Submitter : Dr. Christopher T. Parker **Date:** 07/07/2006

Organization : Austin Diagnostic Clinic

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

This is important: please consider.

Submitter : Dr. Emily Hitchcock **Date:** 07/07/2006

Organization : Dr. Emily Hitchcock

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a primary care provider and internal medicine faculty member I think it is critical to the future of primary care that the reimbursement is more commensurate with our colleages in procedure based subspecialties.

Submitter : Dr. David Sandvik **Date:** 07/07/2006

Organization : Internal Medicine and Geriatrics Associates

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As an office-based internal medicine physician for over 25 years with a specialty in geriatrics, who continues to practice geriatrics in nursing homes and the hospital, I whole-heartedly support the increases in reimbursement for the evaluation and management (E&M) codes for medical practice. Studies have shown that these codes have fallen behind codes for procedures ever since the Relative Value Scale was introduced as the basis for physician reimbursement. The reasons involve continued introduction of new procedures which are valued at a higher level than previous procedures because they are new. Then as these procedures become old, their relative values are not decreased, though now they have become common.

The net effect of poor reimbusement for E&M codes is devestating to the US healthcare system. Medical students do not choose primary care careers because reimbursement in that field is tied to E&M work. In Rapid City, SD, my home town, office-based internists have been leaving the office practice to become hospitalists for the fewer hours and more stable income that field provides. It is very difficult to find an internist as a personal physician here now. Internist provide ongoing care for the most complex and vulnerable patients. Without office-based internists, care of our frailest patients will suffer.

So, primary care physicians are leaving that field and new physicians are not choosing primary care. The net effect is that the United States cannot produce the level of excellence in basic medical care that many other countries provide with less cost and less sophisticated medical systems, countries such as Cuba. Without readjustment, the overall quality of care in this country will continue to decline. If patients become sick, they will have plenty emergency physicians, anesthesiologists, and specialists to provide for them until they return to baseline. However, to find physicians who control blood pressure, diabetes, and high cholesterol; make sure cancer screening occurs; treat Alzheimer's Disease; and insure cost-efficient, compassionate care is given at end of life is difficult now and will become more difficult in the future. Essentially, finding a "personal" physician will become a challenge.

For these reasons we need incentives for physicians to be evaluators and managers rather than proceduralists, to think before doing. Studies have shown that 88% of diagnoses are made at the end of a brief history and some subroutine of the physical examination in primary care visits. In general medicine clinics (with more complex patients) 56% of diagnoses are made by the end of a good history of the illness, with 73% of diagnoses made by adding a physical exam. Only another 10-15% of diagnoses are made with further diagnostic testing. So, the conclusion is that the history and physical exam is the most cost-effective procedure in medicine: all evaluation and management. However, with poor reimbursement, the history and physical is likely to be rushed and physicians jump to costly diagnostic tests that are likely less accurate than taking the time to listen to the patient, do a physical examination and think long enough to make the correct diagnosis and prescribe the correct treatment. The E&M codes are the best value in medicine for providing quality care. They need to be updated to be effective.

Physicians have lost faith in evaluation and management because of lack of value placed in the process by the system. That faith needs to be restored by placing reimbursement where the value for the system actually is.
David Sandvik, MD, FACP, CMD

Submitter : **Dr. sam miller** **Date: 07/08/2006**

Organization : **Dr. sam miller**

Category : **Physician**

Issue Areas/Comments

Background

Background

Please pass the proposed RVU increases. Our costs for practicing medicine and serving patients keep increasing and more and more doctors are forced to close our doors.

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

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

For most pathology clinical lab tests, the cost to perform the test is more than is reimbursed. Equipment and reagent vendors have been raising--not lowering--their charges. Soon, patients will not be able to receive these tests because we cannot perform them due to financial losses. Please increase the physician reimbursement for lab tests. Thanks.

Practice Expense

Practice Expense

Costs of running an internal medicine and endocrinology practice are increasing: rent, personnel, equipment. Please increase cognitive services fees to accomodate physician overhead price increases.

Submitter : **Dr. Warren Evins** **Date: 07/08/2006**

Organization : **Dr. Warren Evins**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I support the increase in valuation of the E & M Services codes.

Thank you.

Warren Evins, MD

Submitter : **Dr. James Corsones** **Date: 07/08/2006**

Organization : **Kingston Internal Medicine Associates**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I have been a primary care provider for twenty four years. in that time, my patient population has aged and developed more frequrnt and complex medical problems. It is increasing difficult to adequately address all their issues in the limited time available in order to run a cost efficient office. E/M services have been undervalued for many years. It is sad that I am reimbursed more for taking off a small skin lesion than reviewing and adjusting medications for patients with multiple medical problems. Many of them suffer from diabetes, hypertension and elevated lipids- all of which have to be addressed in a 15 minute office visit. With the advent of procedure based medicine and the prospect of pay for performance, documentation and addressing all these issues becomes more difficult. Additionally, expenses-especially in New York where the insurance administration has okayed a double digit increase in malpractice premiums- continue to rise while we struggle every year with Congress threatening to reduce reimbursements for physicians. This review of relative value units will improve the situation greatly and help ease some of the burden on primary care practices. It should also improve our abilitiy to afford electonic medical records. EMR should greatly improve efficiency and quality of care. I wholeheartedly support this proposal and encourage you to pursue a more equitable course so that we can spend more time providing carc and less time dealing with the administration of health care. Thank you.

Sincerely,

James Corsones, M.D.

Submitter : **Dr. Michael Butcher** **Date: 07/08/2006**

Organization : **Dr. Michael Butcher**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

It is my understanding that there is consideration to increase the value of evaluation and management RVU's. This is an extremely important update that is sorely needed at this time. Currently, Primary Care Internal Medicine is the number one search for new physicians. This is during a time when many residency programs are phasing or considering phasing out the Primary Care aspect of their Internal Medicine training programs. The reason for doing so is readily apparent in that the demand for these positions has diminished drastically. The reason for the decrease interest in the Primary Care positions is that the work load in our practice has been horribly increased, due to paper reviews. These reviews are extremely burdensome and costly in time and personnel. Also the incomes from subspecialty care is dramatically higher than for primary care. It is easy to figure that new physicians will want to go into a specialty with lower work load and hassle factors while making a higher income. This is also at a time when the population of the U.S. is going to be aging and we will need many more Primary Care physicians.

I chose Primary Care because that is what I enjoyed, but recently have been recommending to young people entering medical school to seriously consider one of the specialties with better life style and incomes. Hindsight now tells me that I could enjoy other areas of practice with greater income and less hassle and I can't be honest with these young people and encourage them to do what I do.

Physicians in subspecialty care and surgical specialties will rarely take on the regulatory burden of paper work required to obtain patients medication, durable medical equipment, and assist devices. As a result it falls back to the primary care physician to do it or the patients will not recieve the needed equipment they need. While there has been some increase in reimbursment for these services they are inadequate to compensate a physician for the time spent trying to accomadate the needs of the payors who are evaluating the need for such services. Consequently patients may do without or the paper work is done by the primary care physician without careful review of the true need. It is common for me to recieve 20 faxes a day from homehealth agencies, durable medical equipment providers, and hospices. This is in addition to phone calls and office visits. Most of the burdensome paper work is a direct extension of providing primary care.

The current reimbursement for evaluation and management is abysmal. I can make more for removing a skin tag (11200-$63.42) that requires no brain work, can be done in less than 3 minutes and that I teach my pts. how to do it themselves in less than one minute than I get for an 'expanded visit' (99213-$48.16) that requires evaluation of a low or moderate problem and is expected to take 15 minutes. I also can get more for a simple suturing of the smallest laceration (12001-$131.00) than I can for a 'comprehensive exam' (99215-$110.96) that involves moderate to high severity and is expected to take at least 40 minutes. A simple appendectomy (44950-$537.38)pays 3 times and a total knee replacement (27447-$1,341.58) pays almost 10 times what a comprehensive new pt. workup for an inpatient (99223-$148.53)that may be in cardiogenic shock, new heart attack, stroke, or severe G.I. hemorrhage. I am not claiming that a 99223 should be reimbursed more than the Appy or Total knee, but the differential in the complexity of the problem, the stability of the patient, and the risk of death in comparison to the reimbursement is enormous and absurd. This update is long over due. Without some adjustment the elderly of the future will be horribly underserved with Primary Care.
In my practice of 9 Internists, I am the only one who will accept new Medicare pts. without restriction. That is a shame.

Submitter : Dr. Daniel Elliott **Date:** 07/08/2006

Organization : Dr. Daniel Elliott

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I have been anticipating this recommendation for some time. As a young physician who received a primary care scholarship through medical school, I am committed to primary care medicine. I have been saddened as quality colleagues interested in primary care choose other options simply because of the financial reality of student debt and the relatively paltry reimbursement combined with the grueling work done by internists and family practitioners in the community. I think the increase in valuation of E/M codes is an initial, necessary step in changing my colleagues' attitudes towards primary care and non-procedurally based specialties and recognizes the vital role these physicians play in the lives of the majority of Americans. I hope more can be done before our aging Boomers awake to find no doctor to care for them.

Submitter : Dr. Thaddeus Osial **Date:** 07/08/2006

Organization : Margolis Rheumatology Assoc. UPMC

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a rheumatologist, I provide quality care for disabled and often elderly patients. The quality of my work is strongly time-dependent. At the modest cost of an office visit I can often diagnose and treat painful and activity-limiting conditions without the need for multiple, expensive studies (eg MRI's). I need that time, however, to accomplish this. Properly reimbursing for time-spent would in the long run, be a cost effective way to address these medical issues in the elderly. Similar comments could be made by general internists and geriatricians, those whose primary tool is the patient interview and exam. The growing crisis in primary care reflects the distorted compensation for proceedure-oriented specialties vs. cognative ones. I urge you to reject any comments that would lower the proposed improvement in the RVU's for E/M services

Submitter : Dr. Brian Scanlan **Date:** 07/08/2006

Organization : St. Vincent's Hospital Manhattan

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Chronic illness and comorbidity are nearly inevitable as we age. Added to the burden of managing their complex health issues, the growing elderly population must also struggle to make our intricate health care delivery system work for them.

As a general internist specializing in the hospital care of geriatric patients I team with other professionals to assure access to quality care for the aging population of lower Manhattan. In addition to our continuing efforts to inform ourselves and our patients of the best care options, we must also be attentive to changes in the regulation of home care agencies, assisted living settings, nursing homes and pharmacies. Efforts aimed at cost containment in health care are warranted, but some of the unintended consequence of the efforts has been a dramatic increase in the complexity of primary care medical practice. Perhaps in no other area of primary care is this fact more evident than in geriatric medicine practice.

I love my work with elderly patients and with young medical students and residents. Each year when I lecture fourth year medical students at Columbia, however, I am amazed at how few of them are planning careers in primary care specialties. At least part of this unfortunate outcome is due to the imbalance between the cost of their education and the potential for earning as primary care providers. Under the current circumstances how can we expect to provide the human resources needed to address the demands of an aging population?

One way is to revise and ammend the system of payment to reflect the value of the complex tasks facing primary care providers. I applaud your current efforts to finalize recommended work RVU increases for E/M services. I encourage you to do more to promote primary care medical practice in the future.

Sincerely yours,

Brian C. Scanlan, MD
Associate Professor of Clinical Medicine
New York Medical College

Submitter : **Dr. Rajiv Kinkhabwala** **Date: 07/08/2006**

Organization : **Murray Hill Medical Group, PC**

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 recent proposed E/M changes and urging CMS to reject comments that would lower the improvements in work RVUs for E/M services. I have been practicing for about 10 years and even in that short time, there has been substantial increased complexity in the management of all types of patients, but especially the ones that require the most primary care, the elderly. The availability of newer diagnostic strategies and treatment options has enhanced my primary care practice, but has also required me to increase markedly the time I need to spend with each patient. Without having the proposed changes go into effect, I have to sadly say that I will not be able to provide the type of primary care my elderly patients should get. Unfortunately, I am not alone. Several of my colleagues have already stopped accepting Medicare patients due to the mismatch between the time and effort required to properly manage them and the reimbursements they receive. I strongly feel that the changes currently being proposed will allow me and my colleagues not only to continue to take care of our elderly patients, but also to improve that care substantially. The proposed changes will undoubtedly assure continued access to primary care services and avoid a looming crisis. By increasing access to primary care, I also argue and assure you that the overall cost of health care in our country will decrease. Please act quickly to make the proposed changes. Thank you.

Submitter : **Dr. Richard Nelson** **Date: 07/08/2006**

Organization : **Dr. Richard Nelson**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please finalize the recommended work RVU increases for evaluation and management services. It will help to secure the access to primary care physicians in the future. It may reverse a downward trend in qualified doctors entering the field of primary care medicine.

Submitter : **Dr. Mary Nadratowski** **Date: 07/08/2006**

Organization : **Dr. Mary Nadratowski**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to voice my support for the proposed E/M changes, and
urge you to 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 and consultations has increased dramatically during the past ten years, and the proposed changes will help assure patient access to primary care services.

Submitter : Dr. William Grow **Date:** 07/08/2006

Organization : Dr. William Grow

Category : Physician

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

Without some improvement in WVU for caring for patients,not doing thing to patients(procedures),primary care physicians will not be able to survive as healthcare providers and overall quality of patient care in the USA will ultimately decline in the near future.Patients in the end want a physician who cares for them, not necessarily does things to them.

Submitter : **Dr. Arnold Drake** **Date: 07/08/2006**

Organization : **American College of Physicians**

Category : **Individual**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please continue to upgrade the RVU's for the very undervalued evaluation and management services. I do this, and I also do GI procedures. The evaluation and management is severely underpaid.

Submitter : **Dr. Jeffrey Harris** **Date: 07/08/2006**

Organization : **Dr. Jeffrey Harris**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I urge you to approve the new E/M codes and to resist any proposals to scale them back. With an office overhead of 60% the first 6 patients among the 10 we can see in a half day simply help us meet our rising expenses (healthcare, labor, HIT, employee pensions). With the aging of our patients and the increasing incidence of patients having multiple chronic illnesses it is so difficult to see more people and still provide good care. Increasing reimbursement through the new E/M codes is essential to the survival of primary care. By supporting non-proceduralists you help eliminate the inordinately disproportioate earnings garnered by many medical specialties. This will help ensure that the trend among young people to refuse careers in primary care can be reversed and that we have enough internists and family practioners to care for an aging population. Jeff Harris

Submitter : **Dr. Edward Yourtee** **Date: 07/08/2006**

Organization : **Southern NH INternal Medical Associates, PC**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I urge the adoption of the revision of RVU assignment to E&M codes. Over the past decade the complexity of visits has increased dramatically.

Physician time is required to navigate the complexities of prior approvals for medications, diagnostic tests, and services.

Patients in the office are sicker, requiring more time to sort through their needs and their own problems navigating the medical system; all of this contributes to work not included in the CPT codes.

Finally, many of my elderly patients have multiple issues to be addressed, with complexity far exceeding that envisioned by the CPT codes and increasing the actual work of the visit.

Any attempt to reverse the proposed changes will severely impact the future availability and quality of primary care for Medicare clients, by discouraging physicians from entering primary care.

Submitter : **Dr. Joyce Shotwell** **Date: 07/08/2006**

Organization : **Dr. Joyce Shotwell**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Please finalize and approve the RVU increases for E&M services. To adequately hear a patient's problem, ask appropriate questions, gain relevant history, review tests that have been done and need to be done, is time consuming and requires attention and thought. As a specialist in pulmonary medicine, the "easy" things have been done and failed by the primary physician. Numerous times, my careful attention and review of records and even X-rays with missed findings, have made the difference in the outcome of patients' lives. With the lowering of payments, forcing physicians to have to "hurry" to see enough patients to pay overhead and have a family, it is the patients who suffer. The haste leads to inappropriate tests and wrong diagnoses. The risk from that are loss of life, loss of money for wrong treatment and possible further complications.

When primary care physicians are not adequately reimbursed, they will make more inappropriate referrals, or more mistakes which are costly to patients and society in the long run.

Many of the young bright, intellegent youth do not want to go into medicine because of poor payment which cannot counter balance the huge expenses of their medical training. This will lead to further erosion of care and more expense for mistakes and wrong treatment. When the cognitive aspects of medicine are not valued, procedure oriented and surgerical specialities are favored, which could leave large gaps in primary care services.

Such problems can be lessened by adequate reimbursement for the "thinking and solving" aspects of medical care. If careful consideration is not valued, more expense will go into testing and technology and the results will be wasteful and dangerous.

As one can tell from by comments, I am proud of my ability to listen to patient's complaints, but I take time to listen and consider. There is no way that I am reimbursed adequately for what I do. The appreciation and good will that patients have for me, does not pay my employees, my malpractice, my taxes or personal expenses. It is a sad society when the people who sell real estate, financial servies and run the insurance companies are more valued than the physician. Please approve the present increases, which will help at least in part.

Submitter : **Dr. Donald Marks** **Date: 07/08/2006**

Organization : **Cooper Green Hospital**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I support a proposed increase in the work relative value units assigned to office and hospital visits and consultations. These changes will have a positive impact on my practice. I urge CMS to finalize the recommended work RVU increases for evaluation and management services. There are many examples from my own practice of how complex and time consuing taking care of patients during office/hospital visits and consultations is, and this has increased dramatically during the past ten years. I think that the changes in the fee structure will help assure continued access to primary care services. I also urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : Dr. William Burtis **Date:** 07/08/2006

Organization : William J. Burtis, MD, FACP, Endocrinology

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a physician struggling to maintain a high-quality solo Endocrinology practice in Massachusetts. My reimbursement rates for a 30-minute face-to-face visit (E/M 99214) for my diabetic patients barely exceeds my costs. These costs also include at least another 30 minutes spent on transcriptions, prescription refills, phone calls between visits, and other "unfunded mandates."

There is an epidemic of diabetes in our country. It is well known that poorly-controlled diabetes greatly increases the risks of heart disese, stroke, amputation, kidney failure, and blindness. These non-fatal chronic, costly health outcomes are to a great extent preventable by educating patients to control their risks. Each individual patient has his own risk profile, and under the guidance of a specialist can be educated to change his lifestyle and take medications to minimize the risks and costs to himself, and thereby the costs to the healthcare system. All of this is complex and very time-consuming. Each visit includes a detailed review of diet, exercise, home glucose checks 1 to 8 times a day, medications, lab results, eye exams, foot exams, and coordination with other providers including PCPs, ophthalmologists, podiatrists, cardiologists, nephrologists, etc. The expected clinical goals are now much more stringent, and the complexity and work involved in care of diabetics has more than doubled over the past ten years.

There is a shortage of endocrinologists to care for diabetes, thyroid nodules, thyroid cancer, and osteoporosis, all of which are increasing in incidence. This shortage is driven largely by the fact that endocrinologists depend almost entirely on reimbursement for E/M services, and currently can earn a much better standard of living in other more procedure-oriented specialties.

It is an impossible dream that doctors will:
take better and better care,
of more and more patients,
of greater and greater complexity,
in less and less time,
for smaller and smaller compensation.

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

Submitter : Dr. Kenneth Associates **Date:** 07/08/2006

Organization : Gateway Medical

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a geriatrician in full time private practice. Over the past ten years my paients have become older and sicker and the spectrum of services I offer them has increased dramatically. The time it takes to offer the comprehensive care that these patients need and deserve is not adequately compensated under the current E and M RVU scale. Furthermore, recruiting new doctors so my practice can continue to offer services to the growing number of patients needing our care is near impossible. As such, I urge you to finalize the recommended work RVU schedule for E and M services. Thank you.

Submitter : **Dr. Mark Braun** **Date: 07/08/2006**

Organization : **Woodridge Medical Associates**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I was pleased to see that CMS is finally beginning to appreciate the central nature of E/M services to the efficient, compassionate and appropriate practice of medicine. For too long those of us who interact with patients - think, listen, examine and explain - have been horribly undercompensated relative to those physicians who perform procedures. We need adequate compensation for our time and effort to simply stay in practice. While E/M compensation has been flat for years the cost of malpractice insurance, staff compensation and office equipment/supplies has increased steadily.

It is conceivable that an increase in E/M compensation may actually help to control overall expenditure if internists who feel they are compensated for spending time with patients become less likely to simply order a test or consult so as to move on to the next patient, i.e. throughput may be a little less essential to income generation. Most important of all, adequate eompensation of E/M services will help encourage new physicians to enter primary care fields which study after study shows leads to similar outcomes at lower cost overall.

I want to encourage CMS to proceed with its proposed increase in E/M compensation in the strongest possible terms.

Submitter : **Dr. Robert Thompson** **Date: 07/08/2006**

Organization : **American College of Pjysicians**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Dear CMS,
Your reconsideration of increasing the relative value units (RVU s) for evaluation and management services is to be highly commended!! This will ensure improved access to primary care services for our senior citizens, which is otherwise destined to decline.

Medical care is SO MUCH MORE COMPLEX and SO MUCH MORE TIME CONSUMING than ever before!!

There more tests, more medicines, more consultants, and more therapies that require coordination by primary care doctors.

Uncoordinated care results in more visits, more fragmentation, more frustation, and finally MORE EXPENSIVE CARE!!

Therefore, I urge that you increase your recognition of the value of primary medical care by finalizing the proposed increases in RVU`s. This will improve care of medicare patients who desparately need care of multiple chronic problems. (Even some retired Doctors are having trouble finding primary care physicians.)

Please reject the ideas that would detract from these improvements, FOR THEY MUST NOT SEE WHAT IS SURELY COMING!

THANK YOU FOR YOUR CONSIDERATION

Sincerely,

Robert D. Thompson MD

Fellow, American College of Physicians

Submitter : Dr. Luke Scamardo **Date:** 07/08/2006

Organization : Dr. Luke Scamardo

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sirs and Madams: This comment is being written to inform you of the state of affairs of general primary care internal medicine in rural central Texas. I am a board certified general internist who has been providing primary care to a large primarily elderly patient population for over twenty five years in the same town. I pride myself in providing the highest quality care to my patients and to giving them the time and knowledge to care for all their health needs in their locality. However the time constraints involved with the documentation of the quality of care provided has caused me to spend long hours after the office is closed doing the paperwork. This has caused me to stop caring for new Medicaid patients and I fear that if the time required to provide proper evaluation and management services is not properly reimbursed with the new RVU codes that I will not be able to accept new Medicare patients. I have not closed my practice because of loyalty to my community but I may be forced. This is the main reason that there is a shortage of primary care internists in the country especially in rural areas. This change in the codes will help me continue to practice quality medicine and will hopefully entice other young physicians to provide the primary care that our elderly patients require and desire. Thank you for attention. Luke Scamardo DABIM

Submitter : **Dr. Michael Howell** **Date: 07/08/2006**

Organization : **American College of Physicians**

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.

But this is not a question of quality of care. This is a matter of providing appropriate reimbursement to those making up the backbone of long term medical care. Internal medicine is the proverbial work horse that manages the millions of Medicare and non Medicare consumers with complex disease processes, their many multiples of conflicting medications and serves to allow the highest quality of life to the core of American society. Our work is intellectual,pschologically challenging and continuous versus the many specialties that perform their isolated segment of work or procedure and return the patient for chronic follow up through our practices.

All we are asking for is the opportunity to receive reimbursement for the highly skilled yet underappreciated work we provide. Internal medicine is the glue that holds American healthcare together. It is time to fully recognize that and strengthen the decision of young physicians to enter into this very fulfilling discipline and specialty. Without internal medicine, chronic disease will be wocfully unmanaged and the continued gains in wellness and longevity will be reversed or lost.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule. This should not be "us against them" but the system should recognize the importance of all branches of medicine and correct the reimbursement imbalance.

Thank you.

Dr. Howell

Submitter : Dr. Gregory Lauro **Date:** 07/09/2006

Organization : Orthopaedic Surgery

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Orthopedic Surgery

Discussion of Comments- Orthopedic Surgery

I have had the opportunity to review the Cms proposals to readjust the RVU's relative to orthopaedic procedures. I question whether any consideration has been given to the continued increases in input costs of practicing medicine. How can physician's re-embursements be continually cut through regulator forces while our overhead expenses are allowed to fluctate according to free market forces. I am one of the few orthopaedic surgeons still practicing in Westmoreland County PA. My malpractice costs have gone up 300% over the past 10 years. I have also had to provide my employees with wage increases and have had to add employees to deal with the onerous amounts of paper-work and inefficiences in dealing with insurance companies. I have also had to pay for increases in health care costs. None of the rate increases have made it back to the providers.In Western PA.there are only a handfull of insurers and they base the physician fee schedule upon what CMS allows. I reviewed CMS's proposal, specifically that of total hip arthroplasty 27130, and total knee arthroplasty 27447. These procedures are time intensive, technically demanding and inherently risky. Under the proposal, I believe a THA will be re-embursed at ~ $950 and a TKA at ~$1100 The surgeries require approximately 1 hour preoperatively, 2-2.5hour interoperatively,1.5-2hours during their inhospital and rehabilation unit stay and 1-1.5 hours during their 3 months postoperative course. That is if they do not have a complication. My calculation is that it takes 5.5-7 hours of surgeon time. My overhead costs are $300/hour. It is apparent that as of January 2007 I will not be able to afford to provide these services to the patients who need and request them. I believe eventually other surgeons who do a cost analysis of their practices will make the same conclusions. I believe that CMS needs to recalculate the fee schedule recognizing the risks related to the practice of medicine and the continued increases in overhead costs. The principle of supply and demand and a freemarket economy do not apply to the practice of medicine since our fees are regulated and our input costs are not.

Sincerely,

Gregory Lauro MD

Submitter : **Dr. Balakrishnan Natarajan** **Date: 07/09/2006**

Organization : **Balu Natarajan, MDSC**

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 recommended work RVU increases for evaluation and management services.
In my own practice, patients have grown increasingly complex, as they live longer with more chronic medical problems, and are on more medications and require more diagnostic testing. All of these together mean that my staff and I must spend far more time in the care of each individual patient.
In my own practice, expenses have risen dramatically in the last 10 years. This includes the expense of staffing, the benefits I must pay to my staff, and the expense of malpractice insurance.
As expenses continue to rise, these will be offset by CMS improvements in RVUs for E/M primary care services. Should these improvements not occur, it will be difficult for me to assure my Medicare patients continued access to primary care services.

Submitter : Dr. William Petit Jr **Date:** 07/09/2006

Organization : Joslin Diabetes Center/Hartford County Med Assoc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to give my support to the proposed increases in payment for E and M codes. The fields of Internal Nedicine and Endocrinology continue to get more complex. It can take 5-7 minutes to review medications with a patient, 5-8 minutes to review glucose levels and 3-4 miniutes to examine the pateint and then 5 minutes to formulate a plan-this still does not allow time for documentation. Without the propoised increases for these RVUs I'm not sure why anyone would want to see any of these patients. In addition to trying to control their glucose levels we also try to get their blood pressure to goal and cholesterol to goal-not to mention many of these folks have painful neuropathy, erectile dysfunction, depression, and a variety of other ailments.
Without these cahnages it will push MD's away from attempting to care for these folks or they will refer them to other MDs and fragment care further and drive up costs.
Please do not allow other comments to push these propsed RVU values down.
Thank you for your attention.

Submitter : Dr. Melaura Wittemyer **Date:** 07/09/2006

Organization : OHSU

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I urge you to finalize the recommended work RVU increases for E and M services. I am a general internist and it is very difficult to make enough to cover overhead and pay the MD's in our group a fair salary. Primary care is undervalued and unless the reimbursement schedules value cognitive care similarly to procedural care, there will be very few primary care physicians left in practice. Primary care reduces the cost of health care so it is a cost-effective change to value primary care.

Submitter : Dr. Lyle Olson **Date:** 07/09/2006

Organization : Lyle T. Olson, M.D.

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As our population ages and our primary care system teeters on collapse, the importance of this topic should not be underestimated.

As a general internist, I care for many Medicare patients with rapidly increasing complex, intertwined chronic medical conditions. Additionally, they come into the office with their lists of 'new' concerns. Trying to provide the 'best' care for them often involves contemplating 5 or 6 issues at once, reviewing multiple studies, reports, and laboratory values, and spending time candidly discussing the potential risks/benefits of multiple courses of action. Couple this with the new pressure of 'pay-for-performance' as well as the flooding tide of 'prior authorization requests' which have resulted from Medicare part D implementation, and the visits with our seniors, though rewarding, are often exhausting.

With this in mind, I strongly encourage the following to CMS:

*finalize the recommended work RVU increases for evaluation and management services.

*reject any comments that would lower the overall improvements in work RVUs for E/M services.

I find caring for older patients perhaps the most emotionally rewarding part of my job. Many general internists with whom I speak feel similarly. Enacting the positive changes to the work RVUs will help assure continued access to primary care services. The alternative-a collapse of primary care medicine-would allow the hodge-podge of technology-centered, subspecialty-oriented medicine to predominate. This would be a loss to us all

Thank you for your attention.

Sincerely,
Lyle T. Olson, M.D.

Submitter : **Dr. James Engelman** **Date: 07/09/2006**

Organization : **Dr. James Engelman**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

To Whom It may concern,
I am writing to voice my support for the proposed increase in the work relative value units, RVU, for physician E/M services. I have a solo private practice in Aptos, California and my cost have increased out of proportion to the reimbursement. This includes rent, salaries, office expenses, and a host of other expenses. We have a problem recruiting doctors in our area and some practices have limited the number of medicare patients they will see.
Thank you for your consideration of this problem
James Engelman MD

Submitter : **Dr. James Principe** **Date: 07/09/2006**

Organization : **Georgetown Internists and Pediatricians**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I am writing to urge CMS to finalize the proposed increase in the work RVU for E/M services as they pertain to primary care. As a practicing general internist for the last 14 years, I have seen a dramatic increase in the complexity of patients that I manage on a daily basis. The reasons for this are many, people are living longer due to the care they receive, our diagnostic skills have improved, and highly complex treatments are now available for common diseases. The management of very common diseases such as diabetes, heart failure, COPD has become much more refined yet much more confusing for patients and physicians. To adequately and appropriately treat my patients, I need time with them. Unfortunately, as the cost of practice continues to increase, reimbursement for my time remains stagnant or decreases. I and most other physicians then feel pressured to see more patients, spend less time with them, and in the end, risk providing substandard care. Please recognize that managing someone's blood sugar, blood pressure, or cholesterol is at least as important as performing a bypass, angioplasty, or worse, amputation. In the future, we can prevent many complications of these common and managable diseases. We just need adequate time with our patients to do it. Thank you.

Submitter : Dr. Michael Sha **Date:** 07/09/2006

Organization : Dr. Michael Sha

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Dr. McClellan:
As an internist and a geriatrician, I am supportive of the recommended work RVU increases for Evaluation and Management (E/M) services. These recommended changes are important and necessary step in the right direction for cognitive-based specialties. Providing primary care to patients has become increasingly time-consuming and complicated over time. Patients have a greater number of chronic diseases as Americans live longer and medicine has transformed many life-threatening diseases to chronic disesases. Additionally, care coordination for patients has become much more complex. Increasing the reimbursement for E/M services will also help preserve access to primary care. As the American College of Physicians demonstrated through its white paper, "The Impending Collapse of Primary Care", actions need to be taken to reverse the declining interest of medical students and residents in pursuing a primary care practice. Improving the reimbursement for E/M services is an important step in increasing interest in the primary care specialties like geriatrics. While I personally feel the E/M services should be increased further, I understand the competing issues at hand. I urge you, however, not to reduce the recommended changes in E/M services. Thank you.
Michael Sha, MD, FACP

Submitter : Dr. Theresa Rohr-Kirchgraber **Date:** 07/09/2006

Organization : EMory School of Medicine

Category : Physician

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I support the proposed E/M changes as they will have a positive impact on my practice.
" I urge CMS to finalize the recommended work RVU increases for evaluation and management services.
" My practice has increased in complexity of the illnesses of the patients and the work associated with taking care of them patients during office/hospital visits and consultations. This has increased dramatically during the past ten years. I am currently working in the transitional care of adolescents as they transition withtheir chornic diseases from Pediatrics to Medicine. So many illnesses tht used to kill them, they are now able to live thru. This makes the primary care much more complex and requires additional time and effort to mainitn their health.
" The proposed changes will help assure continued access to primary care services.
" Please reject any comments that would lower the overall improvements in work RVUs for E/M services.
We need to continue to encourage our physicians to consider a career in Primary Care and this is one way in which we can do that.

Submitter : **Dr. Lawrence Dall** **Date: 07/09/2006**

Organization : **Midwest Hospital specialists**

Category : **Physician**

Issue Areas/Comments

Background

Background

I am writing to support the proposed changes in RVU which is very much needed in the practice of inpatient internal medicine. This will at least offset some on the increased expenses that have occurred over the last five to ten years.

Submitter : **Dr. Dennis Mourning** **Date: 07/09/2006**

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 am a physician in Claremore Ok. and am at the end of my career. I have practiced Internal Medicine for 30 years. I and my two long-time partners have had a successful practice and have delivered quite a lot of high quality {in my opinion} medical care, especially to the Medicare population. In our attempts to recruit young Internists we have been rather amazed to find an extreme lack of interest in general Internal Medicine. It is quite obvious that most Medicine Residents are going on to subspecialty areas--in fact 85%! It is all about $ and lifestyle,there can be no doubt. This comes at a time when there is more to be done than ever in the realm of preventitive medicine, risk factor management, co-ordination of multi-system disease care-all of which will be paramount as the baby-boomers reach the age of chronic health issues. We are on a collision course between qualified primary-care practioners and the daunting need upcoming! Only the prospect of better reimbursement will realistically make a difference. As a citizen who is entering those years of retirement, I say it needs to happen and soon!

Submitter : Dr. Jesse Chua-Reyes **Date:** 07/09/2006

Organization : Yale Geriatric Services PC

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 much-needed recommended work RVU increases for evaluation and management services.

Internists devote a lot of intellectual, emotional and time resources to care for our elderly parents. A lot of elderly nursing home patients depend on Medicare to remain healthy. They are frequently indigent, very ill, under insured and medically complex, especially after an acute hospitalization. Patients are leaving hospitals faster and sicker with higher need for physician services in the nursing homes and community. We need to attract more graduates to pursue careers in Internal medicine to care for the aging population and this increase will go a long way. We also need to encourage those already in the field- active.

Increases in RVU might decrease costs for catastrophic illnesses by improving preventive care and

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

Jesse Chua-Reyes MD

Submitter : **Dr. Caroline DeFrang** **Date: 07/09/2006**

Organization : **St. Lukes Internal Medicine**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the increase in reimbursement for the types of services that an internist would be providing in the hospital or clinic. There has not been an increase in these for many years. Practitioners who provide non-procedure care are under paid for their services, and fewer residents are going in to this type of medicine - just when there is a need for more primary physicians to serve our growing population of older people. Improving reimbursement to physicians for their cognitive services is important to keep doctors in those specialties and continue with recruitment.

Submitter : Dr. Robert Wimmer **Date:** 07/09/2006

Organization : Dr. Robert Wimmer

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This revision is long overdue and hopefully will not come too late to reverse the trend away from General Internal Medicine as a specialty. The residency program physicians inform me the General Internal Medicine is percieved as an "overworked and underpaid" specialty and this underpayment is largely the result of the Relative Value Scale which is HEAVILY biased if favor or procedulal specialties. When I am paid more for 30 seconds spent freezing an actinic keratosis in the office than I am for spending one hour in a follow up visit for a hospitalized intensive care patient, something is seriously wrong with the system. I believe that a damaging primary care provider shortage, particularly in general Internal Medicine, is developing and that it will only be prevented by eliminating the inappropriate pay bias toward procedural care.

Submitter : **Dr. Ellis Knight** **Date: 07/09/2006**

Organization : **Palmetto Health Richland**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The proposed change in RVU assignments for E&M Codes is long overdue and very necessary to assure the viability of primary care practitioners. The legitimate work required for these codes includes considerable cognitive effort and significant time. Patients desire and deserve these services. CMS's proposal to recognize their value by increasing the RVU's assigned to these codes is much appreciated and should proceed without delay.

Submitter : **William Palmer** **Date: 07/10/2006**

Organization : **Mt. Ascutney Physician Practice**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

In my practice about 75% are medicare , medicaid or our free clinic. Most of my pateints are on the older end of the scale and have multiple medical problems. I usually end up with a significant amount of work coordinating care with specialists, home care agencies, filling out DME forms and talking to family members.This is not well reimbursed in the current system. Our practice is losing money and is cuurently subsidized, but this is drying up. The survival of my practice depends on reimbursement that covers the cost of the care. I don't have enough private insurance pateints , nor are these insurers willing to pay for any cost shift. I also firmly believe that good chronic care will promote better health and be more cost effective than the current procedure driven system. Please enact the proposed improved RVU schedule. Thank you.

Submitter : **Dr. Alan Linderman** **Date: 07/10/2006**

Organization : **Nebraska Internal Medicine, P.C.**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Centers for Medicare and Medicaid Services 7/10/06
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Dear CMS Representatives,

The Physicians of Nebraska Internal Medicine, P.C. are writing in support of the proposed increase in the work relative value units (RVU s) assigned to office and hospital visits and consultations (E/M services).

An increase in RVU s for these services will begin to bridge the gap between reimbursement for thoughtful/appropriate care and that of a procedure driven/reward system that rewards physicians for performing tests and invasive procedures.

In our practice, the complexity of our aging population requires significant time, effort, and staffing in order to provide quality care. Unnecessary tests and procedures can often be avoided by having the time (via better reimbursement for E/M) to spend with complex patient issues. A common example of this would be the patient with diabetes, hypertension, and high cholesterol who is in for a visit and lab. At the end of the appointment that was already relatively lengthy relating to medication review, examination, and education on those issues, the patient mentions low back pain. Rather than having time to go deeper into the problem because of the pressure to see a large number of patients per day, the physician orders an MRI not wanting to miss something, when in reality it was simply a strain that didn t need this expensive test.

It is critical that all patients continue to have access to primary care services and an increase in RVU s for office visits and consultations will help in that area.

Sincerely,

David Policky, MD
Andrew Bohart, MD, FACP
H. Larry Mitchell, MD
Alan Linderman, MD
Jennifer Newell, MD
Nebraska Internal Medicine, P.C.

GENERAL

GENERAL

Centers for Medicare and Medicaid Services July 10,2006
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Dear CMS Representatives,

The Physicians of Nebraska Internal Medicine, P.C. are writing in support of the proposed increase in the work relative value units (RVU s) assigned to office and hospital visits and consultations (E/M services).

An increase in RVU s for these services will begin to bridge the gap between reimbursement for thoughtful/appropriate care and that of a procedure driven/reward system that rewards physicians for performing tests and invasive procedures.

In our practice, the complexity of our aging population requires significant time, effort, and staffing in order to provide quality care. Unnecessary tests and procedures can often be avoided by having the time (via better reimbursement for E/M) to spend with complex patient issues. A common example of this would be the patient with diabetes, hypertension, and high cholesterol who is in for a visit and lab. At the end of the appointment that was already relatively lengthy relating to medication review, examination, and education on those issues, the patient mentions low back pain. Rather than having time to go deeper into the problem because of the pressure to see a large number of patients per day, the physician orders an MRI not wanting to miss something, when in reality it was simply a strain

that didn t need this expensive test.

It is critical that all patients continue to have access to primary care services and an increase in RVU s for office visits and consultations will help in that area.

Sincerely,

David Policky, MD
Andrew Bohart, MD, FACP
H. Larry Mitchell, MD
Alan Linderman, MD
Jennifer Newell, MD
Nebraska Internal Medicine, P.C.

Submitter : **Dr. Anthony Jaspers** **Date: 07/10/2006**

Organization : **Mankato Clinic**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Dear Sirs,
I urge CMS to finalize the recommended work RVU increases for evaluation and management services. Doing so will allow me to continue to accept Medicare patients into my rural practice. The complexity and work associated with taking care of increasingly sick hospital and office patients has increased dramatically in the last 10 years. I urge you to reject any comments that would lower the overall improvements in work RVUs for E/M services so that I can afford to continue to care for my Medicare patients.
Thank you.
Dr. Anthony C. Jaspers
Lake Crystal Clinic
Minnesota

Submitter : **Dr. Frank Martell** **Date: 07/10/2006**

Organization : **Dr. Frank Martell**

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. James Merrin** **Date: 07/10/2006**

Organization : **Dr. James Merrin**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please finalize the recommended increases in the work relative value units (RVUs) assigned to office and hospital visits and consults, known as evaluation and management services. As a General Internist, these rates are critical to the survival of my solo practice. The Medicare patients that I am now seeing are much older and medically more complicated than ever before. They have multiple medical problems and are followed by multiple specialists. They can't keep track of all of their problems nor even which medicines are for which problem. Without continued access to Primary Care, they would pass from specialist to specialist and procedure to procedure, without anyone paying attention to the whole person and thinkng about what they as an individual need and want. It takes a lot of time and thought to appropriately care for these people and their families. That is what we do as General Internists, and it would be nice if we were paid enough to be able to afford to practice our chosen profession.

Submitter : **Dr. William Fox** **Date: 07/10/2006**

Organization : **Dr. William Fox**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir:

As a primary care physician, it has become increasingly difficult to take excellent care of patients. They have become much more complex, requiring more services and medication than ever before. I have heard that the average geriatric-age patient is on seven medications. Lower and lower reimbursements coupled with more complicated, time-intensive work, is one of the reasons primary care is in danger of collapse.

As a result, I was quite happy to learn that, in its five-year review, the RUC has appropriately recognized the increased work associated with taking care of patients. I feel this is an appropriate and necessary step.

I urge CMS to finalize these recommended work RVUs for E&M services. I further urge CMS to reject any comments or attempts to water down the overall improvements in work RVUs for E&M services.

The proposed changes will help assure continued access to primary care services.

Thank you for your consideration.

Sincerely,

William Fox, MD

Submitter : **Dr. David Hartman** **Date: 07/10/2006**

Organization : **Amherst Medical Associates**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I strongly believe that there should be and increase in the RVU's for the proposed work as the amount of work done for each of these has greatly increased and the amount of time required has greatly inceased and STRONGLY agree that the RVU needs to be INCREASED

Submitter : **Dr. Doug Duffee** **Date: 07/10/2006**

Organization : **SDCIM**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I would like to voice my support for the proposed "re-valuation" of e and m services pertaining to patient management codes. The proposed increase in reimbursement for actually seeing, managing and coordinating the care of patients is crucial for the survival of our health care system. This is the "hard and needed work" in health care. Unfortunately the current system rewards procedural volume without any focus on appropriateness of said volume. These first steps in placing a higher value on patient management are vitally important to the well being of our seniors and will set the tone for the commercial insurers to recognize this as well.

Submitter : Dr. Jitendra Trivedi **Date:** 07/10/2006

Organization : SMGS MEDICAL GROUP

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am the Medical Director of a 30 Physician Group caring for Elderly and under-served population in rural Illinois. Our Physicians are mostly FM and IM Physicians ;by any standard we are grossly undercompensated for most if not all evaluation services. Our patients are elderly, poor with minimum educational attainment. They need more time than their affluent counterparts.
Adjusted for inflation our Physicians are earning less ;we are losing Physicians we can't retain ;this creates a vicious cycle of needy patients chasing fewer providers.
If we are to deliver high quality preventive and other E&M Services in the outpatient setting it is imperative that our Primary Care Physicians be rewarded for what they do best : KEEP PATIENTS HEALTHY AND KEEP THEM OUT OF ED AND HOSPITALS.
CMS current payment system is "pennywise and pound-foolish"