Submitter : **Dr. Isabel Hoverman** **Date: 07/07/2006**

Organization : **Austin Internal Medicine Associates, LLP**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I urge you to implement the updates in the work RVU's for E&M services. Medicare patients have become increasingly difficult to care for as care has moved out of the hospital and as patients live longer with multiple more complex problems. With significant cognitive defects, physical limitations and social and living concerns, they have become a population that takes much more time and energy. Much time is spent coordinating care as well as making sure patients understand and can manage their illnesses. I am an internist, a primary care doctor; 45% of my practice is Medicare. I do not take new Medicare patients unless they are currently in my practice. I enjoy taking care of the elderly but am frustrated that I cannot get paid appropriately for caring for such a fragile and ill population. My income continues to gradually drop and my work continues to increase without being able to see more patients. Please accept the RVU updates for E&M services and reject any comments that would not support a full upgrade to the work component of the RVU's. Many procedures have been paid at a higher level than was originally measured when the RBRVS was first developed. This would be a leveling of the playing field using a methodology that has been accepted but not followed. Thank you for addressing this issue.
Isabel V Hoverman, MD MACP

Submitter : Dr. John Custis

Date: 07/07/2006

Organization : Gresham Internal Medicine Clinic

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I am writing to support the proposed increase in RVU's for Evaluation and Management Services.

I am an internist who has practiced in Gresham, OR, for 29 years. I am in a 4 doctor group. We are happy to practice medicine even though our income is considerably less than our colleagues and less than internists in other parts of the USA. It is still great to be a doctor in the USA.

Our major problem is that two in our group will be retiring in the next 5-10 years. We simply are not able to pay a new physician enough to attact them to Gresham, OR. We probably could not pay a doctor what we paid our latest partner to begin with us in 1996 as we are making about 15% more today than we started paying our newest partner in 1996.

I applaud your efforts to increase reimbursement for evaluation and management services. Please do what you can to get these changes enacted.

Sincerely yours,
John M. Custis, M.D.
Gresham, OR 97030

Submitter : Dr. Myra Skluth

Date: 07/07/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I strongly support the recommended RVU increases for evaluation and management services. It is absolutely necessary to maintain access to primary care services. I personally care for many elderly patients who may have 10 active medical problems. It is because of my careful attention to details and regular review of each of their active medical problems that they remain well and out of the hospital. My work saves the medicare system thousands of dollars per patient by keeping these patients out of the hospital. The expense of running a medical office has increased dramatically over the past five years. Our malpractice premiums have tripled. Our employee salaries have increased by 10% over the past five years. The cost of medical supplies has risen dramatically. The reimbursement has not kept pace with the increasing cost of doing business. As a result, in our community of Norwalk Ct, 5 primary care physicians have given up practice. It is very difficult to recruit new physicians to our area. My income has decreased by 25% since last year. Although I love what I do and believe that I do an excellent job, I am contemplating a drastic change in my medical practice.

I would like to give an example of the type of patients that I care for: a 79 year old Caucasian female diabetic with mild renal insufficency, hypertension, coronary artery disease, gastroesophageal reflux,hypercholesterolemia, bipolar depression, peripheral neuropathy, spinal stenosis,and hypothyroidism. This patient takes 12 medications. She has not been hospitalized since she has been under my care for the past 7 years. She currently is doing well and meeting all the performances goals set by the various academic societies. I believe that she is a "model" of excellent comprehensive,geriatric care. She could easily be going to specialists for each condition and because of lack of continuity of care be functionning less well. The complexity of dealing with multiple problems requiring so many medications is very demanding. Physicians who manage chronic conditions need adequate payment for their work. I fear that there will be no physicians who provide excellent comprehensive primary care to care for me when I will require it in the future!

Very few American medical school graduates choose primary care because of the extremely low income potential.

I urge CMS to reject any comments that would lower the overall improvements in work RVUs for E/M services. These increases are long overdue!. Why should veterinarians be paid at a higher rate to care for dogs and cats than primary care physicians who take care of their owners?

Submitter : **Dr. Don Weinberg**

Date: 07/07/2006

Organization : **Thomas Chittenden Health Center**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The time, effort, skill, education, and thought that goes into the evaluation and management of medical illness, and it's interaction with psychological and social factors, far exceeds that required to perform many pocedures, yet it is procedures that get reimbursed inappropriately high. It's demoralizing and immoral.

Submitter : Dr. James W Sawyer

Date: 07/07/2006

Organization : Diagnostic Clinic of Longview

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

Dear Sirs:

I am in the practice of General Internal Medicine in Longview, Texas, a town of 75,000 in East Texas and my practice consists of about 60% Medicare patients, a high percentage of whom have diabetes, hypertension and cardiovascular complications of those problems. Over the past 10 years it has become more time consuming to properly manage those patients problems according to national guidelines due to the plethora of new drugs and treatments which are very effective in preventing the catastrophic organ injury I have seen in past years. I strongly encourage the adoption of improved RVU and EM code reimbursement. I think this is necessary for those currently in practice and to encourage physicians in training to choose primary care careers. For my community as with many others, it is very difficult to recruit and retain new internists, who are the mainstay for primary care for our increasingly elderly population. My clinic in in the process of evaluating and choosing and EMR and I personally am taking 3 days off from my pracitce to go on site visits. It is important I think to encourage and adequately fund physician practices to improve their IT and implement EMR, which I think will improve the care our patients receive.

I am very concerned about the declining number of physicians in training who chose primary care careers. The majority of internists in my town are over 50 and it has been very difficult to recruit new internists to the area. I agree with the American College of Physicains that we are facing a collapse in primary health care and urgent steps need to be taken to reverse this decline. I think enactment of the CMS recommendations is a great step in the right directions and I strongly encourage the passage of these important recommendations.

Respectfully submitted,

James W. Sawyer MD FACP

Longview, TX

Submitter : Dr. Keith Sarpolis

Date: 07/07/2006

Organization : Dr. Keith Sarpolis

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I am writing in support of the recomendations to significantly raise the relative value units for the evaluation and management codes. Being a general internist/primary care physician, I have experienced a significant erosion in my practice fianaces brought about by the large increases in expenses to maintain our practice and the less than inflation level increases in Medicare and other insurance reimbursement. We have experienced large increases in malpractice premiums at the same time that the volume performance updates would have resulted in a decrease in Medicare reimbursement. We have had to limit the number of medicare patients we accept into our practice as a result of these inadequate increases in the medicare rates, while expenses have been ratcheting upwards. It has long been my feeling the the overhead expense component of the evaluation and management codes were never properly set correctly from their implementation in that they did not represent the real world experience of what it costs to maintain an outpatient practice. Attempts in the past to accurately measure these expenses was thwarted years ago by those who felt they would be negatively impacted by such a change. We have not been in a position to add new physicians to our busy practice, and even if we could, cannot find many adequate candidates since new medical doctors are not choosing to go into primary care. This is largely due to the fact that other areas of medicine prove much more financially lucrative and the constant need to be availible for our patients does not provide a lifestyle that new graduates wish to have. If somehting is not done to change this inequity in the current payment system, the healthcare system will have a serious shortage of primay care physicians in coming years. I urge you to approve the changes in the E and M codes proposed.

Submitter : **Donald Venes**

Date: 07/07/2006

Organization : **(Internist)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am an internist in general practice in a community where the population has an average age of 61 years. Each day, I see patients with complex, interdigitating medical problems, Seizures +CHF + chronic pain + COPD + DM + hypertension, etc.--the work involved in keeping them in balance, in preserving their health, is grossly undercompensated. The choices I make each day are challenging, and life-preserving. I encourage you to finalize the recommended work RVU increases for evaluation and management services so that I can continue to stay open to meet the needs of our aging population.
Respectfully submitted, Donald Venes, M.D.

Submitter : **Dr. Joanna Davies** **Date: 07/07/2006**

Organization : **The Medical Group, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to urge CMS to finalize the recommended work RVU increases for evaluation and management services.
"I am an Internist and a Rheumatologist, acting as primary care doctor for most of my sick RA and Lupus patients. Over the years I have seen my income dwindle, while my workload; especially the paperwork increase to a mountainous volume. Patients still expect and deserve personal care and a caring, intelligent physician. The system is driving the best away from these primary care postitions. I find myself taking care of more and more underinsured or uninsured patients. Where will it end?
" Hopefully the suggested changes will help assure continued access tto primary care services.
Please reject any comments that would lower the overall improvements in work RVUs for E/M services.

Submitter : **Dr. William Mac Laughlin** **Date: 07/07/2006**

Organization : **Cancer Specialists of Tidewater**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I am writing to express my support for the proposed increase in the relative value units for office and hospital visits and consultations, evaluation and management services. This increase is warranted due to the increasing complexity and tiem requirements to perform high quality diagnoses and ongoing medical management. It also is needed to keep up with the rising overhead expenses experienced by almost all medical practices today.

Submitter : Dr. Joseph Bottino

Date: 07/07/2006

Organization : Dr. Joseph Bottino

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I support the proposed fee schedule increases - and further suggest these will not be enough to stem the attrition of primary care physicians by early retirement and switching to sub-specialty, procedure oriented care because of the increasing administrative hassles and onerous documentation requirements

Submitter : Dr. Ralph Sloan

Date: 07/07/2006

Organization : Dr. Ralph Sloan

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

Primary care and non-interventional services are suffering from lack of adequate reimbursement--a long standing problem. In addition, these areas have become much more complex and costly to produce. Please finalize the new RVU increases for this work. Without this, we will soon be running out of primary care physicians.

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

Organization : Raiter Clinic

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I practice in a rural Family Practice clinic. We have 25% of our cases involved with medicare. Currently we have taken a dramatic cut in our relatively lower salaries in order to make ends meet. An increase in the payment rate for primary care is essential in order for us to continue to provide care for our population. I am the current president of the Minnesota Medical Association and I have heard similar concerns from members throughout the state. At the present time physicians are being placed in an unfair dilema. They must decide if they will continue to provide care to the medicare population and take the risk that their practice will have to close down completely or continue to serve this needy population. Many family physicians are not accepting new medicare patients. In a rural community that option is much more difficult.

I urge you to increase the E/M RVU valuation for primary care services. David Luehr M.D.

Submitter : **Dr. Thomas Simmons** **Date: 07/07/2006**

Organization : **Midwest Hospital Specialists**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I am strongly in favor of the proposed changes. E&M services have traditionally been undervalued compared to procedural services. As our population continues to age we need to appropriatly value E&M services in order to attract and keep sufficient primary care doctors to treat this expanding population. My patient's complexities continue to expand. The usual Medicare patient who is hospitalized, has an admitting diagnosis and 3-4 comorbities of which usually at least 1 or 2 are actively playing a role. This is different than it was 10 years ago and it continues to become more complex. It has become more difficult over the years to recruit resident physicians to primary care because many wish to go on and sub-specialize for higher reimbursement to pay off their loans. We need to make primary care attractive again.

Submitter : **Dr. Jon Ebbert** **Date: 07/07/2006**

Organization : **Self**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

First of all, I urge CMS to finalize the recommended RVU increase for E/M services. Low reimbursement rates for E/M services and high reimbursement for procedures drive the entire system to place an emphasis on expensive diagnostic testing (i.e, CT scans/MRIs) and rob the general practitioner of their ability to continue to practice medicine, let alone provide the best possible care to our patients. When a CT-scan read generates more income than a general practioner does providing life-saving diagnoses and treatments to 4 patients, something is seriously wrong with our system. In order to keep our doors open based upon the current E/M reimbursement structure, we need to see more patients per day who are becoming increasingly complex. Higher reimbursement for E/M codes will assist general practitioners in their struggle to care for increasingly complex patients. Please thoughtfully consider and reject any proposals to lower E/M reimbursement rates because, one day, we will all need to be cared for by a general internist. Therefore, it is in all of interests to make sure they can continue to practice. Thanks for your help with this. You do a very important and exceedingly difficult job and we appreciate the time and effort you put into this.

Submitter : Dr. Robert Sobel

Date: 07/07/2006

Organization : Sobel, Medical Associates, Northwestern University

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

It has been over thirty years since Medicare denied physicians pass through billing. This remains an injustice. My father, now 77, has over 1/2 his practice as complicated, polypharmacy, polydisease Medicare patients. He works so diligently, and obtains the labs necessary. A margin to physicians would correct the imbalance between primary care and specialty care and be revenue neutral. Labcorp and Quest can handle getting wholesale from us instead of retail from Medicare, a current windfall. Please quetly and firmly return pass-through billing to physician operated labs and reward primary/specialy care practices that keep patients healthy and out of the hospital.

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

Organization : **Fidalgo Medical Associates**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I applaud this proposal to ree-examine the work involved with managing and caring for patients, especially in this increasingly complex world of documentation and verification prior to care. It seems also fitting to look at the costs of doing business for an office based practice, such as Internal Medicine, who must staff an office, versus a General Surgeon, who performs much of the work with a hospital footing the bill for infrastructure.
The work required to manage a complex patient with diabetes, heart disease, and COPD is no less than that required to perform any operation, yet the reimbursement continues to be in favor of the procedure, not the complex thinking. I welcome this proposed change, but you must allow that I will not believe it, until I see the changes put into practice. But at least the topic is being discussed. That is a refreshing change.

Submitter : Dr. Steven Tucker

Date: 07/07/2006

Organization : Dr. Steven Tucker

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

In my community access to primary care MD's has reached crisis proportions.

With the help of Senators Stevens and Murkowski Anchorage began a demonstration project where for a 2 year period Medicare reimbursement was increased to see if access improved; it did.

MD's like any other worker deserve fair wage for performed work. Cognitive reimbursement has always been underpaid and undervalued.

This is an opportunity to adjust payments which have been clearly shown to impact and improve patient access and patient care. Patients who have a primary MD get better care -- cheaper.

Please take this opportunity to help. It's a win for all mostly patients.

Submitter : Dr. Richard Kaner **Date:** 07/07/2006

Organization : Overlake Senior Health Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a general internist who works in a senior center, I am pleased that there is a reassessment of the RVU's and a shift to reward thoughtful managment as opposed to procedure-oriented medicine. I feel the incentives have for too long been to specialize and find a procedure with which to earn a living. The result is a dwindling primary care base and an abundance of subspecialists. Primary care and case managment is being left for the ARNP with multiple referrals. It is my hope that revising the incentive structure may make it feasible for internists and other primary care physicians to care for our seniors. This,in my opinion, is a good start.

Submitter : **Andrew Kundrat** **Date: 07/07/2006**

Organization : **Andrew Kundrat**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

The complexity and time required to manage patients at the primary care level has markedly increased. Additionally, the demand for the primary care physician to manage the aging patient or time constrained patient has increased. Coupled with a reduction in primary care physicians, this has placed added physical, mental and financial burden on the primary care physician. Further strains are increased expenses (malpractice premiums, office expenses) and administrative issues (pharmacy management plan forumlaries, specialty referrals, increased documentation requirements).
I would ask CMS to finalize the recommended work RVU increases for evaluation and management services. At least, please reject any comments that would lower the overall improvements in work RVUs for E/M services, given what appears to be potential crisis shortage in the primary care fields.
Thank you for the opportunity to comment on the issue.

Submitter : **Dr. Marc Westle** **Date: 07/07/2006**

Organization : **Asheville Hospitalist Group**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I represent 16 full time hospital based internists. We care for complex adult hospitalized patients 24/7 here in western NC. We along with many other physicians on the medical staff support the new proposed changes to the outdated work relative value units (RVUs) assigned to office and hospital visits and consultations. We urge adoption and would discourage CMS from adopting any plan that would lower the overall improvements in work RVUs for E/M services.

As the population ages, as technology becomes more complex, as newer treatments are developed, as the overall number of qualified physicians in our speciality drop -- we need reform in the E&M payment system to keep and attract quality physicians. Since we only care for hospitalized patients and must refer these patients on discharge; we routinely have difficulty finding a physician will accept Medicare. Without reform in the years to come quality healthcare in the US will be affected.

We appreciate your attention to this important legislation.

Marc B. Westle, D.O., FACP
President & Managing Partner
Asheville Hospitalist Group, PA
Asheville, NC 28802

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

Organization : **Erickson Retirement Senior Campus Physicians**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As a member of an approximately 50 member Geriatric Medical Provider group which cares for nearly 20,000 seniors across the United States, I wish to express our support for CMS 1512-PN proposal for RVU adjustment over the next 5 years.

The proposed RVU increase will begin the process of correcting the long standing reimbursement disparities that are contributing to the looming cisis in access to primary care and hopefully ensure an adequate supply of geriatric care providers for an increasingly aging population.

As a geriatric provider group we are faced with the challenges of decreased revenue and increased expense while our senior patients grow frailer and require comprehensive interdisciplinary care plans and physician oversight. These services go well beyond the encounter time and are largely not reimbursable. It is imperative that the proposed RVU adjustments are enacted in order to sustain a model of "Well Care". This is required to maximize quality of life for seniors and incent new providers to enter primary care. But more importantly,ultimately it will be cost effective in a system which has many short and long term challenges.

Respectfully submitted,

John F. Marcelis MD

Submitter : **Dr. Philip Brachman** **Date: 07/07/2006**

Organization : **Atlanta ID Group**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

This letter is in support of the recommended work RVU increases for evaluation and management services that are currently being considered. I am both an infectious disease specialist, and a general internist who works both in the hospital and in a office in private practice. In both of the settings I typically spend extended time with patients and with their family and reviewing charts, typically a very complicated cases. The amount of effort and expertise spent in the settings has been markedly under reimbursed for a number of years and this reevaluation is a good start to try to correct that. Without it, if there are further cuts in reimbursement under CMS reevaluation's, I would no longer be able to practice this type of medicine and continue to see Medicare patients.

The complexity of care of these individuals particularly in the hospital where patients have gotten sicker and sicker before they are admitted, and in patients in an outpatient setting with HIV infection has increased markedly over the past several years. The time it takes for me to evaluate the patient and direct their care has increased dramatically. If the reimbursement for this type of care does not increase over time, and particularly if it decreases any further, many of us will realize that we can no longer afford to practice medicine caring for these patients which would be a great tragedy for all of us. Therefore I urge you to lead these adjustments intact and continue to remedy the situation in future in years.

Sincerely,

Philip Brachman Jr, M.D.

Submitter : **Dr. S A Dean Drooby** **Date: 07/07/2006**

Organization : **Solo Private Practice**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I urge CMS to finalize the recomended work RVU increases for E & M services. The gradual decline in reimbursement for such services has created a true access crisis for Medicare patients to general internists in OKC. In my comunity hospital complex ,with 30 general internists on staff, I am the only one who is still accepting new Medicare patients, AND hospitalizing them as needed.Most of my colleagues now use hospitalists as it is too much work to take care of hospitalized patients before and after a full day at the office.My medicare patients have 10 to 12 active diagnoses and are on 8 to 12 meds which are all reviewed at each visit in order to avoid drug -drug interactions and other errors leading to poor outcomes.Those same patients are also increasingly knowledgeable ,and thefefore appropriately worried about their health; this generates a need for counselling which easily takes more than 80% of the visit discussing preventive medicine, alternative therapies and inappropriate tests that the patients wants to submit to.In the case of the very old (> 85) ,family members have their own questions about their parents ,and this too, generates a need for detailed explanations about all the active diagnoses and treatments.Hospitalizations are also far more complex than 'the old days' . Working relatives are not there for hospital rounds and this generates calls to the office when they want to talk to the doctor after they make it to the hospital:such interruptions are time consuming and add to the complexity of taking care of these folks.Because I am the last Internist accepting new Medicare patients, my current waiting period for a patient to get in for their first 2 hour visit is 4 months.Obviously, this means that we cannot accomodate urgent care medicine.These patients end up in the ER costing medicare a lot more than if it paid for E&M services appropriately. When that happens ,thru the proposed regulation, CMS will see an improved access to Primary Care by Medicare patients: otherwise ,we will continue to see the fragmentation of care with all its attendant negative health consequences. The collapse of Primary Care is the beginning of the collapse of the whole medical system: If these poor patients don't have an advocate in the health care system to hold their hand and help them get thru an episode of care, who are they going to call ? I expect that CMS will hear adverse comments to this rule change:I urge CMS to reject such self-serving comments : while I understand that we all need sub-specialists in our medical system, I submit that we have already seen the bad consequences , both financial and in matters of poor health outcomes, with the proliferation of expensive uncoordinated health care services by specialists who over-rely on technology hoping to replace good old hand holding counselling time after a thorough history and exam based on the patient's complaints.

CMS-1512-PN-267

Submitter : Dr. Joseph Huffstutter

Date: 07/07/2006

Organization : Arthritis Associates PLLC

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

One of the problems with the increased costs relates to expensive radiology services. Because physicians are not being paid for E and M services at appropriate levels, we are ording tests instead of carefully evaluating the patients. If you would pay physicians to examine the patients, then maybe we could more accurately determine whether the patient really needed the MRI or other more expensive test.

Submitter : **Dr. Yung-Wei Chi**

Date: 07/07/2006

Organization : **Ochsner Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations. This fee increase is particularily important for the primary care practioners.

Submitter : **Dr. DAVID Sachar** **Date: 07/07/2006**

Organization : **Mount Sinai School of Medicine**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

I have been in practice 36 years and have limited my practice to consultations in inflammatory bowel disease for about the past 10 years. It takes about 2 hours to review a patient's chronic disease history, read all referring documentation, study all lab data and original imaging and histologic materials, perform a physical examination, confer with referring physicians, and provide management advice to patient and family. Decades of clinical experience and a lifetime of psychosocial sensitivity come to bear on this process. Current third-party reimbursement schedules value this entire service at about one-third the level of a 20-minute endoscopic procedure, or a time-corrected ratio of about 1:18. These "cognitive services" also may save up to 100 times their cost in avoidance of unnecessary expensive medical or surgical interventions. Patients seem satisfied with the procedural services they receive but complain bitterly about the inadequacy of cognitive services, careful listening, understanding, and support. Isn't it time for RVUs for E/M services to begin to redress this imbalance?

Submitter : Dr. George Hoke

Date: 07/07/2006

Organization : Dr. George Hoke

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

Congratulations on a much needed update to the wRVU schedule. It has long amazed me how much an internist can be paid for very minor procedures which do not provide crucial benfits to patients whereas very complicated cognitive tasks which have a much greater impact on patients' health are poorly paid. .
As a hospitalist, when I admit a typical patient to the hospital, I often spend in excess of 2 hours collecting data, discussing the case with consultants, reviewing medication lists and treatment preferences, and educating the patient/family. This effort results in better, safer care and shortens length of stay. All appropriate tests are ordered on day one, treatment goals are established, and only the appropriate medications are given. Patients appreciate the time and are thus more satisfied. All this and the healthcare system saves money but I get paid less than I would for freexing skin warts for 30 minutes. Thank you for recognizing the value in what I do!

Submitter : Dr. Arnold Eiser **Date:** 07/07/2006

Organization : Dr. Arnold Eiser

Category : Physician

Issue Areas/Comments

Discussion of Comments- Evaluation and Management Services

Discussion of Comments- Evaluation and Management Services

The increases for E& M services are to be vigorously applauded and endorsed.

However, the failure to increase (& the net decrease in) 99202, 99203, 99212 will make primary care outpatient practice economically untenable. These codes need an increase to halt the collapse of primary care.

Primary care has been shown to reduce hospitalization rates and hence help save costs and improve care by detecting it at an earlier stage. Other advanced societies have twice as many primary care physicians as specialists. In the USA it is the reverse and medical students are avoiding primary care disciplines.

Thank you for taking this comment into consideration.