Submitter : Dr. Paul Wolff **Date:** 07/13/2006

Organization : Anesthesiology Consultants of Virginia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the policy 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hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.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 do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

Submitter : Dr. William York **Date:** 07/13/2006

Organization : Anesthesiology Consultants of Virginia

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As the policy 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hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.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 do this survey which will greatly improve the accuracy for all practice expense payments. In addition, CMS needs to address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care.

Submitter : Dr. Robert Singler **Date:** 07/13/2006

Organization : Dr. Robert Singler

Category : Physician

Issue Areas/Comments

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

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

The relative value for anesthesiology does not adequately reflect the work performed on our sickest and oldest patient population. The onset of cost shifting such that other patients bear the burden of this under-reimbursement is testament to the degree of inequity.

A three hour vascular case on a patient with renal failure - very typical for my practice, will net $314 IF the patient has secondary insurance. With a three and one half hour time obligation, including pre and post-operative evaluation, plus additional unpaid down time between operations, I am now reimbursed less than the hourly charge of my mechanic, my plumber and my wife's hairdresser.

When practice expenses are accounted for, Anesthesiologists have reached a lower limit for Medicare patients. A decline of 6% now, and subsequent downward adjustments will result in progressively decreased access to care, as physicians find it economically impossible to continue to care for Medicare patients, and will have to limit the numbers of Medicare patients seen.

Given current demographics, this will not improve access to care for our seniors.

Submitter : Jeffrey Jaeger **Date:** 07/13/2006

Organization : University of Pennsylvania Health System

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing in my role as a General Internist at the University of Pennsylvania to urge CMS to finalize the recommended work RVU increases for evaluation and management services.

In the 11 years since I finished residency, there has been a dramatic increase in the complexity of the work that is necessary to provide appropriate care for patients. The dramatic increase in therapeutic options available for most diseases; testing strategies available; evidence-based screening and health maintenance recommendations: all these factors mean that providing an appropriate standard of care for the average patient has become a much more challenging task. It is more exciting, and intellectually stimulating, but dramatically more time consuming. In 1995, a routine visit for a patient with severe heart failure would have consisted of vital signs and a prescription for an ACE Inhibitor. In 2006, that patient is thriving on an ACE Inhibitor, a beta blocker, spironolactone, an aspirin and a statin. Consideration has to be given to the cost and side effects of each, not to mention interactions. Consideration has to be given to counseling the patient about pacemaker or defibrillator placement, and guidelines dictate that if the condition is severe enough, a discussion needs to be undertaken regarding end-of-life care. I have many patients like this (one of them deaf; we do all this through translators). To assign an E and M code to this that is associated with approximately 1 RVU is absurd. An update is long overdue.

It is worth noting that, in my opinion, an update to the RVU s assigned to the E and M codes are in line with what the public wants. When I tell my patients how Medicare pays me for the comprehensive care I have provided them, relative to how their specialists have been paid for 10 minute procedures, they are aghast, and ask me what they can do to get their federal government to reward effort appropriately.

Fixing this will go a long way towards reversing the decline in interest in primary care among doctors coming out of training. None of us went into primary care expecting to get rich, but improving the RVU's associated with these codes will allow physicians to continue to provide care at an acceptable standard while generating enough income to employ appropriate staff and make a living in line with others of similar training and expertise.

There are those who will complain that this increase and the necessary associated cuts to RVU s associated with other codes will be bad for patient care and bad for medicine. I urge you to recognize the importance of this proposed increase in assuring for the provision of the kind of care we would want for ourselves and our families going forward.

Jeffrey R. Jaeger, MD
University of Pennsylvania Health System
Philadelphia, PA

Submitter : Dr. Jennifer Layman **Date:** 07/13/2006

Organization : American Society of Anesthesiologists

Category : Health Care Provider/Association

Issue Areas/Comments

Practice Expense

Practice Expense

Dear CMS,
As a practicing anesthesiologists, these are points I hope you will consider with respect to the Work Expense Review:

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.

Thank You,
Jennifer Layman MD

Submitter : Dr. Andrew F. Stasic **Date:** 07/13/2006

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

To Whom It May Concern,

As I practicing Anesthsiologist, I was dismayed to learn of CMS' decision to include substantial cuts to Anesthesiology's Physician Fee Schedule. 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 6% cut with an additional 15 EACH YEAR UNTIL 2010 is unsound public policy. Services rendered by physician anesthesiologists are no less valuable to Medicare patients as the services of surgeons and internal medicine specialists.

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 our actual expenses. Therefore, 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.

I urge you to reconsider your decision and to be more equitable in regulating Physician payment.

Submitter : Dr. Dennis Novia **Date:** 07/13/2006

Organization : Palmetto Anesthesia Associates of Greenville, S.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/Maam,

Anesthesiology reimbursment from CMS has been undervalued for years. The amounts are so low they border on ridiculous. To lower the reimbursement any further is totally unfair. Please check your numbers and reevaluate. There is something wrong with your calculations if you are considering lowering payments to Anesthesiologists any further.

Thank you very much for your time.

Sincerely,

Dennis E. Novia M.D.

Submitter : Dr. Kevin Walker **Date:** 07/13/2006

Organization : MUSC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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. Kamel Ghandour **Date:** 07/13/2006

Organization : New Britain Anesthesia

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I don't believe that the data used to calculate the overhead expenses or Anethesiology services is accurate; therefore, please make everey effort to ensure that the proposed cut in anesthesiology service support based on facts.

If our actual expenses to provide services to the elderly is uderestimated then this country's older citizens may not get the care they deserve.

Please feel free to work withthe American Society of Anesthesiology on this issue, and I hope that a solution that doesn't involve drastic cuts will be arranged.

Respectfully,

K. Ghandour, MD

Submitter : Dr. Joseph Comfort **Date:** 07/13/2006

Organization : Dr. Joseph Comfort

Category : Physician

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

Dear Sirs:

While I am nearing retirement as a veteran Anesthesiologist, I still am very concerned about Medicare's drastic under-valuation of Anesthesiology services. In Florida, a high Medicare area, most hospitals are forced to financially supplement their Anesthesiology departments or face out-migration to other states.

Also, the continuing manpower shortage in anesthesia services is having a significant impact on the availability of surgical services to Medicare recipients. The low levels of reimbursement in my specialty is discouraging new recruits to Anesthesiology, thus worsening the manpower shortage. In fact, the manpower shortage and low reimbursement led to my rather premature retirement from my director position at my local hospital. It simply became too stressful to recruit staff with inadequate finances.

I urge you to seriously consider reassessing the reimbursement level in anesthesia services.

J. Comfort MD
Eustis, FL

Submitter : Dr. Terry Smith **Date:** 07/13/2006

Organization : none

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I was disappointed to see further cuts in Medicare reimbursement planned for anethesiologist. When I first entered practice it was unusual to see many patients over 70 and private insurance paid well enough that I looked forward to my older patients and their special problems. Now a significant part of my work load is well over 70 and reimbursement is so poor that my dentist and lawyer friends wonder why I am still in practice. Couple that with rapidly escalating malpractice burdens and I cannot imagine that you would lower reimbursement. Such a move may well hasten my retirement.

Submitter : Dr. Ronald Osborn **Date:** 07/13/2006

Organization : GHA

Category : Physician

Issue Areas/Comments

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

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

Dear Sirs,

This letter is both a request and plea to halt the reduction in CMS reimbursement foe Anesthesia seevices. I work in a large private tertiary care hospital in Houston,Tx and it is becoming very difficult to recruit Anesthesiologist to our practice due to a constantly decreasing salary and a constantly increasing work load of incredibly complex cases. The most difficult cases/patients are the ones that the CMS wants to reimburse the least. My parent organization had a list or technical talking points that it suggested I include in this letter but my point is much more simple. If the CMS continues to cut reimbursement for anesthesia service for Medicare patients those patients are going to face a situation of fewer choices and acces to quality healthcare. Im doing my part to serve this vulnerable segment of our contry and I am sure you will do the same.

Respectfully yours,

Ron Osborn M.D.

Submitter : Dr. Howard Leibowitz **Date:** 07/13/2006

Organization : Dr. Howard Leibowitz

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs:
The upcoming cutbacks need further review in the face of severe reductions in the field of anesthesiology. The current methodology is flawed. The current overhead expense data is decades-old. CMS should gather new overhead expense data to replace what is currently being used.

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 concept of robbing Peter to pay Paul is unjust. The fact that one specialty is underpaid does not mean that another is over paid.

CMS must address the issue of anesthesia work under valuation 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 need for anesthesia services increases daily, and with further cut backs there will not be enough anesthesia providers to provide care, leaving the administration of anesthesia in the hands of unqualified individuals, a practice that will lead to an increase in morbidity and mortality.

Submitter : Dr. Keith Burberry **Date:** 07/13/2006

Organization : Kentucky Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As I understand the current issues regarding the five year review, it has come to my attention that the specialty of anesthesiology is again under the knife and is ready to hemmorhage with more cuts. The five year review again has shown the tendency of CMS to use old data to determine changes. The information I have is that the data used is at least ten years old, and is to determine valuation of the practice of anesthesiology. The resulting proposed changes will in turn bring about an additional 10% change in payment scale for anesthesiologists over the next few years; decreased again. This data grossly underestimates current practice expenses and needs to be reassessed.

I say decreased again because the profession of anesthesia has already been the victim of unfair valuation over a decade ago. Currently, the value of reimbursement is less then 38% of the LOWEST negotiated private payer rates, by far the worst reimbursement of any of the medical specialties. Add this to the penalties of academic departments with the resident rule and the training of anesthesiologists in medicaire/medicaid regions results is less than 20% reimbursement of the private insurance rates. NO OTHER SPECIALTY is a victim of such an egregious penalty.

PLEASE RECONSIDER this current plan. Speak with the American Society of Anesthesiologists, the AMA, and the other medical specialties. They are willing to financially support a comprehensive, up-to-date survey of practice costs on CURRENT costs, not 10-15 year old data. This data needs to be corrected before the practice of anesthesiologists are once again the victim of the other specialties on false data.

Submitter : Dr. rao gundamraj **Date:** 07/13/2006

Organization : Dr. rao gundamraj

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to urge CMS to 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 per the current policy, 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.

Submitter : Dr. Michael Longfellow **Date:** 07/13/2006

Organization : Dr. Michael Longfellow

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As further cuts occur, quality will continue to decrease in Anesthesia, ultimately leading to lesser qualified M.D.'s and consequently more erros, less safe anesthesia practices and more expense to the Federal Government. Cuts as you have proposed should also carry over to Congressman and Senators.

Submitter : Dr. Jeffrey Mandel **Date:** 07/13/2006

Organization : Dr. Jeffrey Mandel

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I emplore CMS to finalize the recommended work RVU increases for evaluation and management services. This recognition is long overdue and will help front-line physicians assure continued access to primary care services. It may also facilitate and expedite the adoption of information technology and thereby contribute to improved care and outcomes. The net effect will only be positive for our patients.

Submitter : Dr. James Blair **Date:** 07/14/2006

Organization : Sleepwind Anesthesia, P.A.

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

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. Mona Jhaveri **Date:** 07/14/2006

Organization : Dr. Mona Jhaveri

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

It is an honor to take of our elderly citizens. As a young physician I find it a challenge to deal with the balancing act of complex patients, limited time, and limited resources. I strongly urge the RVU increases for evaluation and management. The proposed changes will help assure access to primary care physicians.

Submitter : Dr. Oscar Penate **Date:** 07/14/2006

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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.

As a current anesthesiology resident, I am puzzled at the continued attack on my specialty that the CMS has embarked on. First, the failure of CMS to address the teaching anesthesiology unfair reimbursement rule and now the proposed cuts in medicare reimbursement for anesthesia services is appalling. I urge CMS to seriously evaluate the damage this proposed cut will cause anesthesiology training programs and the shortage of providers that will come as a result of lack of funds. I request that you seriously evaluate your actions and allow for an joint AMA/ASA survey to gather data that will replace old date and allow for a more favorable resolution of the proposed cuts.

Submitter : Dr. Ata Siddiqui **Date:** 07/14/2006

Organization : Mid Missouri Anesthesia Consultants, STL, MO

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.

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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. Swen Laser **Date:** 07/14/2006

Organization : Anesthesia Associates of Augusta

Category : Physician

Issue Areas/Comments

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

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

Please stop the drastic cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula! Anesthesiologists are going to have a 10% cut over the next four years if action is not taken, which will irreparably damage my specialty. We can not afford such a cut from our currently dismal reimbursement rate.

If the proposed rate cut is instituted, my group will have no choice other than to stop providing services to Medicare patients.

Sincerely,

Swen E. Laser, MD

Submitter : **Dr. Paulina Cardenas** **Date: 07/14/2006**

Organization : **SAA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist and I am writing about the proposed cuts in reimbursement that will affect anesthesiologists over the next few years. As the policy currently stands, anesthesiologists and other specialties face hue payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than other specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

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

Thank you for your attention to this very important matter.
Paulina Cardenas

Submitter : Dr. Michael Reinhard **Date:** 07/14/2006

Organization : Dr. Michael Reinhard

Category : Individual

Issue Areas/Comments

Practice Expense

Practice Expense

Anesthesiologists provide indispensible round-the-clock services for patients that are: having surgery, in critical care units, in chronic pain or preparing to give birth.

Payment for these services must be fairly valued.

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.

The American Society of Anesthesiologists (ASA), many other specialties, and the American Medical Association 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.

I strongly encourage CMS to work with the ASA to revise the proposed changes.

Thank you for your consideration.

Michael Reinhard, MD

Submitter : Dr. Yohannes Getachew **Date:** 07/14/2006

Organization : Pediatric Anesthesia Associates of Dayton

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.

Submitter : Dr. Peter Hendricks **Date:** 07/14/2006

Organization : American Society of Anesthesiologista

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am an anesthesiiologist in practice for thirty years. I have seen the anesthesia death rate drop from one in 20000 to one in 250000 or less. At the same time I have seen HCFA and now CMS continue to reduce the payment for anesthesia services so that the 2006 conversion rate is less than the 1992 conversion rate. This is wrong and to make matters worse CMS is now proposing to reduce the rates for anesthesia services by an additiional 10% over the next four years. The ASA has protested this action based on the following points which I fully agree with and submit to you for your consideration.

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

2. 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.

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

4. 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.

5. 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.

If CMS continues to insist on paying less than it costs for anesthesia services, CMS will find that quality anesthesia service will no longer be available and that YOU ladies and gentlemen doing the figuring to 'justify' these reductions will be medicare patients just like me.. Sincerely Peter L. Hendricks MD

Submitter : Dr. William Schwark **Date:** 07/14/2006

Organization : Anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMA-1512-PN

This policy, as it currently stands, would decrease anesthesia payments by 10% over four years as our overhead continues to increase. This decrease in income is in addition to the prior decrease in income over the past 10 years due to decrease payments and increase in overhead. The current policy uses out of date methodology and hurts anesthesia more than most specialties because it uses data which is outdated and underestimates actual expenses. CMS should launch an expense survey along with the AMA and the ASA in order to improve the accuracy of all practice expense payments. CMS must also address the continuing undervaluation of anesthesia work. I, for one, will be forced to end providing anesthesia medical care in the O.R. and the treatment of chronic pain for Medicare patients if the current policy goes into affect. Is it any wonder why there will be a physician shortage in the near future.

Submitter : Dr. Anita Lee **Date:** 07/14/2006

Organization : Hospital of the University of Pennsylvania

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear People:
I urge CMS to finalize the recommended work RVU increases for evaluation and management services.
The complexity and work associated with taking care of patients during office/hospital visits and consultations has increased dramatically during the past ten years. For example, a typical patient may be coming in for multiple concerns: f/u after a renal access graft place with anemia, no access to medicaitons and cannot afford to pay the copay for the specialist. This pt may have hypertension, diabetes, hi cholesterol; many of my patients have at least 4 diagnoses addressed in an office visit. Plus, the time to find out about what meds may or may not covered,explaining medicare D which is totally incomprehensible tothe majority of my urban socioeconomiclaly disadvanged patients is extreme.

Increasing RVU's will at least help to increase continued access to primary care services and stem the lack of physicians wanting to participate in the sometimes thankless parts of primary care. The patients are wonderful; the system is not.

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

Sincerely yours,

Anita C. Lee, MD

Submitter : **Dr. Sandra Ortega** **Date: 07/14/2006**

Organization : **Dr. Sandra Ortega**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Please listen and understand our need for continued healthcare services.

Submitter : Dr. Matthew Shatz **Date:** 07/14/2006

Organization : Dr. Matthew Shatz

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed change in PE methodology hurts anesthesiology more than most specialities, 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. The American Society of Anesthesiologists, the AMA, and many other specialties are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to conduct this much needed survey which would greatly improve the accuracy for all practice expense payments. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
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.
Thank you for your consideration on this matter.

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

Organization : **Brigham and Women's Hospital**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

The proposed change to increase the work relative value units for E/M services is vital to improving health care for chronically ill patients and for preserving access to primary care. As a primary care physician, I can attest to the tremendous complexity of the work that goes into providing high quality, evidence-based care for patients with multiple medical conditions. With an aging population and rising obesity rates, the number of patients with multiple complex medical conditions has dramatically increased, at the same time that the number of effective and cost-effective treatments and interventions has increased. At the same time, the complexity of our system and the challenges of implementing treatments, such as helping patients to obtain needed medications through complex prescription drug plans, has greatly increased the amount of time and work involved in providing high quality care. Inadequate reimbursement for this time has led primary care doctors to become frustrated, to leave practice, and to reduce access to care, as it is difficult and unsatisfying to be unable to provide high quality care due to inadequate time and reimbursement. As a provider and educator at a major academic medical center, I have seen far fewer students and residents interested in primary care for these reasons. Our hospital has struggled to fill multiple vacancies for primary care doctors for the past several years, and new patients must wait for months to get in to see a primary care doctor. It is therefore essential to improve the reimbursement structure for primary care physicians, in order to encourage more physicians-in-training to enter the field, and to preserve patient access to primary care physicians who can manage their chronic illnesses and prevent the far more costly acute illnesses and complications that result in emergency room visits and hospitalizations. Thank you for your consideration.

Submitter : Dr. Tetsuro Sakai **Date:** 07/14/2006

Organization : UPMC

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.

Submitter : Dr. Paul Piazza **Date:** 07/14/2006

Organization : Dr. Paul Piazza

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

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

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Submitter : Dr. John Whiteley **Date:** 07/14/2006

Organization : Medical College of Georgia

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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l understand the isuues of cost containment.I believe punishing the providers will be counterproductive.
Seeing the altruism and dedication of our new physicians is wonderful.We want to keep attracting the best and brightest to the practice of medicine.With these rules we could face a future of a worsening in our physician shortage,and an inability to attract the best studebts.
"Do not be pennywise and pound foolish" as the great Benjamin Franklin Said.
Thank You for your time and attention to this importatant matter.
Sincerely, John W Whiteley MD

Submitter : Dr. Gary Siegel **Date:** 07/14/2006

Organization : Dr. Gary Siegel

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

The proposed cut in Anesthesiology Payments over 5 years totalling 10% is drastic. We have a different practice expense than other specialties. This should be studied more because we are already undervalued. We provide services to medicare patients ranging from intraoperative care to pain management and critical care. There is already a shortage of anesthesiologists and this cut would potentiate this by discouraging medical students from pursuing a career in anesthesiology.. The result will mimic what happened in 1995 when only foreign medical grads were admitted to programs. This was a big blow to the specialty. Please reevaluate the practice expense issue.

Submitter : **Dr. shakaib rehman** **Date: 07/14/2006**

Organization : **Medical University Of South Carolina**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

As a practicing internist at an academic medical center I am acutely aware of the crisis in which Primary Care presently finds itself. Over the years the progressive decrease in reimbursement for cognitive services, those which general internists provide everyday to the most fragile of the population, the elderly, general internal medicine/primary care has deteriorated to the point that students and resident no longer see it as a viable career option. In order to pay back the $120,000 debt load of indebted medical students, they are migrating to careers that have a higher return on their investment. Consequently primary care is in crisis.

The proposed changes to the E&M codes will provide improvement in reimbursement for primary care that should result in some increased revenues. The direct effect of this increase will be that physicians will be able to spend more time with their elderly patients - they will not have the pressure of VOLUME, VOLUME, VOLUME that they have now. This can only improve the medical care that can be delivered to Medicare patients.

This is an excellent start towards resuscitating primary care and I would STRONGLY encourage that the changes be accepted as they have been proposed.

Submitter : Dr. Jad Davis **Date:** 07/14/2006

Organization : Dr. Jad Davis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The government estimates 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This would amount to a 10% cut in Medicare payments to anesthesiologists over the next four years.
I think this is horrible. I believe our important work is undervalued and Medicare should be paying us more instead of less. Someone needs to come to their senses and realize what is going on here. If this country wants to keep highly intelligent and motivated young people to go into this field, then it cannot continue to demean, degrade and devalue it. The people making these decisions need to think about this when it is their dad or mom or son or daughter who is having surgery. I can tell you this, if the current trend of economic pressure continues there will be a point that will be reached where no one will want to do this work.

Submitter : Dr. C. Philip Larson Jr., M.D. **Date:** 07/14/2006

Organization : Anesthesiology

Category : Individual

Issue Areas/Comments

Practice Expense

Practice Expense

I am concerned about the proposed decrease in payment schedule for anesthesiology based on practice expense data that are 5 or more years old. We have a shortage of anesthesia care providers and it will only get worse if additional decreases in payment for anesthesia services are implemented. We have experienced an explosion in demand for our services, not only because of the aging population in need of surgical treatments, but because of the growth in complex off-site procedures performed by radiologists and cardiologists that require anesthesia services for their safe conduct. Progressive decreases in payment for services sends the signal to those in the profession as well as those contemplating a career in anesthesia that the service is not highly valued. This will make recruitment of high quality talent into the field even more difficult, and in the long run seriously jeopardize future quality and quantity of anesthesia services.

Submitter : Dr. W James Stackhouse, MD **Date:** 07/14/2006

Organization : Goldsboro Medical Specialists

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed changes to the physician work component of Medicare evaluation and management services.

There is no question that the management of patients with diabetes, coronary artery disease, hypertension, chronic lung disease, and others has required increased work and time before, during, and after visits witht these patients that are not covered by the usual pre- and post- encounter definitions in the Medicare coding process.

Patients are more informed, more complex, with more indicated medications and interventions even for simple and single diagnoses. Coordination of care with multiple specialists, keeping informed about medication changes these patients undertake as a result of such specialty care and recommendations, and the increased presence and awareness of potential complications of interacting drugs, dealing with pharmacy benefit program formularies, completing pre-authorization forms, pleading on behalf of the patient for formulary changes, etc., has become a big part of the "mamagement" that occurs during the office or hospital visit itself.

Without the recognition of the increased work, access to such services will become limited as the cost of providing that care is not fairly compensated.

W. James Stackhouse, MD

Submitter : Dr. Timothy Martin **Date:** 07/14/2006

Organization : Arkansas Children's Hospital/UAMS

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

As this policy currently stands, anesthesiologists and members of other medical specialties face substantial payment cuts to supplement the overhead cost increases of a few other specialties. The currently-used practice expense data is old and outdated. The American Society of Anesthesiologists (ASA) and the AMA are committed to financially supporting a new, comprehensive practice expense survey--such a survey is much-needed and should be undertaken by CMS immediately.

It has become very difficult for anesthesiology practices to maintain viability and appropriate staffing based upon CMS (Medicare and Medicaid) reimbursement--many costs have had to be assumed by or shifted to the health care organizations at which we practice. Effectively, CMS has defaulted and abrogated its responsibility to provide appropriate reimbursement to cover the costs of the nation's sickest and neediest patients.

Finally, CMS must address the serious undervaluation of anesthesia work, and in particular as it relates to teaching anesthesiologists at our nation's universities. To face a 50% reduction in the professional anesthesia fees for two concurrent cases with as little as one minute of overlap when a teaching anesthesiologist works with two anesthesia residents is absurd--certainly the work and the risk for the two cases is not reduced by 50%!

Submitter : Dr. Jeff Jacobs **Date:** 07/14/2006

Organization : Florida Society of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists are paid differently than other physicians, making your proposed cuts to the reimbursement of Medicare patients even more painful (and actually not financially feasable). Currently, every Medicare patient that gets cared for by an anesthesiologist is a money loser for the group. This sounds strange, but is true because of our expenses such as the provision of healthcare insurance and liability insurance.
Groups that have a large percentage of Medicare patients often receive subsidies from the hospitals where they work to cover these losses.
If further cuts are passed, it is likely that many anesthesiologists will LEAVE hospitals for areas and locations where the number of Medicare patients are less (or nil). Already, it is difficult to staff hospitals with anesthesiologist b/c of Medicare reimbursements. This will make it untenable.
PLEASE RECONSIDER THE CUTS TO OUR PROFESSION! THE HEALTHCARE OF OUR SENIORS DEPENDS ON IT!

Submitter : mark mathis **Date:** 07/14/2006

Organization : mark mathis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The specialty of anesthesiology cannot tolerate further cuts from the already pathetically low rate of reimbursement. Especially now, when there is an ever growing shortage of anesthesiologists. Remember, it is because of the past creation of a true M.D. guided specialty that our current safety and excellence exists. If this disturbing trend of decreasing funding continues, fewer and fewer residents will be entering this specialty. Ultimately, with the loss of M.D. anesthesiologists, the gains made will be lost to paraprofessional administered anesthesia. It is important to note the significance of this. Surgeons these days are overwhelmed with learning SURGERY, they know nothing about the complex decision making that goes into a safe, quality anesthetic. Also, most nurse anesthetists training involves guidance by M.D. anesthesiologists and they are thereafter exposed to the knowledge of anesthesiologists through direct supervision or by working in facilities where anesthesiologists are nearby. Once anesthesiologists are removed from the picture, then the safety and quality of anesthesia will severely decline.

Submitter : Dr. Kevin Slenker **Date:** 07/14/2006

Organization : Anesthesia Associates of Lancaster, Ltd.

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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 : Dr. Paul Seitz **Date:** 07/14/2006

Organization : Anesthesia Medical Group PC

Category : Physician

Issue Areas/Comments

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

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

Dear Sirs, Please reconsider the proposed cuts to ANESTHESIOLOGY.
The current level of payment does not cover the costs to deliver services. The recommended cuts will push the possibility of refusal to deliver Medicare services without some supplementary income.
Thank you.

Submitter : Dr. Cristina Veloso **Date:** 07/14/2006

Organization : Dr. Cristina Veloso

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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

Organization : Dr.

Category : Physician

Issue Areas/Comments

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

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

This appears to be another case of unjustly robbing Peter to pay Paul. You again intend to rob specialties such as anesthesiology of medicare payments over the next several years to balance budget finance a perceived increase in overhead, using outdated financial data, in a few minor specialties. You already unfairly punish anesthesiologists by creating an unattractive financial environment in academic medicine by requyiring one-on-one supervision of anesthesiology residents by staff doctors in order to obtain full medicare payment, something that you do not require of any other specialty. There is already a nationwide shortage of anesthesiologists. Your ambition must be to make this shortage worse. Do you you think that a highly trained physician can be replaced in the operating room by a nurse anesthetist? Just ask the relatives of a couple of patients whom ex-president Clinton's mother, a nurse anesthetist, turned into brain-dead vegetables while mismanaging the anesthetic during simple surgical procedures! The American public deserves better that your intended consequences!

Submitter : **Dr. Thomas McGarrity** **Date: 07/14/2006**

Organization : **Dr. Thomas McGarrity**

Category : **Physician**

Issue Areas/Comments

Other Issues

Other Issues

To Whom It May Concern:

I have been a practicing internist in Pennsylvania since 1982, and take care of many Medicare patients in Pennsylvania. The complexity of patients now admitted to the Milton S. Hershey Medical Center greatly exceeds that in years past. Particularly, transplantation of organs has revolutionized the care of many patients with end-stage disease. For this reason and others, I strongly urge CMS to finalize the recommended work RVU for evaluation and management services. The proposed changes will help assure continued access to primary care services also.

Sincerely,
Thomas J. McGarrity, M.D.
Professor of Medicine

Submitter : Dr. E. Scott Regen **Date:** 07/14/2006

Organization : MMC Anesthesia, Oak Ridge, TN

Category : Physician

Issue Areas/Comments

GENERAL

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Dear CMS,

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Sincerely,

E. Scott Regen, MD

Submitter : Dr. Kimberly Tanabe **Date:** 07/14/2006

Organization : SLRMC Boise

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I have never written before on such issues, and I say this only to reinforce that I feel very strongly about this one!! I think that better reimbursement for the work that primary care physicians do, is long overdue. It has become increasingly difficult to recruit qualified physicians into our practice, in large part because of the long-standing and unjust underpayment for services rendered, particularly when compared with subspecialists and procedure-oriented providers. The burden of social care and paperwork issues has always fallen into our domain, and has gone unrecognized as a valuable service....I don't expect this will ever change.... but it is clearly time to reassess, and reward the general internist for the breadth, depth, and coordination of clinical care provided to our patients, both in the inpatient and outpatient arenas. I think the proposed changes in RVU reimbursement are an important start. Thank you. Sincerely, Kim Tanabe, M.D. (Internal Medicine)

Submitter : **Judy Boesen** **Date: 07/14/2006**

Organization : **Colorado Otolaryngology Associates, PC**

Category : **Other Health Care Professional**

Issue Areas/Comments

Discussion of Comments-
Otolaryngology and Opthalmology

Discussion of Comments- Otolaryngology and Opthalmology

As administrator of a large ENT group in Colorado, the decrease in reimbursement is beginning to affect our ability to hire and retain adequate staff, and provide the services we want for our patients. It is impossible to budget and this year is especially hard. Not only is the conversion factor set to decrease and now the RVU's. The surgeon is hit with both decreased conversion factors and decrease RVU's for the procedures that take the most time and are post the greatest risk.

Submitter : Dr. cheryl mordis **Date:** 07/14/2006

Organization : Dr. cheryl mordis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please do not decrease reimbursement to anesthesiologists. I am an academic anesthesiologist. My workload and the acuity of patients has increased in the last decade and my payment has decreased.
Stop this trend. Isn't it time for the pendulum swing back??
Thank you.