that patients come to primary care physicians like me with extraordinary social and psychological challenges and complaints.

All of this combines to create a clinical context in which we internists feel like we are running against an unforgiving clock with a strong man in the corner wagging his finger reminding us that there is so much we have yet to do, so much left undone, and that we will be paid $60 for a visit that costs us $100.

Finally, there is such demand for our services, with the increased chronicity and complexity of illness, and so little reimbursement, that we have had to close our primary care group at the University of Chicago to all new patients! It seems clear to me that the University is limiting its 'exposure' to the tremendous financial drain that occurs because we lose money every patient we see, and that in spite of a clinic that is very well managed from my experience.

No wonder, in this context, that medical students are increasingly choosing subspecialties instead of primary care. They see fatigue, weariness, and demoralization in the faces of the internists who know their care is a drain to the University and therefore not valued. They see that with current reimbursement rates, they can look forward to earning $100 to $130k/yr as an internist, while working long days, and very slowly paying off their $200,000 educational loans as they also try to make mortgage payments in a climate in which 3 bedroom houses cost $400,000+ in most safe neighborhoods.

The current situation is a recipe for the end of primary care. I therefore strongly urge you to increase work RVU's for E and M for primary care visits, and to resist any language that would diminish proposed increases.

Sincerely,

Farr Curlin

Submitter : Dr. Scott Wilson **Date:** 07/06/2006

Organization : University of Iowa

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I urge adoption of the proposed increases in RVU's for E&M services. The management of complex illness has been shifting to the outpatient realm, and to non-surgeons over the years. Our medical students, who might ordinarily choose careers in Internal Medicine, are selecting surgical subspecialties preferentially due to reimbursement disparities.

Submitter : Dr. Robert Gluckman **Date:** 07/06/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly agree with the CMS recommendations to increase the work relative value units for evaluation and management codes. The complexity, time and work outside of face-to-face contact with patients has increase substantially. The low reimbursement for these services threatens access for Medicare beneficiaries. In Oregon, over 40% of primary care physicians limit or refuse acceptance for mew Medicare patients. Some are opting out of the program.

In addition, there is a dramatic decline in interest among medical students to enter a primary care career. Only 15% on current US medical school graduates intend to pursue a career in adult primary care. It is vital to correct the current reimbursement inequity to reverse this trend. CMS also needs a standardized survey to accurately assess practice expenses.

I also strongly endorse MedPac's recommendation to develop a separate committee to explore overvalued codes. The current AMA specialty society relative value units update committee has not adequately addressed this issue. Reductions in overvalued codes are vital to maintain solvency of the Medicare program, reduce perverse incentives for over utilization of low complexity procedures, and create a pool of funds to reimburse necessary care for patients with chronic illness. The latter services are woefully underfunded.

Submitter : Dr. Bruce Houghton **Date:** 07/06/2006

Organization : Creighton Division of General Internal Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a General Internist I applaud the efforts being made to improve the reimbusement for all of the work that we do in the care of very complex patients.

Submitter : Dr. Jon Sweet **Date:** 07/06/2006

Organization : Carilion Health System

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a general internist in Roanoke, Virginia. My patient population consists mostly of middle-aged to elderly patients with multiple, chronic, active medical problems, such as diabetes, hypertension, hypercholesterolemia, congestive heart failure, angina, renal failure, and anemia. Many other practices in town no longer accept Medicare patients due to unacceptable compensation.

I 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 during the past ten years and can be overwhelming. There are preauthorizations, peer-to-peer reviews, family meeting, coordinating care, increasingly sophisticated education, and adherence to the best practice of medicine, all of which is becoming increasingly complex.

Approving such changes will help assure continued access to primary care services. I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : Dr. Janardan Khandekar **Date:** 07/06/2006

Organization : Evanston Northwestern Health care, Northwestern.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am very pleased that CMS has undertaken this forward looking review on compensation of physicians. My comments are based on my role as Chairman of the department of Medicine in a large organization as well as an educator in a major University.

The department of medicine at Evanston Northwestern health care(ENH) has over 600 staff and about 275 primary care physicians(PCP). The department employs about 200 physicians and thusvery familiar with compensation system. The PCP compensation has become progrssively worsened over time and has demoralized the physicians. The RVU system on which compensation is based was established over 20 years ago when utilization of radiology, pathology and other services were in infacy. the sophistication of these services has put added time pressure on PCP's in terems of scheduling of these services but more importantly, obtaining results and interpreting and communicating these results to the patients. For example, when a CT scan is ordered , a radiologist sends a report which is often vague(for fear of malpractice) and collects the fees and then it is left to the PCP to interpret the results and explain that to the patient.As an oncologist, I have to call radiologists for results and then they read the scans as I am on phone with them. Their fees for reading the cT study is at least twice than my fees which includes H & P , evaluation, counseling, ordering the tests and then explaining the results to the patients. When a lab. test is done, there is an automatic print outfor interpreting the results say for cholesterol levels. The pathologists charge money for the print out which is equivalent to a level 2 visit.

I can give several examples but the bottom line is current system is grossly unfair to PCP's. They then take the short cut of ordering the tests rather than discussing with the patients the problems and dissuading them from unnesseary testing. The emdicare is then saddled with bills for expensive tests. This is not helped by for profit ventures or physician owned facilities which may charge lower than hospitals but increase the volume and there is no utilization review and one can not even talk about quality assurence and improvement.

The other place where I see the problem is its effect on medical students. US is going to face physician shortage and no where this is going to more severe than PCP's. In some ways this is analogous to nurses shortage. As an educator, i have noticed a marked decline in physician interest in Internal medicine. This will have profound effect on nation's health.

The CMS is taking much needed steps and even more drastic measures are needed to correct these imbalances. The leadership at CMS deserves commendation for bold ,thoughtful and forceful actions. Best wishes.

Submitter : Dr. Neil Schwartzman **Date:** 07/06/2006

Organization : ACP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I was very enthused to hear about the CMS proposal to increase RVU's associated with evaluation and management services. In my opinion, these servies have been very undervalued in the past and have forced many primary care physicians to limit the number of Medicare patients they were able to see if not limit them entirely. The work associated with patient care E and M services has grown more labor and time intensive and I applaud you in this decision. Thank you.
Neil Schwartzman, MD, FACP

Submitter : Dr. Lisa Kaufmann

Date: 07/06/2006

Organization : Dr. Lisa Kaufmann

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am delighted to learn that CMS is considering an increase in the WRVU values for evaluation and management. I have a complex academic general internal medicine practice, and it becomes more and more evident every year that I get paid much less for delivering high quality care than do people who perform procedures. The case management aspects of patient care also add to the time needed to care well for patients. I urge you to implement the proposed changes to improve the number of medical students and residents who can consider primary care, since we know that receiving a greater percentage of one's care from specialists results in much higher costs.

Thank you very much.

Submitter : Dr. BILLY CHACKO **Date:** 07/06/2006

Organization : HARBIN CLINIC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I want to commend the CMS for coming to the recommendation regarding reimbursements to Internists. It is my hope that the lawmakers see this crisis in the same way and do more to prevent it from getting worse.This is but a first step.
No healthcare system with a reliance on specialists has succeeded and there could not be a worse time for our healthcare system to breakdown. I hope with everyones efforts we can not only prevent this crisis from getting worse but even make the system better.

Submitter : Dr. Andrew Wormser

Date: 07/06/2006

Organization : CMG

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a primary care physician writing to support the proposed increase in RVUs assigned to E/M services. I have been in practice since 1982, and I can reliably report that over the past ten years, we have seen a staggering increase in the complexity and volume of work associated with patient care. The reasons for this are many and include: 1)the increasing age of the population--people are living longer but often have more chronic problems as a result. 2)we use many more medications than previously to control chronic problems such as blood pressure--we have to write and track many more prescriptions than before. 3) we often write identical prescriptions, one for the local pharmacy for short term use and one for the pharmacy benefit manager for the long term. 4) we often after writing a prescription must find an alternative in the same class if the original is not formulary. 5) health plans limit the number of refills so that we have to write new presciptions more frequently. 6)although we are given little true power, health plans often insist on referrals before approving patient services--this is a type a rationing by inconvenience, and it forces us to provide more unreimbursed care in order to benefit patients (which we want to do). 7) the fragmented nature of the current health 'system' makes it hard to coordinate care and collate information--and there are more and more specialists, tests, data, etc. that have to be tracked. Clearly, young physicians are getting the message that primary care providers are overworked and underpaid. They are voting with their feet and are going into other disciplines. Who can blame them? A correction in the reimbursement formula to more accurately reflect the intensity of work that is done would be helpful. I urge CMS to reject any comments that would weaken the overall improvements in the work RVUs for E/M services.

Submitter : Dr. David Stornelli **Date:** 07/06/2006

Organization : Alexander Medical Group, PC

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The proposed increase in RVUs for the E&M services provided by primary care doctors is a good first step towards averting a catastrophic collapse of the primary care system just as the first baby boomers are turning 60 and the need for excellent primary care is the greatest. I truly believe that a well compensented, well trained primary care workforce is the ideal way to provide cost-effective healthcare to all Americans.

Submitter : Dr. Nicole Nisly **Date:** 07/06/2006

Organization : University of Iowa Hospitals

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I give my support for a proposed increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations, known as evaluation and management (E/M) services.

Submitter : **Dr. John Williams** **Date: 07/06/2006**

Organization : **Dr. John Williams**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Current reimbursement policies have lead to large discrepancies in physician income. Without reform, we will lose access to primary care. I urge CMS to finalize the recommended work RVU increases for evaluation and management services as this will begin to address these imbalances. I care predominately for patients age 60 and older. I use an electronic medical record that incorporates clinical reminders to improve the quality of care. My patients have an average of 4-5 chronic illnesses that typically requires complex medical decision making. Many visits require f/u of laboratory data and between visit phone calls that are not reimbursed. In order to continue to serve this patient population well, reimbursement must be increased.

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

Submitter : Dr. samuel peeples

Date: 07/06/2006

Organization : Dr. samuel peeples

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I encourage you to finalize the recommended RVU increases for E & M services. As a primary care internist I can assure you that most of my medicare pateints are quite complex and require extended time to evaluate. Due to poor reimburement for E & M services we are unable to attract new primary care providers. Because of this our system is in grave danger of limited access for Medicare receipients. Many physicians are not seeing new Medicare patient which add more burden to those of us who are trying to continue to see them. Unless significant changes are made primary care will gradually (or quickly) fade away. Thank you for your attention.

Submitter : **Dr. Spencer Berthelsen** **Date: 07/06/2006**

Organization : **Kelsey-Seybold Clinic**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to support the proposed improvements in work RVUs for E/M services. These improvements are essential to reverse the decline in primary care specialists relative to the need of an aging population. Current Medicare reimbursement levels do not support a practice providing E/M services which are the bedrock and starting point for all medically appropriate care.
I urge you to reject any suggestions to lower the proposed adjustment to E/M work based RVUs. I urge you to finalize the proposed adjustments.

Spencer Berthelsen, M.D.
Houston Texas
713-442-0752

Submitter : Dr. Anne Cook

Date: 07/06/2006

Organization : Dr. Anne Cook

Category : Physician

Issue Areas/Comments

Discussion of Comments-Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I would like to voice support of the revision in RVU's for E&M codes. In my opinion, primary care is in crisis due to the increasing time demands and overhead costs of practicing physicians. There likely will need to be an overhaul of the entire system in the next decade but in the interim changing the RVU's will provide some relief and hopefully keep some physicians in their practices.

Submitter : Dr. luzcel tuazon

Date: 07/06/2006

Organization : american college of physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

i have been following the issue of medicare cuts and am pleased about the proposed increase in rvu's. it would be a big step in preventing collapse of primary care if this becomes final. here in the tri-cities a lot of primary care physicians have stopped taking new medicare patients, and a lot more are discharging their existing patients because they couldn't even keep their lights open with the current system. it is unfortunate as this is the time primary care physicians are needed because of the aging baby boomers. as an effect of this, a lot of patients are seeking either urgent care and emergency care facilities that are actually much more expensive, and are just addressing acute issues. in this era, we have a good armamentarium to help us with keeping our patients healthy and out of the hospital. however, if our baby boomers don't have access to primary and preventative care the more medicare is going to have problems with financing their programs because of unnecessary bills from urgent care and emergency care services.

Other Issues

Other Issues

medicare part d - at the beginning i was hopeful about changes that medicare part d would bring. i have a lot of medicare patients, and sure we take care of them. however, we can prescribe medications but if they don't have the means, they will not stay better. medicare part d does help in a way as patients who didn't have medication coverage now do. however, we are experiencing a lot of problems with getting insurances to continue covering for medications that the patients have been stable on for years. a company in particular, advantra rx has been unreasonable. one exmaple, the patient has longstanding gerd, already has strictures and being dilated every so often and needs to be on a certain ppi as he failed ones in formulary and they still want the patient to be tried on an h2-blocker or prilosec otc, stating that they are just following step therapy. we requested to talk to a physician for a prior authorization and apparently they don't have one. i ended up talking with a pharmacist, who do not even have a medical degree, and insisting that this patient be tried on another ppi that they had on formulary. i agree that ppi's are of the same class and should provide the same effect/benefit. however, what this pharmacist didn't realize is that even these medications are the same, people can respond differently to medications. i ended up giving my patient a sample of the ppi they wanted and as expected, the patient failed. this is about 2 weeks of unpleasant symptoms for the patient. there is another company that i would like to report on, and this is silverscript. i have 2 patients that have been denied celebrex because they are on aspirin and ppi. these 2 patients are diabetic and are high risk for coronary events. however, they also have arthritis and gerd. they have been doing well on a regimen of a ppi, aspirin for their heart, and celebrex for their arthritis. we already have explained to them the rationale for such a regimen and still wouldn't cover the celebrex. i think it would be more deleterious to my patient's health for them to be on nsaids than on a cox-2 inhibitor as it is actually safer from the gi standpoint than nsaids. i wouldn't even consider a narcotic pain medication because of the side effects of constipation, nausea, alteration of sensorium and dizziness. it is unfortunate that instead of helping patients, medicare part d is actually making it difficult for patients to get access to their medications.

Submitter : Dr. Louis Leff **Date:** 07/06/2006

Organization : Pinnacle Internal Medicine Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed CMS measure to finalize the recommended work RVU increases for evaluation and management services

Submitter : **Miss. David Edelson**

Organization : **HealthBridge**

Category : **Physician**

Date: **07/06/2006**

Issue Areas/Comments

Discussion of Comments-Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

As a primary care provider for the past 18 years, I can tell you that this restructing of payments to primary care physicians such as myself is desperately needed. Right now it is virtually impossible to provide quality care to patients with the levels of current reimbursements, especially in an area such as mine with such incredibly high overhead. Unless there is some change in payment structure such as this proposed plan, many primary care physicians, myself included, could risk having to close our doors within the next few years. There is no possible way for me to continue to absorb ever increasing costs of practice, including rent, salaries, malpractice and the ever growing administrative burdens of managed care. PLEASE pass this proposal to at least give us some semblance of relief from the horrific financial crunch that we are currently under.

Respectfully yours,

David G. Edelson, MD, FACP
Assistant Professor of Medicine
Albert Einstein College of Medicine

Submitter : Dr. Todd Simon **Date:** 07/06/2006

Organization : Jersey City Medical Center

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to indicate my strong support for the proposed E/M changes. I believe that these changes will have a major positive impact on physicians like myself who practice Internal Medicine, and ultimately improve services for our patients.
" I urge CMS to finalize the recommended work RVU increases for evaluation and management services.
" It is clear that the complexity and work associated with taking care of patients during office/hospital visits and consultations has increased dramatically during the past ten years.
" These changes will help assure continued access for patients to primary care services.
" I further urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.
Thank you for the chance to express my support for this important proposal.

Submitter : Dr. Ed Palmer

Date: 07/06/2006

Organization : Dr. Ed Palmer

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

These work RVU increases are appropriate and necessary.

Submitter : Dr.

Date: 07/06/2006

Organization : Dr.

Category : Physician

Issue Areas/Comments

Background

Background

" please finalize the recommended work RVU increases for evaluation and management services.
" the complexity and work associated with taking care of patients during office, hospital visits or consultations has increased dramatically during the past ten years. It took 1 hour to discharge a patient today with severe COPD just of mine time
" such changes will help assure continued access to primary care services. we have had 3 doctor from our group leave this month due to the hassles and low payments
" reject any comments that would lower the overall improvements in work RVUs for E/M services. We will see more doctors leave it this happens

Submitter : Dr. Kevin Moynahan **Date:** 07/06/2006

Organization : University of Arizona

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the RVU increase as proposed. It is past time for patient care activities be recognized as the important core of our health care system. Fair compensation for patient care vs. procedures will ensure that future physicians will be available to provide front-line care to our aging population. As it stands, medical students are recognizing that physicians are not paid for actually caring for patients and are choosing high-income, procedure-based specialities.

Submitter : Dr. Thomas Niethammer

Date: 07/06/2006

Organization : Wyoming Chapter ACP

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing as a practicing general internist and Governor of the Wyoming Chapter of the ACP. I urge you to accept the recomendations of the advisory committee regarding the increased RVU value for cognitive services. If reimbursement levels do not increase for general internists and family practioners we will have a serious crisis in our state, and nationally. In my state we have a much larger percentage of Medicare patients and we really have no way to "make up" for the low pay we recieve for caring for this complex group of patients. Physicians in my state are leaving because of this issue. I am a very busy general internist and my income goes down each year despite working harder and seeing more patients. I find it disturbing that procedures are paid so much more generously than the hard work of thinking and taking care of patients in a cost effective manner. I truly believe that I save the system money when I take the time to talk to patients and not just order a procedure. That value should be recognized. I cannot stress enough how I feel that the future of general internal medicine is tied to increasing this RVU and I urge you to respectfully ignore the comments of my much more well compensated procedure oriented colleagues.

Thomas Niethammer, MD, FACP
Governor Wyoming Chapter American College of Physicians

Sheridan Wyoming

Submitter : Dr. Mark Eckman

Date: 07/06/2006

Organization : University of Cincinnati College of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Increasing the relative values and payments for E/M services is an important first step toward addressing the payment inequities that are leading to the collapse of general internal medicine and other primary care specialties. In particular, with the progression of the baby boomers into more advanced years, if anything we will need an increase in the availability of general internal medicine physicians. The current finacing levels are extremely discouraging to both current practitioners and medical students and residents making career decisions. CMS should do all it can to promote the viability of general internal medicine. The current revaluing of RVUs for cognitive E & M services is a good first step, provided these increases are not immediately taken back through an across the board cut on the conversion factor.

Submitter : **Dr. Charles Soppet** **Date: 07/06/2006**

Organization : **Internal Medicine Associates of Dothan PA**

Category : **Physician**

Issue Areas/Comments

Background

Background

A practicing Internist in primary care private practice for 27 years, I have struggled with the financial aspects of operating a practice as the fees I am required to pay to suppliers has increased, my staff has certain expectations regarding at least cost of living raises, and even private health insurers in our area are continuing to demand double digit yearly premium increases so that we may provide health insurance for our own employees. In January of this year, after five continuous years of absolutely flat fee schedules for our major commercial payors in the State of Alabama, Medicare did provide a 1.7% increase for many of our procedures. Ladies and Gentlemen, this is no way to run a business. We in primary care see continued increased payments to our subspecialist and surgical colleagues as they flood to purchase imaging equipment. We are 'landlocked' in our ability to generate additional income. Our office overhead has now breached $102.00 per hour per physician even when physician salary and benefits are removed from the equation. It is no longer possible to even reach a break even point with new Medicare patients (the reimbursement versus cost for a new patient is $12.36 to the negative per hour) and the average 'profit'-read that salary-for physicians seeing only established Medicare patients in the office is now in the neighborhood of $20-40 hourly. For those of us continuing to try to see new and established Medicare patients,
the total then is a paltry $8 to $27 per hour salary for a physician of my level of experience. This total hourly 'wage' accrues only if all appointment slots are filled, all patients keep their appointments, and all patients pay all their co-pays and deductibles. We pay hourly workers with far less education and far less responsibility these salaries. Add to this our continuing risk of career ending professional liability litigation and the work+risk for these rewards is simply not equitable. This is plainly put an artificial market in which the demand for the primary care Internists services far exceeds our ever dwindling ability to provide those services. Medical Students and Medical Residents are aware of these financial facts. They will not agree to practice primary care medicine, and the results of the National Residency Matching Program continue to prove this. The statistics are telling. You simply must enact this rule, all comments by other societies not withstanding. We are truly at the tipping point. Modest increases in payments for primary care will only stem the tide of those seeking to retire early. To attract those who will enter this specialty upon my retirement, you must renegotiate the entire primary care payment process. Fees must be arranged for 'retainer services' which are not face to face encounter services currently reimbursed by insurers including Medicare. These services are expected by patients who have no place else to obtain them and are universally required by insurers though not reimbursed by insurers. These services range from pre-certification of imaging studies to frequent changes in written prescriptions by patients as they change drug plans or as the drug plan they contracted with changes its formulary. These unfunded mandates and paltry fee schedules are stealing the heart of primary care physicians who truly do wish to provide the best care for patients.