Submitter : **Dr. David Canfield** **Date: 07/14/2006**

Organization : **CHAG Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine. The extremely low reimbursement for anesthesiologists has caused many to leave the hospital setting to work in surgery centers. Others, including myself, are considering doing the same. This will leave a significant shortage of hospital-based anesthesiologists to care for Medicare and Medicaid patients.

Submitter : **Christopher Elser** **Date: 07/14/2006**

Organization : **Christopher Elser**

Category : **Individual**

Issue Areas/Comments

Other Issues

Other Issues

With required budget neutrality, the proposed changes to the Physician Fee Schedule for practice expense methodology and physician work values will cause huge payment cuts for anesthesiologists. These changes hurt anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses for anesthesiology. New data should be collected to replace the decade old data currently being used. The American Society of Anesthesiologists and many other societies, including the American Medical Association, are committed to financially supporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address this issue of work undervaluation for anesthesiology or Medicare patients, our nation s most vulnerable population, will face a certain shortage of anesthesiologists in operating rooms, pain clinics and critical care units.

Submitter : **Jeffrey Kuhn** **Date: 07/14/2006**

Organization : **Jeffrey Kuhn**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Medicare continues to cut payments to anesthesiologists. This in the face of increasing work loads and increasinng office expenses. We are required to take care of these seniors yet we are required to accept declining reimbursement. I would rather donate my time one day per month and work for free and then not do any medicare work for slave wages. It is completely unethical to force us to work for CMS wages!

Submitter : **Dr. Bruce Kaufman** **Date: 07/14/2006**

Organization : **Bruce D. Kaufman MD,PC**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

With all of the money flowing out of our government, it is ludicrous to tajke away dollars from Anesthesiologists.
Dr. bruce kaufman

Submitter : **blaine cameron** **Date: 07/14/2006**

Organization : **blaine cameron**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia services are undervalued. Pain Management services are also currently undervalued. Medicare reimbursements need to be increased.

Submitter : **Dr. Connie Ignacio** **Date: 07/14/2006**

Organization : **Anesthesiology associates of Clark County**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I strongly oppose the proposal for reduction of Medicare reimbursement to Anesthesiologists in the next five years.
Sincerely,
Dr. Ignacio

Other Issues

Other Issues

I strongly oppose the proposal for reduction of Medicare Reimbursement for Anesthesiologists in the next five years.

Submitter : **Dr. Bryan Bohman** **Date: 07/15/2006**

Organization : **AAMG**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Don't know if this is proper site for this comment. However, I just want to emphasize that anesthesiologists' pay under Medicare is already worse, relative to private payors, than any other specialty. Further cuts increase cynicism regarding the entire Medicare system and increase the likelihood of a widespread rejection of Medicare participation.

Please reconsider the proposed cuts.

Thanks.

Submitter : **Dr. Louis Pangaro** **Date: 07/15/2006**

Organization : **Uniformed Services University**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

As an internist/endocrinologist I find that my practice of internal medicine is threatened by inadequate recognition and remuneration of what we do, and I support the proposed E/M changes. Our governing principle is to embrace complexity, act with simplicity . The aging of my patients and the interrelation of their diseases and therapies makes this more and more time consuming. Embracing complexity means that I have to address their problems each time I see them. If chronic care is to be effective, is must be also patient-centered, and educating patients to the point that they can participate in the decisions and their care is time-consuming, and takes experience and skill. Acting with simplicity takes much more skill than acting simplistically in young patients with a single issue, and requires as much delicacy as using a scalpel. I urge you to finalize the recommended work RVU increases for evaluation and management services.

Submitter : **Dr. Scott Thompson** **Date: 07/15/2006**

Organization : **Dr. Scott Thompson**

Category : **Physician**

Issue Areas/Comments

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

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

Regarding Anesthesiology fee schedules:

For approximately twelve years, Medicare reimbursement for Anesthesia care has been undervalued. This has been acknowledged by all parties involved, but no changes have been implemented. Now we are to understand that Anesthesia, along with numerous other specialities, are to submit to large pay cuts to support office expenses of a few other specialities. The number of elderly patients in Iowa, like the rest of the US, is only going to grow, and we would like to be able to continue to attract quality physicians into our field to care for them. Medicare's attempts to balance its budget by asking physicians to provide the best care in the world for an ever-decreasing fee seems a policy that can only, in the long run, fail. Please allow the AMA to complete a multi-speciality expense study, and make your judgments based on that . Thank you.

Submitter : **Dr. Mira Kautzky** **Date: 07/15/2006**

Organization : **Ninth Street Internal Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

. I am an internist who takes care of many Medicare patients here in Pennsylvania.
. I urge CMS to finalize the recommended work RVU increases for evaluation and management services.
. In my practice, the complexity of taking care of patients has increased dramatically during the past ten years.
. The proposed changes will help assure continued access to primary care services.
. I request CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : Dr. Sandeep Sherlekar **Date:** 07/15/2006

Organization : Dr. Sandeep Sherlekar

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Anesthesiology is being crushed with low payments and poor reimbursement with rising expenses of providing services including malpractice insurance. It would cause irreperable harm to lower payments to already diminished service ares

Submitter : **Dr. James Bastnagel** **Date: 07/15/2006**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

As an anesthesiologist I oppose the policy that will force Anesthesiology and other specialties to suffer major cuts in reimbursement to fund the overheads of a select few specialties. This policy is based on outdated methodology that appears to severely underestimate actual expenses. It is in medicine's best interest, and indeed our patients' best interest to gather new, accurate data upon which a more accurate system may be developed. The financial means to do this has been provided by the AMA and many other specialty professional sociaties.

Anesthesia work has been undervalued by Medicare from the dawn of DRG's. Our nations' most vulnerable and needy populations will, over time face a shortage of medical care in their operating rooms, pain clinics and throughout critical care medicine if the CMS does not address this long-standing error.

Submitter : **Dr. James West** **Date: 07/15/2006**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to oppose your proposed changes to the payment methodologies to anesthesiologists and other specialties. Under the current policy, these specialties face substantial payment cuts in order to help subsidize overhead cost increases for a handful of specialties.

The proposed change in PE methodology will hurt anesthesiologists more than it will most other specialties. The information that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I do not believe that CMS can properly evaluate a new payment methodology without first replacing the ten year old data it is currently using.

The American Society of Anesthesiologists, other specialty societies and the AMA are committed to financially supporting a comprehensive, multi-specialty practice expense survey. I would hope the\at CMS could seriously consider taking immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

If the issue of anesthesia work undervaluation is not addressed, our country s most vulnerable citizens will face a certain shortage of anesthesiology medical care in the operating rooms, critical care units and pain clinics.

Submitter : **Dr. Amy Opfell** **Date: 07/15/2006**

Organization : **Dr. Amy Opfell**

Category : **Physician**

Issue Areas/Comments

Background

Background

I have seen my income drop dramatically over the past 3 years. It is
very frustrating, so much that, it is encouraging me to start thinking about other career opportunites while I still can at 49 years of age after being and anesthesiologist for 17 years.
A sad commentary on the state of reimbursements of all physicians.

Submitter : **Dr. Mark Loriz** **Date: 07/15/2006**

Organization : **nesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

July 17, 2006 I HAVE BEEN AN aNESTHESIOLOGIST FOR MORE THAN 20 YRS. iT HAS BECOME INCREASINGLY HARDER TO HIRE NEW ANESTHESIOLOGISTS UNDER THE PRESENT CIRCUMSTANCES: therefore, change would greatly affect this already critical state of afairs. uNDER THE POLICY AS IT STANDS CURRENTLY, ANESTHESIOLOGISTS AND OTHER SPECIALTIES FACE HUGE PAYMENT CUTS IN ORDER TO SUPPLEMENT THE OVERHEAD COST INCREASE FOR A handful OF specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties becuese the data being used by CMS to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. The fair way would be if CMS were to gather new overhead expense data to replace the more than 10 yr old data currently being used.I am sure that the ASA alonfg with the AMA and many othe specialties would commit to financially support a multispecialty comprehensive practice expense survey. It is imperative that CMS undertake whatever means to launch this much needed survey which wouldimprove the accuracy for all practice expense payments. Finally, I believe that CMS in order to do what is right and fair should address the issue of anesthesia work underevaluation. If not done the nation's most vulnerable populations will almost certainly face a shortage of anesthesiology medical care in operating rooms,pain clinics and critical care medicine.

Submitter : **Dr. Josef Grabmayer** **Date: 07/15/2006**

Organization : **Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist and a member of the American Society of Anesthesiologists (ASA), I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula.

Averting this crisis is more important now than ever because of new proposals released by CMS that would amount to a 10% cut in Medicare payment to anesthesiologists over the next four years. This proposed cut, on top of potential SGR-related reductions, could irreparably damage my specialty.

The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them. If payments are cut in 2007, then Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.

ASA favors the update mechanism previously recommended by MedPAC, in which the SGR would be replaced by a system that reflects increases in practice costs and other medical inflation variables. For 2007, MedPAC has recommended a Medicare physician payment update of 2.8%.

Evidence is growing that anesthesiologists and other physicians are seeking practice settings where the need to provide care to Medicare beneficiaries is at a minimum. With a nationwide shortage of anesthesia providers, this trend suggests a looming access crisis for many Medicare beneficiaries to surgical, pain medicine and critical care services.

Please work to fix the flawed SGR formula to avert further devastating cuts to the medical specialty of anesthesiology. My patients are counting on you.

Submitter : **Dr. Stephen Salerno** **Date: 07/15/2006**

Organization : **Dr. Stephen Salerno**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I wanted to send a brief e-mail indicating my support for the proposed E/M changes. The RVU increases for common primary are E&M codes will have positive impacts on my practice as a general internist. Elderly patients commonly require more time and doing the right thing for them often is not procedurally oriented. I strongly encourage CMS to finalize the recommended work RVU increases for evaluation and management services. As a residency director, I can also affirm that many good residents are not going into primary care because the reimbursement for procedure oriented subspecialties is so much higher. They are beginning to view primary care as something that non-physician providers do based on clinical practice guidelines. The changes will help assure continued access to primary care services and a better supply of qualified physicians attracted to non-invasive specialties. I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services. I am not opposed to linking increased RVUs for E/M services to pay for performance, provided the specialty societies have buy-in into developing the criteria.

Submitter : **Dr. sunil gopal** **Date: 07/15/2006**

Organization : **Dr. sunil gopal**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

In regards to changes to physicians fee schedule proposed by CMS, the PE methodology used is outdated. As an anesthesiologist there are many changes occuring and many advances in our field this proposal will affect our care to patients. This will hurt the helath care field in the long run.

Thank you

Submitter : Dr. scott holtz **Date:** 07/15/2006

Organization : Dr. scott holtz

Category : Physician

Issue Areas/Comments

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

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

I am an anesthesiologist, practicing over 20 years. The difference in payment between Medicare and ALL other insurance types is totally unacceptable. What you have done is force other payers , ie the hospital or other insurance companies, to supplement the payment to anesthesiologists for medicare patients. A 3 hour case for a medicare patient is about $250, while insurance companies are paying about $1000. This 4 to 1 ratio cannot stand on its own. A change has to be made, or problems will arise.

Submitter : Dr. Ken Schlesinger **Date:** 07/15/2006

Organization : Dr. Ken Schlesinger

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Compared to other medical specialties, Medicare reimbursement for Anesthesiologists is very, very grossly undervalued, which means the federal government is the root cause of a horrible rip in the fabric of the medical safety net for the senior citizens of America.

. Medicare reimbursement for Anesthesiologists must increase by more than 100% just to gain parity with other specialties.

7 As the policy currently stands, anesthesiologists instead face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Dr. Rene Gonzalez** **Date: 07/15/2006**

Organization : **American Society of Anesthesiologists (A.S.A.)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist, and I have just been informed by the American Society of Anesthesiologists of CMS's proposed reimbursement cut to anesthesiologists (7-10% per year) based on CMS's recent 5 year review.

My colleagues and I are shocked and outraged, and ask CMS to review their methodology, gather new and accurate data, and reconsider this unjust and unwarranted penalty to our specialty of Anesthesiologist.

I have practiced anesthesiology for over 20 years, and can assure you that the work is harder, the costs and expenses higher, and the hours longer just to maintain flat levels of income. This has led to high level of stress, burnout, early retirement and a drastic undersupply of anesthesiologists. These factors threaten the specialty of anesthesiology, and, ultimately, our elderly patients.

Please rest assured that my colleagues and I plan to share our outrage over this proposed cut in reimbursement with our elected officials in this important upcoming election year.

We ask you to reconsider this unfair and discriminatory proposed cut. Thank you for your time and consideration.

Submitter : **Dr. Wayne Kleinman** **Date: 07/15/2006**

Organization : **Encino-Tarzana Medical Center**

Category : **Physician**

Issue Areas/Comments

Other Issues

Other Issues

Anesthesiology.
As a practicing anesthesiologist at a community hospital in suburban Los Angeles, I worry about what the proposed cuts will do to the availability of quality anesthesia care to our elderly patients. Currently in Los Angeles, there are a multitude of Surgical Centers and Specialty Hospitals which "cherry pick" the privately non-government insured patients away from hospitals. As a result the surgical (hence anesthesia) patient now is on average older and sicker in hospitals. There is a quality drain of the best anesthesiologists away from hospitals because they can make more money, taking care of less sick patients, and not have to worry about night and weekend call shifts if they leave and work for Surgery Centers. This pull will be only greater if the proposed reduction in already undervalued anesthesia services prevails. This may mean that our elderly, sick patients will be taken care of by second tier anesthesiologists who couldn't compete for the better Surgery Center jobs. Please contact me with coments.
Wayne Kleinman, M.D.
Chief of Staff Encino-Tarzana Medical Center
WKleinman@aol.com 818-344-6905 Thank you.

Submitter : **Dr. Andrew Corsaro** **Date: 07/15/2006**

Organization : **University Heights Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

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

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

I have read with concern recent suggestions that Medicare cuts will so severely affect the practice of Anesthesiology -- a 10% cut in reimbursement over the next 4 years. A component of the proposed cuts involves subsidizing money for overhead cost increases affecting other medical specialties -- this is both wrong and unfair. In fact, anesthesia seems to be hurt more by the proposed cuts because the calculated anesthesia overhead has been underestimated due to outdated data used to calculate overhead expenses by anesthesia groups. Along these lines, new data should be collected to correctly value anesthesia overhead. This should be a priority and be done immediately, or a significant subset of the population will face shortages of anesthesia care in the operating room, pain clinics, and critical care arenas. The ASA, AMA, and many other physician organizations are currently working hard and spending significant capital to ensure that an accurate overhead expense assessment is used to calculate the value of physician services -- this, however, needs CMS approval and action before going forward. I hope that the CMS will support, listen to, and take this information into account before cutting medicare reimbursement.

Submitter : Dr. Joe Monk **Date:** 07/15/2006

Organization : Physicians Anesthesia Practice

Category : Physician

Issue Areas/Comments

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

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

The current fee schedule has already caused the exodus of many anesthesiologists from the hospitals that have large Medicare populations. The situation is so bad at one of our institutions that patients undergoing complicated vascular surgical procedures cannot get quality anesthesia delivered by an MD. These difficult cases are being performed by unsupervised CRNAs. These patients are literally the sickest patients in the hospital and the anesthesia they receive is being done by the least trained, least experienced care givers. It is not a viable situation. Any further cuts in payments to anesthesiologists will only further limit access of Medicare patients to quality anesthesia care.

Indeed, there needs to be drastic increases in payments to anesthesiologists to correct the inequities that were build into the original payment formula. Even at the current reimbursement rates anesthesiologists are walking away from medicare cases because for most cases it is a waste of time.

Please reconsider the proposed fee schedule changes for Anesthesiolgy !

Submitter : Dr. alfredo ramos **Date:** 07/16/2006

Organization : Boca Raton Anesthesia Group

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

My comments are on the Anesthesia unit value. The website is hard to navigate and I am probably in the wrong area, but medicare makes it hard to give an opinion. The reimbursement for medicare is so low at this point, that i don't see any group able to function at this reimbursement for 100% of cases. Commercial insurance keeps lowering to reach medicare values.50% of my case load is medicare, and it account for10-15% of my income. If all my cases were at medicare rate, I would leave anesthesia and find something else to do, as would I think just about any anesthesiologist with any sense. Economically not much would be left after billing costs, health insurance,malpractice and the rest of the business costs of running a group. Most of my partners are already looking into other business options because we don't see a future at this rate. Other fields are experiencing these problems, but unfortunately we can only give anesthesia to one patient at a time. We can't do volume work to increase revenue, or have labs,P.T, etc. to increase revenue. I enjoy what i do, but there are many ways to make a better living without the stress and risk. I was hoping to practice into my 70s as have my father and father-inlaw, but I also have to consider the people i provide for. Thank you for your time.

Alfredo Ramos M.D.

Submitter : **Dr. Matthew Fisher** **Date: 07/16/2006**

Organization : **Dr. Matthew Fisher**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Sir or Madam:

I am an Intern preparing to enter residency in Anesthesiology and am troubled by what I see as the CMS makes changes to the Physician Fee Schedule. I have spent the last nine years working and studying to acheive my goals, and now CMS seems poised to negatively alter my goals.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. This is not only unfair, but unethical.

Also, the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine. Please make the necessary changes to prevent these cuts and changes to a vital area of health care.

Sincerely,

Matthew Fisher

Submitter : **r hicks** **Date: 07/16/2006**

Organization : **university of miami**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Robbing Peter to pay Paul. The budget neutrality is delusional and does not reflect the need to put more money in the system.

Physicians are refusing to take Medicare patients becuase each patient is a loss to the practice. See twice as many Medicare patients and you will go bankrupt twice as fast.

Medicare continues to grossly undervalue Anesthesia services. In fact most academic Anesthesia practices LOSE money because most of their patients are Medicare/medicaid and must be subsidized by money from more profitable departments like Internal Medicine.

Submitter : **Date: 07/16/2006**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

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

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

Medicare continues to grossly undervalue Anesthesia services. Hardest hit is academic Anesthesia practices becuase CMS also has an absurd teaching rule that penalizes anesthesiologists in relation to surgeons in the same room. In fact most academic Anesthesia practices LOSE money because most of their patients are Medicare/medicaid and must be subsidized by money from more profitable departments like Internal Medicine.

The net result is that Medicare patients are less welcome and may be turned away in large numbers in the future, something that is already happening in some fields of medicine. WHen that reaches a level enough to trigger public anger when seniors can't get medical care because no one takes Medicare, then someone will pay politically.

Submitter : **Dr. Steven Shoum** **Date: 07/16/2006**

Organization : **Atlantic Anesthesia Associates, P.C.**

Category : **Physician**

Issue Areas/Comments

Other Issues

Other Issues

Anesthesiology and Pain Medicine are undervalued areas because your data is old. A new survey of current values would better serve CMS purposes of fair valuation. CMS reimbursements do not cover the costs of CRNA's. Soon practices will not be able to remain financially viable without financial support from their hospitals; anesthesia groups at hospitals with high Medicare volume cannot recruit and retain physicians who are locating elsewhere.

Submitter : **Dr. Abraham Schuster** **Date: 07/16/2006**

Organization : **Dr. Abraham Schuster**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sir,

I understand that CMS is planning to cut reimbursement to Anesthesiologists over the next several years. This is based on the belief that Anesthesiologists practice expenses have decreased. I beleive this data is outdated and incorrect. In Alabama most Anesthesiologists, myself included, practice in an Anesthesia care team mode with Certified Registered Nurse Anesthetists. To date this has been an efficient and safe approach. Our "overhead" is affected predominately by the availability and prevailing salaries of "CRNAs" in our market. This cost has risen dramatically over the past 5 years. I believe CMS must update their databases to accurately determine the overhead cost of Anesthesia care. I believe our national organization, state organization and all Anesthesiologists will be greatful to assist you with this data collection.

Sincerely,

Abraham Schuster M.D.

Submitter : **Dr. David Whalley** **Date: 07/16/2006**

Organization : **Dr. David Whalley**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Dr. Jay Ellis** **Date: 07/16/2006**

Organization : **Tejas Anesthesia**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I wish to add my concerns to the propsed payment cuts for anesthesiologists. I believe these cuts to be ill advised for the following reasons and suggest other methods to resolve this issue:

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Christopher Yeakel** **Date: 07/16/2006**

Organization : **Christopher Yeakel**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

CMS,

Your proposed changes to the Physician Fee Schedule for Medicare will hurt the specialty of anesthesiology.
As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
7 CMS should gather new overhead expense data to replace the decade-old data currently being used.
7 CMS should take immediate action to conduct a more current survey which will greatly improve the accuracy for all practice expense payments.
7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.
The scheduled cuts in the MFS for 2007 and beyond, with these additional cuts will significantly jeaopardize the health care of millions of elderly and young in this country. Why will it tragret the "young" as well? South Carolina, like many states, uses the Medicare fee schedule as a nechmark for its Medicaid physician payment schedule.
I realize you are just doing your job, but the system is broken and your failure to address these cuts will cause lasting harm to patient's access to anesthesiology care.

Please reconsider your actions and follow the enclosed suggestions.

Chris Yeakel, MD, FAAP

Submitter : **Dr. Claire Holshouser** **Date: 07/16/2006**

Organization : **STAR Anesthesia,P.A.**

Category : **Physician**

Issue Areas/Comments

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

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

The proposed anesthesiology cuts will mean less access to services for the Medicaid and Medicare beneficiaries, since the proposed reimbursement is below the cost of services.

Submitter : Dr. George Rung **Date:** 07/16/2006

Organization : Dr. George Rung

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

With required budget neutrality, the proposed changes to the Physician Fee Schedule for practice expense methodology and physician work values will cause huge payment cuts for anesthesiologists. These changes hurt anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses for anesthesiology. New data should be collected to replace the decade old data currently being used. The American Society of Anesthesiologists and many other societies, including the American Medical Association, are committed to financially supporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address this issue of work undervaluation for anesthesiology or Medicare patients, our nation s most vulnerable population, will face a certain shortage of anesthesiologists in operating rooms, pain clinics and critical care units.

Discussion of Comments- Gynecology, Urology, Pain Medicine

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Practice Expense

Practice Expense

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Submitter : **Dr. Matthew Vo** **Date: 07/16/2006**

Organization : **Dr. Matthew Vo**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
CMS should gather new overhead expense data to replace the decade-old data currently being used.
ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Dr. Rex McCallum** **Date: 07/16/2006**

Organization : **Duke**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I enthusiastically support the proposed changes in E/M codes. This will help make it possible for me and my academic Rheumatology to make a reasonable living in the large academic practive of which we are a part. Please finalize the recommended work RVU increases as soon as possible. Please disregard any comments that would lower this essential change in E/M services.

As consulting rheumatologists, my colleagues and I see increasingly complex patients every day. Over one-half of our patients have already seen multiple physicians and are coming us to get an opinion about what there problem is.

This will support our primary care colleagues and other cognitive specialties in providing care to our seniors, the most at risk group in our country. Without these changes, seniors may not be able to obtain these services, as these physicians will be unable to remain in this business!

Thanks!

Submitter : **Dr. Kenneth Sherban** **Date: 07/16/2006**

Organization : **Lynchburg Anesthesia Associates, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madame:

Medicare payment for provision of Anesthesia services is already dramatically under par for the specialty. If a practice were to have 100% Medicare patients, working a full forty hour week with purfect efficiency would not provide the income to pay the average nurse anesthetist salary with no payment to a supervising MD Anesthesiologist. The payment from Medicare for anethesia services is so low, that, at a recent American Society of Anesthesiology practice management meeting, the following statement was made: If an Anesthesia practice have more than 35% of its patients as Medicare patients or other worse payors, the anesthesia practice must seek financial assistance from their hospital in order to pay salaries and pay expenses. The hospital I work in has a patient population of at least 55% Medicare patients. Such a patient mix has proven devastating to our ability to maintain salaries near the bottom of the MGMA pay scales. You can imagine how devastating this situation is for recruitment and retention of qualified personnel.

Low Medicare payments to Anesthesia providers creates a scenario that is unfair to patients, anesthesia providers, and hospitals that provide care to the elderly. There is also unfair cost shifting to other third party payors which has a deleterious effect on health care access to all individuals in our country.

Our parents receive their healthcare through Medicare, hence we all have a reluctance to stop participating with Medicare despite the draconian payment cuts; the proposed 10% reduction in payment for anesthesia services (6% up front cut with 1% cut per year for four years) may be the final blow that pushes anesthesiologists everwhere to stop participating with Medicare. There is a temptation on my part to spend my last ten years of practice doing missionary work in a foreign country. Such work is rewarding professionally and personally and virtually eliminates the constant threat of devastating malpractice suits.

The proposed 10% cut in anesthesia payments by HMS must not be passed into law. Anesthesia payments require a substantial raise before they even approach fair and reasonable payment.

Sincerely,

Kenneth A. Sherban, MD
Anesthesiologist in private practice for over 25 years

Submitter : **Dr. Daniel Zapson** **Date: 07/16/2006**

Organization : **Dr. Daniel Zapson**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am quite concerned about cuts in reimbursement for anesthesiology services. The demand for anesthesiologists continues to grow as more out of O.R. locations are requesting our services (i.e. Radiology). At a time when more medical students need to be attracted to this field to increase the total number of practicing anesthesiologists decreased reimbursement will be a disincentive to those students. This will create a limit to the expansion of medical treatments available to patients in a timely manner.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I hope that CMS would gather new overhead expense data to replace the decade-old data currently being used.

Thank you

Practice Expense

Practice Expense

I am quite concerned about cuts in reimbursement for anesthesiology services. The demand for anesthesiologists continues to grow as more out of O.R. locations are requesting our services (i.e. Radiology). At a time when more medical students need to be attracted to this field to increase the total number of practicing anesthesiologists decreased reimbursement will be a disincentive to those students. This will create a limit to the expansion of medical treatments available to patients in a timely manner. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I hope that CMS would gather new overhead expense data to replace the decade-old data currently being used. Thank you

Submitter : **Dr. Shawn Marsh** **Date: 07/16/2006**

Organization : **South Denver Anesthesiologists, P.C.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs:

As this policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thanks for your consideration.

Sincerely,
Shawn J. Marsh, M.D.

Submitter : **Chris Cardone** **Date: 07/16/2006**

Organization : **Chris Cardone**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Please represent me! The reimbursement schedule for physicians MUST be corrected if the system is to provide adequate care for patients.

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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Submitter : Dr. Ervin Yen **Date:** 07/16/2006

Organization : Dr. Ervin Yen

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist in Oklahoma City, OK. I am sure you are aware that my Medicare reimbursement dropped drastically in 1991. Since that time, it has either gone up insignificantly or actually gone down each year. You now want to decrease it by 10% over the next 4 years? Obviously, you are telling me to quit caring for Medicare patients. I am also sure you are aware that in 2004, my malpractice premiums went up 40% for not only 1/5th my previous coverage, but also paying for a claims-made policy (for which I will have to buy tail coverage when I quit practice) whereas I previously had an ocurrence policy.

Submitter : Dr. Michael Vigoda
Organization : Univ of Miami- Dept of Anesthesia
Date: 07/16/2006
Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my deep concern for any action that would reduce payment to anesthesiologists.

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. As in the past, medical students will cease to be interested in anesthesiology as a specialty and the current shortage of anesthesiologists will be exacerbated.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. Overhead (just like other medical expenses) has increased tremendously and this must be factored into the equation.
The ASA and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

as our population ages, more and more surgical procedures are performed with a continuing improvement in patient safety as a result of excellent training and continuing education of anesthesiologists.

Market conditions will dictate the future of our health care delivery system. Going ahead with further reductions in payment will only initiate a reduction in applicants to anesthesia training programs as well as most likely early retirement of established, experienced anesthesiologists.

Rather than a reduction, CMS should be increasing payments to anesthesiologists particularly those in academic practices so that they are not penalized for supervising two residents.

thank you for considering my comment
sincerely
Michael Vigoda MD MBA

Submitter : **Dr. William Van De Graaf, M.D.** **Date: 07/16/2006**

Organization : **Capitol Anesthesiology Association**

Category : **Physician**

Issue Areas/Comments

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

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

ANESTHESIOLOGY SERVICES

Dear CMS:

The proposed CMS new practice expense methodology and work values stemming from the Five Year Review has the capacity to severely damage the practices of many anesthesiologists. I am a partner in a major anesthesiology practice in Austin, Texas. We have experienced a dramatic increase in the cost of providing our anesthesiology services. The demand for our services continues to dramatically increase. While the number of operating room procedures have grown as expected, the demand for services in the "special procedures" rooms and elsewhere has exploded. Our hospital service coverage is 24/7. CMS must remember that the typical anesthesiology department cannot increase it's own business. We are subject to the demands of surgeons, cardiologists, encoscopists, etc. We should not be held hostage and punished by CMS because of the expanding needs of our patients and the CMS program. Wage pressures for hiring both anesthesiologists and certified nurse anesthetists, R.N.'s, and anesthesia technicians, all of whom are in short supply, have already created an unsustainable financial burden on our corporation. This is compounded by a federal system which fails to cover the true costs of providing the necessary services of it's citizens, as well as "undocumented" immigrants. CMS grossly underestimates the actual expenses of providing anesthesiology services. As a start, CMS must gather new overhead expense data to replace the data currently in use. The reimbursement for providing care in our tertiary care facilities is perverted to the point where our physicians with the highest level of skill and training, required to take care of the typical complex multisystem disease CMS patient(American Society of Anesthesiology level 4 patients), receive less than the reimbursement paid by private insurers for many day surgery procedures. The services we provide at our partner hospitals, which care for a disproportionate share of the CMS population,"charity" and "undocumented" care, are reimbursed at less than cost or not at all, and are only sustainable through contracted arrangements with our hospitals. Without their assistance we would not be able to offer the the level of service expected in modern American hospitals. In short, CMS must address the issue of anesthesia work undervaluation. Anesthesiology service providers are dedicated professionals who for the most part serve the the broadest spectrum of patients. Most of us do not or cannot "cherry pick" the the lucrative niche. Medicine is a caring art, where we strive to best care for the patients who require our services. Yet, healthcare is a business, "where there is no margin, there can be no mission."

Sincerely,

William C. Van De Graaf, M.D.

Submitter : **Dr. Stuart Leaderman** **Date: 07/16/2006**

Organization : **Stuart Leaderman D.O. PA**

Category : **Other Health Care Provider**

Issue Areas/Comments

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

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

To Whom it May Concern:

I write to you today, as once again Anesthesiologists seem to be unfairly targeted for medicare cuts over the next 5 years.
As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
CMS should gather new overhead expense data to replace the decade-old data currently being used.
ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.
Sincerely,

Stuart Leaderman D.O., F.A.O.C.A

Submitter : **Dr. Philip Bamberger** **Date: 07/16/2006**

Organization : **Dr. Philip Bamberger**

Category : **Physician**

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

I am an Anesthesiologist and understand this analysis would result in the reduction in Anesthesiology Fees. Delivery of Anesthesia Services is a high stress, high tech, difficult job. Presently there is a shortage of Anesthesiologists, yet the aging population in the U.S. is likely to need more anesthesiology services in the future. Declining Fees may have a negative impact on the supply of competant Anesthesiologists in the future. Therefore I am against this in the strongist posible manner. It needs to be re-thought out!

Submitter : **Dr. William Black** **Date: 07/16/2006**

Organization : **Palo alto Medical Clinic**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

E & M Services are radically overdue for an increase in assigned RVUs. Because of the explosion in medical knowledge over the past decade, there has been tremendous increase in the work necessary to provide appropriate standard of care for complex medical patients, such as those with diabetes, coronary artery disease, hypertension. We have many more tests to monitor, we have many more medications to manage, and there are many more adverse effects of those medications for which we need to monitor. Conditions such as coronary artery disease are increasingly medically managed, albeit with intense and frequent test monitoring. Most of this work is outside of an office visit or over the phone, so most is uncompensated.

In my position with my medical group, I recruit new primary care physicians and I have seen the direct effects of declining enrollment in primary care residencies. High quality recruits are rarer and rarer. At a time when the value of primary care physicians in controlling medical costs is progressively important, more and more medical students are opting for surgical specialties with their disproportionately higher reimbursements.

To preserve the future of primary care in the United States, I urge an upgrading of the E & M RVU values.

Submitter : **Dr. Jason Wells** **Date: 07/16/2006**

Organization : **New York Cardiovascular Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Under the current policy, the specialty of anesthesiology will face profound payment cuts to supplement the overhead costs of other specialties. The proposed PE methodology change will unfairly impact anesthesiology more than other specialties because CMS's data for calculating overhead expenses is outdated (10 years old), and severely underestimates actual expenses for this specialty.

The issue of anesthesia work undervaluation must be addressed by CMS or the nation's poor and elderly will be unfairly impacted, their access to anesthesia services being reduced.

Sincerely,
Jason B. Wells MD

Submitter : **Dr. Scott Himelstein** **Date: 07/17/2006**

Organization : **Dr. Scott Himelstein**

Category : **Physician**

Issue Areas/Comments

Other Issues

Other Issues

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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7 ASA, many other specialties; and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Also, information will be forthcoming about the multi-specialty practice expense survey for CMS. With the use of outdated overhead expense data, CMS will continue to undervalue anesthesia payments. Please do your part to ensure that PE data is up-to-date by participating in the survey once it is launched.

3.) Contact your Members of Congress about the SGR.

The proposed cuts in Medicare payments to anesthesiologists are particularly troubling in light of ongoing problems with the SGR formula that adversely affects all of Medicare Part B physician services. Please ask your Representative and Senators for a positive 2.8% update in 2007, as recommended by MedPAC. Congress should repeal the unworkable SGR formula and replace it with a system of positive updates based on the MEI. You may contact your Representatives and Senators through the Capitol Switchboard at (202) 225-3121, or through the ASA CapWiz site .

ASA remains committed and well-positioned to help lessen some of the proposed cuts through the Committee on Economics work with the RUC and CMS, but every ASA member must join the effort to fight against excessive and imbalanced underpayment by Medicare.

Submitter : **Dr. Charles Levine** **Date: 07/17/2006**

Organization : **Anesthesia Associates of York PA Inc**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

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Submitter : Dr. Mark Hibbard **Date:** 07/17/2006

Organization : Dr. Mark Hibbard

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Madam,

I am an anesthesiologist practicing in the state of Oregon, and I would like to comment on the proposed CMS changes to physician fee schedule as they affect anesthesiologists:

First, the policy, as it stands presently, will cut payments to anesthesia personel in favor of supplimenting the overhead costs of a handfull of specialties. Second, the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. For this reason, CMS should gather new overhead expense data to replace the decade-old data currently being used. The ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Sincerely,

M. Hibbard, MD

Submitter : **Dr. Mark Goldfarb** **Date: 07/17/2006**

Organization : **Dr. Mark Goldfarb**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

Physicians need a fair system of reimbursement to amintain the quality of care that Americans insist is a vital right similar to life, liberty and the pursuit of happiness. Constant cuts each and every year while costs to maintain a practice and deliver care in the hospital setting continue to rise. The system is broken but simply cutting physicain reimbursement is not the wise or appropriaate method of action. The entire system needs to be overhauled.
Sincerely
Mark Goldfarb M.D.
Cardiologist