Submitter : Dr. Beth Dorn

Date: 07/06/2006

Organization : Dr. Beth Dorn

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please pass the proposed increase in RVU's for E&M codes. Low RVU's discourage communication and thourough evaluation and encourage patient and MD frustration-- and sub-par care.
As a primary care physician in Internal Medicine, I feel I am often forced to limit very important counselling and discussion-- lifestyle and dietary education that promotes wellness and treats many pervasive conditions (Diabetes, hypertension, hypercholesterolemia, obesity, etc.) These conditions cost all of us through higher health care premiums, and cause substantial morbiditiy and mortality to the patients themselves.
To earn enough to cover high overhead, primary care physicians cannot rely on well reimbursed procedures-- which we don't do. We are the front line for the patients.
I have seen a massive efflux of talented collegues retreat to other specialties, concierge medicine or hospitalist work, as the primary care physician struggles to make ends meet. As a whole, we've experienced >10% decline in inflation adjusted pay over the last decade.
Just last week, we were again bullied by another insurance carrier to accept lower reimbursements. (As their CEO received $1.6 Billion in stock options!) Needless to say, most MD's I know signed, fueled by fear of losing patients to their peers.

As a result, the American patient will be the loser.

Please vote in the higher E and M code RVU's!

Thanks you,
Beth A. Dorn, M.D.

Submitter : Dr. Mark Winton **Date:** 07/06/2006

Organization : Mark D. Winton, MD LLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

In my area several primary care providers are very stressed trying to make a living. We are in a a rural environment, despite it being the State capital. My income in particular has dropped 60% from 1995 to 1996, and it has steadily declined since. It is very difficult to continue to work in this environment with more paperwork, higher stress, fixed income and higher overhead and insurance costs. A new RVU system may help relieve some of this pressure. Thanks.

Submitter : Dr. Douglas Keim

Date: 07/06/2006

Organization : Dr. Douglas Keim

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

This comment is in support of increasing the RVU's assigned to office and hospital consultations.

As an internist, I provide comprehensive and intensive treatment of many medical problems. An average patient can have diabetes mellitus (requiring insulin and potentially complicated), coronary artery disease, hypertension, hypercholesterolemia, and obesity. Those are just the standard office problems. Often, the patient will have atrial fibrillation, cardiomyopathy, cerebrovascular disease and pulmonary disease. All of these need to be addressed with a treatment plan. Not infrequently, patients will complain of one or two other acute medical problems at the time of their visit.

It is clear that the typical internal medicine patient requires a great degree of complex thought and decision making. It is also clear that, historically, this process is poorly compensated. As a result, fewer physicians are choosing general internal medicine. This does not bode well for the future.

Fairly compensating internists for the complex work they do and the care they provide will start to rectify some of the inequities in our current Medicare reimbursement system.

Therefore, I urge you to finalize the proposed increases to the RVU's for E/M services in order to ensure continued internal medicine care services and to reject any comments that would lower overall improvements to this system.

Submitter : Dr. Jong kim

Date: 07/06/2006

Organization : BMA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

ACP and CMS effort to improve general internists' RVUs is a way to save faltering healthcare delivery to aging and majority American people. Please keep the current CMS proposal unaltered for the hope and future of general internal medicine.

Submitter : Dr. Sara Rusch

Organization : Dr. Sara Rusch

Category : Physician

Date: 07/06/2006

Issue Areas/Comments

GENERAL

GENERAL

The number of physicians entering careers in primary care is declining rapidly. This is true even though the aging population will require an increasing number of primary care providers to manage their chronic illnesses. Although the reason for this decline is multifactorial, part of the reason is the discrepency between the reimbursement for cognitive (E+M) services and procedures. Correcting part of this imbalance will incent physicians to enter careers in primary care, be able to afford to take time for preventive health education/detailed history and improve patient satisfaction with their health care provider.
As an academic physician and a residency program director, I can tell you that it is increasingly difficult to convince medicine residents to enter careers in general medicine. As a general internist I can also tell you that the reimbursement system does not adequately reflect the cognitive skill, overhead cost and time required to provide patient care. This change is a first step to recognize and address the inequities in the payment system and provide physicians to care for the aging population.

Submitter : Dr. Leyka Barbosa

Organization : North Texas Joint Care

Category : Physician

Date: 07/06/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir or Madam:
I urge CMS to finalize the recommended RVU increase for E&M services.
Complexity and work have greatly increased in the last 10 years; five biologicals are now available for (injection/infusion)for Rheumatoid Arthritis alone. Each patient needs more attention due to fewer Providers contracting with Medicare (I can no longer accept new Medicare patients due to short funding) & availablity of new meds and technology that require time, attention, and patient education during each visit. Access to Primary care will be boosted with these increases that are sorely needed and past due; patients will have a better chance at connecting with Providers they like and respect, which enhances compliance with difficult drug regimens. Please reject comments that would lower these work ratings for RVU's and E&M services. Thank you.
Leyka Barbosa, M.D., Rheumatologist

Submitter : Dr. Christine Sinsky **Date:** 07/06/2006

Organization : Am College of Physicians; Soc. of Gen.Intern.Med.

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please support the RUC recommendations for reform of the RVU value of E/M codes.

The workload in primary care has increased significantly over the past 5 years; evaluation and management codes should be modified to reflect this.

Five years ago, a patient of mine with a blood pressure of 143/82, creatinine of 1.4, fasting blood sugar of 128, and cholesterol of 189 was doing fairly well, and would have been provided with recommendations for exercise and weight loss. That same person today has hypertension, stage 3 chronic kidney disease, diabetes, and dyslipidemia, and could be a candidate for four medications with ongoing monitoring. The result is a multiplying effect in terms of complexity of care.

The primary care visit is becoming increasingly complex: lower thresholds for diagnosis, stricter targets for management, increasing co-morbidities, intricate coding rules, growing numbers of clinical practice guidelines, administrative requirements for voluntary reporting, Medicare part D and pay for performance all add to the workload of the primary care visit.

Medicare physician payment reform is critical for future access of an aging population to primary care. This access in turn determines both the quality and costs of health care. Patients who have a strong primary care home have better outcomes and lower costs, yet established physicians are leaving this specialty faster than other specialties, and new physicians are choosing alternative fields. The major reason for this exodus is the reimbursement disparity between procedural care and cognitive services. Reform of the work RVUs associated with outpatient evaluation and management services is one step toward redress of these disparities.

Submitter : Dr. Steve Shaul

Date: 07/06/2006

Organization : Dr. Steve Shaul

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a solo rheumatologist in rural Washington state, I support the proposed increases in E/M RVU's. We have lost many physicians and have difficulty recuiting primary care physicians because of the financial strains on practices which cannot complement E/M services with income enhancing procedures as overhead rises.

My patients are more complex than when I began practicing 30 years ago. They are older and therefore have more chronic disease.

My involvement with the state chapter of the American College of Internal Medicine tells me that fewer and fewer young, bright internists are choosing general internal medicine. Close to home, I currently have difficulty finding a good general internist to care for me and my wife.

We must value cognitive function in a financial manner. If not, the primary care and low roller internal medicine specialists will vanish and each of us will end up with a number of specialists caring for our different biologic systems at greater expense and likey less overall quality that when a good generalist coordinates our care.

Submitter : Dr. Clifford Wang **Date:** 07/06/2006

Organization : Santa Clara Valley Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It has been estimated that physicians salaries have declined by almost $13,000 over the past few years while other industries have seen increases. Internal medicine and other primary care based practices have suffered the most from the decreased reimbursements made to physicians. As a general internist, I take care of patients with complex medical issues that require a lot of time, energy, intellectual thought and decision making which is not often reimbursed. I find it takes a lot more critical thinking and discussion to discuss end-of-life issues with a dying patient or to go over a complex drug regimen for a new diagnosis of heart failure than to perform multiple procedures, yet it is the procedural based work that gets reimbursed much more. Sometimes it can take 2-3 hours to discuss complex medical issues with a family in making critical decisions that determine whether to pursue certain treatments or not. I do a number of procedures in the hospital so I feel qualified to comment. The quality of internal medicine candidates has deteriorated considerably and has followed the path of declining reimbursement. We now have medical students who would rather do dermatology or radiology for both reimbursement and lifestyle issues. Clearly, the tipping point has occurred and much is to be shouldered by the way internists are reimbursed in practice. The U.S. health care system will need many more internists as the baby boomers move into the thier 60's. If we don't attract enough quality candidates, then I suspect the quality of care will diminish. I urge CMS to finalize the recommended work RUV increases for evaluation and management services. If this is not accepted, I am worried that access to primary care services will worsen. Thanks for your time.

Submitter : **Dr. Richard Kanner** **Date: 07/06/2006**

Organization : **University of Utah School of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support an increase in the Relative Value Units for primary care physicians. As a Professor in Internal Medicine with 36 years on the medical school faculty I have observed that Internal Medicine no longer attracts the best and the brightest students. In the past the best students chose Internal Medicine. Today it is hard to find a student who wants to go into a field where they will have to work long hours for relatively less pay than their peers will be receiving in more "life style friendly" medical fields. Students today leave medical school with over $100,000 of debt, something that was not the situation when I graduated medical school 44 years ago. They cannot afford to chose a relatively low paying field of practice no matter how much they might enjoy going into that field. They select areas of specialty based on life style and remuneration. Other fields that are primarily 'cognitive' in nature have the same problem and soon there will be a crisis in Primary Care due to a lack of manpower. We cannot continue to reward specialties that are more 'procedural' at the expense of the 'cognitive' ones. A physician's time spent with a patient should be the deciding factor. A Dermatologist can earn several hundred dollars in a few minutes just freezing off a few lesions whereas an Internist can spend an hour taking a thorough history and doing a physical examination and earn less in that hour than the Dermatologist earns in a few minutes. This is wrong and the public will suffer if this is not corrected. Transplant surgeons make ten to fifteen thousand dollars for a few hours in the operating room yet the Internist that then cares for the patient for many years juggling difficult to use medications to prevent rejection cannot make that sum in 100 or more hours of work. Again, this is wrong.

Please do all that is possible to reward thinking physicians with cognitive skills at the same level as procedural doctors. The time spent in training should also influence the RVU as those that spend more years in training have made more of a sacrifice and theoretically has greater skills.

Thank you.

Submitter : Dr. stuart rosenberg **Date:** 07/06/2006

Organization : IMPCCA

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a front-line physician, I urge you to increase the RVU for evaluation and management services. The acuity and complexity of caring for hospitalized patients has increased enormously over the years, and such a move will continue to ensure excellent primary medical care for our ever increasing elderly population.
Thank you, S Rosenberg, MD

Submitter : Dr. Walter Horner **Date:** 07/06/2006

Organization : Dr. Walter Horner

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 recommended work RVU increases for evaluation and management services. Over the past ten years the amount of time, effort and skill required to provide these services to internal medicine/primary care patients has increased dramatically. Increased demand for time, skill and effort have occurred simultaneously in two inextricably overlapping areas of service that define much of what the primary care physician does; direct care/ consultation and co-ordination of care. As the practice of medicine has become more complicated, from an administrative as well as factual and technological perspective, the primary care physician who often serves as the medical lynch pin, not only for the patient, but the system itself - has been strained to the point of breaking. Changes such as the recommended work RVU increases will help assure continued access to primary care services. Thank you for your consideration. W. Harry Horner, Ph.D. M.D., F.A.C.P.

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

Organization : PrimeHealth Internal Medicine

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am an internal medicine physician practicing primary care medicine in Willoughby, Ohio. I am writing to encourage CMS to finalize the recommended work RVU increases for evaluation and management services. For some time it has been recognized that evaluation and management services have been inadequately valued with comparison to procedural reimbursement. This problem has been exacerbated over the last several years for number of reasons. There has been an increasing reliance on primary care physicians to care for patients with more complex problems and combinations of problems. In my practice setting a number of subspecialty physicians that previously also treated some of their patients' primary care problems have abandoned that service to concentrate on the higher reimbursement subspecialty services. This has left the primary care physician with increased responsibilities regarding completion of forms and prescription refills which the previous physician is now declining to complete. This has also complicated the issue of coordination of care. Also, patients rarely present with only one or two problems which can be easily fit into the coding system. At virtually every visit, as afterthoughts, patients raise at least a couple additional issues. These seldom fit into the documentation and coding system but are additional burdens of time, effort and responsibility. In my community a number of primary care physicians have completely left practice due to these and other factors. As the population is aging and requiring treatment for increasingly complex medical issues evaluation and management visits are becoming a larger and more important part of care. Unless realistic reimbursement policies are put in place providers for this care will be increasingly difficult to find. I strongly encourage you to reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : Dr. Michael Patmas **Date:** 07/06/2006

Organization : Clear Choice Health Plans

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir:
Speaking as an physician-executive, internist, and Vice President of a physican-owned health plan, I am convinced that E&M services are undervalued compared to surgical procedures. Further, that devaluation is directly contributing to the collapse of internal medicine and the lack of access to primary care services for Medicare beneficiaries. Our health plan has over 10,000 Medicare Advantage members. The biggest difficulty they face is finding available primary care physicians. None of the physicians in our area accept FFS Medicare patients. Unless a Medicare beneficiary is a member of our plan, they have virtually no routine access to physicians. That may be good for us as a health plan, but it is morally repugnant. Further, the unhealthy disparity between reimbursement for E&M services compared to invasive procedures is driving much of this inappropriate and uneccessary care our members are subjected to. For example, it is well documented in the Dartmouth Atlas, that the Bend, Oregon area leads the nation (and indeed the world) in the rate of lumbar spine fusion. Bend, a small city of 70,000 has 5 physicians doing spine surgery. The rate of inappropriate and uneccessary fusions is concerning. Yet, it is our own reimbursement policies that are driving this inappropriate utilization. Quite simply, one cannot make an adequate living on E&M codes alone, so the savvy physician quickly learns to game the system by focusing on highly remunerative procedures while de-emphasizing the poorly reimbursed E&M services our patients need. End of life issues, counseling, carefully taken histories and physical exams, careful medication management matter little at the end of the day. Endoscopy, imaging and procedures rule. Correcting the disparities in the valuation of E&M codes is long overdue. It is well known in management that every system is perfectly designed for the results it's achieving. Our system is designed to drive utilization of questionable invasive procedures at the expense of E&M services. It is possible to re-balance the scales in a budget neutral manner by ajusting upward the RVU for E&M services while adjusting downward those for overused, often uneccessary and inappropriate procedures. I also learned in business school to be careful what you incentivize, because that is exactly what you will get. I would challenge CMS...what is it that you want to incentivize? Are current reimbursement policies aligned with CMS' goals? I certainly don't think so.

Sincerely,
Michael A. Patmas, MS, MD, MMM, FACP, CPE, FACPE.
Vice President of Medical Affairs / Medical Director
Clear Choice Health Plans. Bend, Oregon
Clinical Assistant Professor of Medicine & Geriatrics
Oregon Health & Science University

Submitter : **Dr. Frederick Smith** **Date: 07/06/2006**

Organization : **DivGeriatric&PalliativeMed, NorthShoreUHosp**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Date: July 6, 2006
To: CMS

Since I completed residency in 1983, I have practiced General Internal Medicine in academic/teaching settings which included a large component of care to the poor. This year I left office practice to become medical director of my hospital's acute geriatric unit, and to do in-hospital palliative consultation.

Although my move partly stemmed from my increasing attraction to palliative care, it was also impelled by the increasing difficulty of juggling the growing complexity of general internal medicine with the increased efficiencies required by falling relative reimbursement. I could no longer enjoy or justify working in an environment where office visits were necessarily so short that completing the work required for honest, thorough outpatient care - in elderly patients with numerous co-morbidities - had to be deferred to my own (and my family's) time after office hours, such that I began consistently to get home at 8pm, and even then had not completed all my work. I find the time demands of in-hospital work much more predictable, and as a result personally satisfying, even though I miss many of the things which at one time made general medicine a joy for me.

I used to strongly encourage internal medicine residents to consider "primary care." In recent years I have no longer in good conscience been able to do so when I know how under-reimbursed this field is by comparison with the effort invested in it: the personal-cost/financial-benefit ratios of many medical sub-specialties are far smaller than those of general internal medicine.

The recent sharp drop in medical school graduates considering internal medicine, and of medicine residents considering primary care, is a direct consequence of the their observing the cumulative experience of multiple burned-out internists like myself. If CMS wants to ensure a healthy supply of skilled general internists to serve the needs of an aging population, you must increase the reimbursement of internists relative to that of other specialists.

Why, for instance, is a simple, decidedly un-complex 10-minute flexible laryngoscopy by an otolaryngologist worth multiples of a 40-minute level-5 follow-up visit in which I must treat congestive heart failure, weeping lower extremity edema and cellulitis, hypokalemia and elevated level of digoxin (administered for atrial fibrillation) both resulting from necessary diuretics and uncontrolled diabetes mellitus (whose complex documentation to justify Level 5 must be postponed to the end of the day)?

For the sake of my colleagues, and of idealistic residents yet to come - who still pursue general internal medicine because it is the best form of coordinated, continuous care for most adult patients - for their sake and the sake of our patients (who will suffer if a dearth develops in the supply of primary care internists to serve them), I strongly urge you to finalize the recommended RVU increases for E&M services, and to reject any comments that would lower the overall improvements in work RVUs for these services.

Sincerely,

Frederick A. Smith, MD
Director, Acute Geriatric Unit
and Consultant in Palliative Medicine
Division of Geriatric and Palliative Medicine
330 Community Drive, Manhasset, NY 11030
Tel. 516-562-8005/4715

CMS-1512-PN-216-Attach-1.DOC

Submitter : **Dr. Franc Barada** **Date: 07/06/2006**

Organization : **American College of Physicians**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

After practicing rheumatology and internal medicine for 26 years, I believe that general practice is in trouble related to reimbursement policies of CMS. This small proposed change to E & M coding reimbursement is a step in the right direction.

Submitter : **Dr. Naresh Pathak** **Date: 07/06/2006**

Organization : **CARE HEALTH CENTER II**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to SUPPORT the RVUs proposed by the Centers for Medicare and Medicaid Services (CMS). Increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations, known as evaluation and management (E/M) services is long overdue for the cognitively exhausting specialties like Internal Medicine. Since many private health plans use the Medicare-approved RVUs for determining their own fee schedules, the increases proposed by CMS are also likely to increase non-Medicare payments to internists. Such redistribution will begin to correct long-standing reimbursement disparities that are contributing to the looming crisis in access to primary care and help ensure an adequate supply of internists and other physicians to care for an increasingly aging population.

Thank You.....Naresh Pathak, M.D.

Submitter : Robert Langerman **Date:** 07/06/2006

Organization : Robert Langerman

Category : Individual

Issue Areas/Comments

Other Issues

Other Issues

E/M Codes Five Year Review. My wife Goldythe (age 80) and I (age 85) have been patients of Dr. George W Ferguson since 2000. In order for Dr. Ferguson to continue his high level of caring service, it is important that he be properly compensated for same. We understand that new physicians are shying away from family practice because other specialties are paying much more. It is important that patients have access to more family practitioners and that compensation is attractive enough for them. We encourage you to increase their reimbusements as much as possible.

Submitter : Dr. Mark Levine **Date:** 07/06/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a practicing general internist,Governor-Elect of the Vt.Chapter of ACP, and a medical educator actively involved in medical student and residency career advising and teaching, I strongly urge CMS to finalize the recommended work RVU increases for E&M services. Such a move would help halt the continuing migration of medical students away from primary care careers, and the migration of residents to subspecialization, and play a powerful role in addressing the current and future crisis in primary care. And the redistribution of resources would actually save money in the end, as patients who do not go directly to specialists will most likely have more cost-effective and where appropriate less technology-driven evaluations. Over the past decade, in my own practice, the complexity of patient care and the work associated with documentation and reimbursement and my own administrative time and role has increased markedly. I am expected to be a strong manager of care and resources without being recognized as such by our current payment and RVU system.

I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E&M services. Thank you for allowing me this opportunity to provide commentary.

Submitter : Dr. Susan Sprau **Date:** 07/06/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a practising pulmonologist and sleep disorders specialist, I urge CMS to finalize the recommended work RVU increases for evaluation and management services.

Over the past 10 years, I have increased the time I spend obtaining information about patients, coordinating care with other caregivers, and dealing with increasingly complex patients.

Such changes will help assure continued access to primary care services. (Because current levels of reimbursements are so low, I stopped doing primary care for my patients and although I am board certified in geriatrics, I will not accept geriatrics consults.)

I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services and that CMS adopt the recommended improvements in RVUs for evaluation and management codes.

Submitter : **Dr. Muhammed Beeai, MD, FACP** **Date: 07/06/2006**

Organization : **St. John's Hospital and Medical center**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

For God's sakes, if crooked physicians are getting away with whatever regulations and cuts, or decreasing the reimbursment you put on them, they are screwing the system any way!! what is our fault to be cut, and have decreased payments, and abiding by the law to the teeth. Can't you see the decline in the people joining medical schools? and those who are leaving the profession to go to wall street instead? we can't even teach students and residents because of the demands of making it to the base salary and overhead by seeing more patients, and delivering quantity care rather than quality care!! Is that an attraction for college graduates to join medical schools?
So please help us with the legislators pass the increase of MR and MD reimbursment, or we will go through the same phase that England had few years ago, when the queen herself pleaded for physicians to come to the UK! (different story now).

Thanks

Submitter : Dr. Alvin Furuike **Date:** 07/06/2006

Organization : American College of Physicians, Hawaii Chapter

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As the Governor of the Hawaii Chapter of the American College of Physicians and a practicing physician in the State of Hawaii, I support the Centers for Medicare and Medicaid Services (CMS) proposed increase in the work relative value units(RVUs) assigned to office and hospital visits and consultations or evaluation and management (E/M) services. This will help the plight of Primary Care Physicians who coordinate the overall care of the majority of Medicare and Medicaid patients. Many of the Primary Care Physicians in Hawaii have closed their practices to new Medicare and Medicaid patients because of the increased complexity and demands placed on their time from these patients and the inadequate compensation they have received over the past ten years. Many physicians are also considering early retirement due to the lack of compensation for the services they provide and their increased practices expenses, especially with the requirements for computerization. Younger physicians finishing their training are less willing to take a chance on private practice due to their perceived difficulty with making an adequate income with the present compensation and increasing demands and practice expenses. We need to ensure that there will be continued access to primary care services before it is too late. Continued support for E/M services is fundamental to providing the necessary care for all Medicare and Medicaid Beneficiaries in our Nation. Thank You.
Alvin Furuike, M.D., FACP
Governor, Hawaii Chapter, American College of Physicians

Submitter : **Dr. David Neighbors MD** **Date: 07/06/2006**

Organization : **Associates in Medicine**

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

I am a genral internest/pediatrician, solo practitioner in rural Southern Illinois. The percent of elderly patients that I am seeing is very much on the rise. There are numerous reasons for this, but the main one appears to be the lack of physicians willing to put up with the hassle of government regulations and paperwork, not to mention the low reimbursement rates. I have issues with failure to be paid at all for certain items that are fundamental to the care of particular diseases. For instance: Failure to pay for pulmonary function testing when the diagnosis of COPD is used. Minimal payment for treatment of complex intensive care patients that require hours of bedside care and signifacant risk (only to have my surgical collegues paid twice as much to remove and appendix in 20 minutes and minimal risk). Consultations are even worse, conisdering the attending physician is being paid more than I, and usually I end up managing most of the care of that patient for them (hence the reason for the consultation to begin with).

It is interesting that the best year I have ever had financially was 1989. Since then, I have had to assume much higher insurance cost, due to assuming more risk, and higher overhead expense, with tyring to be reimbursed to what I consider appropriately over the past 5 years. The hassle factor with paperwork and payment has made this something that I have to consider heavily when I decide if new Medicare patients are worth it. I have already stopped doing any nursing home care because of the above mentioned reasons.

I would request that you carefully consider what any decrease in E/M services reimbursement would do to physicians such as I, who really do want to care for the elderly patients, but may not be able to in the future.

Sincerely,

David L. Neighbors, MD

Submitter : **Dr. Mark Erlebacher** **Date: 07/06/2006**

Organization : **Solo Practice**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I endorse improving reimbursement for E&M codes. We (internists especially) are tremendously burdened with rising overhead and insignificant improvement in reimbursement (for essentially my entire career of 24 years). As a solo practitioner it is hard to have had any meaningful economic growth over all these years or worse keep up with the inflation pressures of rising staff salaries and benefits.

Submitter : Dr. Rita Hanson **Date:** 07/06/2006

Organization : Wheaton Franciscan Healthcare, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I have been a practicing internist for 27 years. I have had an electronic medical record for nine years and have been the recipient of a number of awards for superior patient outcomes and performanace improvement efforts. I truly enjoy patient care and have solid statistics to show that my efforts make a positive difference in the health of my patients. My patients have low hospitalization rates - which translates into lower costs to the healthcare system. Sadly, fewer and fewer physicians are choosing a primary care speciality because the level of reimbursement has not come close to keeping pace with the costs of running a medical practice or recognizing the increasing complexity and intensity of the workload. Widespread availability of primary care services is vital to the health of our population and our workforce. Improving the level of reimbursement for E/M services is mandatory to head off the accelerating path to the disappearance of the primary care physician.
Rita M. Hanson, MD

Submitter : **Dr. Clay Molstad** **Date: 07/06/2006**

Organization : **Dr. Clay Molstad**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I am board-certified in both internal medicine and geriatrics and was forced to give up private practice because the medicare payments were too low to pay all office expenses, salaries and a salary to myself far below that earned by members of congress.

Primary care residencies are going unfilled because medical graduates know they will not earn enough to pay crippling educational debts and support a family on their earnings in these specialties.

The American Board of Internal Medicine has reported that fewer than = of certificates in geriatrics are being renewed as they expire, primarily because of the poor payment and increased time that caring for the elderly entails.

While other medical activities can be more glamorous, the extra twenty minutes discussing a grand-daughter's divorce can decrease anxiety enough to prevent the cost of an emergency room visit and should be recognized as a valid use of professional time worth payment.

Submitter : Dr. William McCray **Date:** 07/06/2006

Organization : ACP

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I support the proposed increase in the work relative value units (RVUs) assigned to hospital and office visits and consultations. The increases are past due and much needed. Much effort should be made to ensure the increases are accepted. Many physicians are leaving practice or opting out of Medicare due to the non-ceasing Congressional attack on physician reimbursement. Perhaps Congress will realize it focused on the wrong group after its too late. It is time for Congress to direct the same energy toward the economic injustices allowed of major corporations.

Thank you for your time and attention,

William McCray, M.D.

Submitter : Dr. John DeCarli **Date:** 07/07/2006

Organization : Dr. John DeCarli

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed changes as written. This will help address the looming crisis in primary care due to low reimbusements in Evaluation and Management services. Thanks.

Submitter : Dr. Edward Herzig **Date:** 07/07/2006

Organization : Herzig Krall Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the E/M changes as proposed. There is a need to increase reimbursements due to rising costs of providing care in the office setting. These include conversion to and maitenance of electronic medical records, increased costs of supplies, increased costs of monitoring patients (the newer medications require more oversight) and the need to provide for health care for employees. Since there has been little net change in reimbursements for many years, there is less ability to improve care. This is a long overdue correction.

Submitter : Dr. Michele Staunton **Date:** 07/07/2006

Organization : Dr. Michele Staunton

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a primary care internist, many of my colleagues no longer accept new Medicare patients because of the continued ratcheting down of reimbursment of E and M codes. While many of our elderly patients have multiple medical problems, leaving them to fend for their care "piece meal" in the hands of specialists only is not only expensive, but a mistake. An internist has the breadth of training and experience to better serve the needs in a safer and more cost effective manner for our elderly population, but this takes time. I applaud the improved reimbursment for our "mind skills." I do not feel that it is extravagant to pay a physician who has spent 8 years in school and 3 or more years in residency training as much as one would spend on a manicure and pedicure!

Also, with the increasing obligations of computerization and documentation requirements for both Medicare and other insurance carriers, overhead in individual office practices has consequently increased. Our cost of business as physicians has gone up as we have had to hire consultants to aid us in dealing with prescription refills, formulary restrictions, preauthorization for radiologic procedures for our patients, etc. This is all work which is expected of us, but which does not generate revenue. As physicians, we are professionals that also must earn our living by our knowledge. Especially in primary care specialties, like internal medicine, what we do is see patients in patient encounters. There are seldom procedures associated with what a general internist does. When we see patients, we have to process what the patient is telling us, we are a cognitive specialty. The RVU's are the lifeblood of our ability to continue to accept Medicare patients and remain solvent.

Thank you for addressing this issue which has the potential to improve medical access for millions of Medicare recipients and improve physician satisfaction for those who are really taking care of these special people.

Michele Staunton, MD

Submitter : Dr. Charles Hofmann **Date:** 07/07/2006

Organization : Dr. Charles Hofmann

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a rural primary care physician who has seen my income drop as reimbursement has been frozen and expenses have increased, I am strongly in favor of and urge CMS to enact the RUC's recommendation. I am the only internist left in a community of 16,000. These changes will help immensely. Thank you.

Submitter : **Dr. Melissa Olken** **Date: 07/07/2006**

Organization : **ProMed Healthcare**

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 E & M services. I have been in general internal medicine practice for nearly 18 years. The majority of my patients are Medicare beneficiaries who generally have minimally 5 active chronic medical diseases and are on a minimum of 6 essential medications, not to mention the 'as needed' and 'quality of life' medications. You have no idea how difficult it is to see more and more patients to meet my budget and still feel I have really given each patient the right amount of time. As these patients become more frail with age and disease, it takes even longer to make sure they are safe, understand their medications, are meeting their nutritional needs, and also keep up on appropriate preventive services and monitoring their chronic diseases. Often, I am the only person these folks encounter regularly who sees them decline. My staff and myself often need to initiate social services support, meals on wheels, and many other aspects that impact the patients medical care that are uncovered services. Unless it is 'face-to-face' time, my work for those services is 'free'. We have a duty to our patients' health--even if no payer is willing to reimburse me for my time doing these things. There may have been an era where the margin was better, but that is not NOW. There is no margin. Further, as Medicare and all other payers do not acknowledge electronic or telephone communications as part of medical care options that should be reimbursed, I cannot embrace this technology that would allow rapid communication (such as a diabetic adjusting their insulin) because I would not be reimbursed for my time to do this. Many of my patients have computers and it would easier to receive instruction in writing from myself or staff via email. RVU's for telephone medicine and email consultation will truly allow greater access to quality care than thinking you can cramp it all into a face-to-face visit as the only means to get reimbursed for care.

I have seen my practice overhead climb substantially during this time. I can no longer afford to have an RN on staff and now use medical assistants. This actually can add to my work due to their level of training, but what choice did our practice have? As we look to EHRs, we wonder how on earth we could see enough patients to pay for it, not to mention the slow down as we adapt to it. Given the practice environment, not only from payers, but the liability environment and premium increases, it is difficult to imagine that I will be able to stay in practice until when I had hoped to retire. I cannot believe that the system has failed not only patients, but also those of us on the front lines--general internists and family practitioners. I am a specialist in adult medicine and provide excellent care. I can't offer overpriced procedures to pad my coffers. I listen, examine, and formulate a plan. THIS IS VALUABLE! A nurse practitioner or physician's assistant CANNOT REPLACE ME! I feel a duty to my patients, but, to run a high quality practice, I cannot skimp any further. The overhead is gobbling up any small increases in reimbursement.

It is vital the CMS increase the work relative value units (RVUs) assigned to office and hospital visits and consultations, known as evaluation and management (E/M) services. While certainly CMS has a fiduciary responsiblity, there is also the responsiblity to ensure that Medicare beneficiaries have access to hig quality medical care. Further, ALL AMERICANS have a right to basic medical care.

I further urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services. If that happens, I will need to seriously reconsider my career. That would be a very sad day indeed.

Thank you for 'listening'.

Submitter : **Dr. Brian Seppi** **Date: 07/07/2006**

Organization : **Physicians Clinic of Spokane**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I'm writing in support to the proposed rule change to increase the work RVU for E/M services.

I belong to an 18 member group practice composed of Internal Medicine and Rheumatology physicians. We have had to stop taking new Medicare patients over the past year due to Medicare's poor reimbursement for services we provide compared to our ever increasing overhead costs. Our community has a shortage of primary care physicians and due to the number of practices not taking on Medicare patients access to primary care has been severely limited. Since primary care physicians relay on E/M codes for billing the change in reimbursement for these codes will improve access for seniors in the Medicare Program.

Our group has been actively trying to recruit general Internists for several years but due to poor reimbursement and the decline of Medical Students choosing primary care we have not been able to recruit for open positions. We have had several members of our group leave medical practice for other opportunities and have not been able to replace them due to poor reimbursements from Medicare and Commercial Insurance. These changes will allow us to be more successful at recruitment in the future.

The complexity of care has increased dramatically over the past 10 years. The amount of information that must be reviewed and the acuity of patients seen in the office and hospital have increased significantly. It takes much longer to care for patients in today s environment and an increase in E/M RVU's is in line with the changes I've experienced in work load when caring for my patients.

In closing I strongly support the proposed changes to the work RVU component of E/M services and would urge CMS to reject any changes to this proposal.

Brian Seppi M.D.
Physicians Clinic of Spokane
bseppi@physcians-clinic.com

Submitter : Dr. Scott Hanson **Date:** 07/07/2006

Organization : Dr. Scott Hanson

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The proposed adjustment of Evaluation and Management reimbursement formulas is long overdue. Chronic disease management and prevention are crucial to the long-term viability of the Medicare program. The changes that CMS is considering will more accurately reflect the value of services provided by primary care physicians.

Submitter : Dr. Robert Lebow **Date:** 07/07/2006

Organization : Dr. Robert Lebow

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed increase in E and M payments - it may help to save primary care.

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

Organization :

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please reward physicians for that most fundamental work we do, evaluate and treat. Providing quality primary care has become extremely complex in recent years. Please support general internists in their desire to do the right thing for their patients.

Submitter : Dr. Nichol Iverson **Date:** 07/07/2006

Organization : Puyallup Clinic Inc. PS

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a general internist, I have seen my overhead climb astonomically, and my reimbursement stay flat. I plan to practice for another five or six years, but may retire sooner if reimburesent is not commensurate with my time, skills, knowledge and effort. I am accepting new patients, but only if they are younger than I. I have concerns about accessability of primary care for Medicare and Medicaid patients, and I shall soon be one myself. I am 61 years old. I have the option to practice wellness care, and have credentials to continue hospital practice as well. Why would I want to continue to add to my Medicare patient load which is now approximately 70% of my patients? I keep my patients out of the hospital by following clear standards of care for those with chronic illness. I think that my expertise is worth more than the base salary for Major League Baseball players, professional basketball players and football players. Our priorities are sadly reversed. Without additional reimbursement, many of us near retirement are likely to quit. Please don't make this happen. Adjust Evaluation and Management Service reimbursement to reflect its value to our aging population and to our base values to care for the poor and needy.

Nichol T. Iverson MD, FACP

Submitter : Dr. Cary Bjork **Date:** 07/07/2006

Organization : Marquette Internal Medicine Associates, P.C.

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

It is absolutely necessary that the reimbursement for the E and M services of primary care practitioners be increased. I am a general internist in a low population area. My patients consider me their "family doctor". I evaluate my patients health problems and make appropriate referrals when indicated. I manage the majority of their health problems myself. This provides much better care than would be possible if patients had to seek appropriate referrals on their own. It saves the system much money by avoiding unnecessary referrals and procedures. The patients have a "captain of the ship" to serve as their guide through the maize of subspecialists when referrals are needed.

Unfortunately, there are few young doctors entering the fields of general internal medicine and family practice. This is due to the very poor reimbursement and income in these specialties compared with the subspecialties in medicine and surgery. Soon it will be very difficult for Americans to find a qualified primary care doctor. The quality of health care in this country and access to health care will decline to crisis levels.

The thought processes and time needed to optimally manage patients in a primary care practice are grossly undervalued. The reimbursements and incomes of the superspecialists are very high. Of course the young physicians with large medical school debts see the light. They are avoiding primary care like the plague.

Primary care doctors work the most hours and have the lowest incomes. Is this just and reasonable? The outdated E and M reimbursement formula must be revised or our health care system will further deteriorate.

Cary M. Bjork, M. D., F.A.C.P

Submitter : **Dr. gerald asin** **Date: 07/07/2006**

Organization : **stonecreek medical association**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

urge you to adopt new rvus regarding primary care. Patients are much more complicated than used to be and compensation has been going down for cognitive care. we need help and appreciation for our work. thank you.

Submitter : Dr. GILBERT LEUNG **Date:** 07/07/2006

Organization : Dr. GILBERT LEUNG

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

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