

KICKING THE CAN – RIGHT OVER THE CLIFF

Congress must reform Medicare's physician fee structure

Physicians face a mandatory 20-percent cut in Medicare reimbursement in 2010, with another 4-6 percent cut scheduled for 2011 and each year following. In the past, Congress has intervened on behalf of physicians to prevent similarly mandated cuts to physician payments, but these "kicking the can down the road" intercessions have resulted in a roller coaster ride of economic worries for physicians who provide care to America's Medicare population.

Doctors cannot continue to absorb these cuts and maintain their current level of services. Already an increasing number of doctors across the country reluctantly are compelled to limit the number of Medicare patients in their practices or eliminate services. Expert panels convened by Congress and Medicare uniformly agree that the physician payment formula is flawed and have made recommendations for creating a more rational and predictable system. Congress must reform Medicare's physician payment system before it goes over the "cliff" and even more physicians are forced to limit access to health care services.

CAA supports:

Repeal of the Sustainable Growth Rate (SGR) formula on which physician payments are based and replacing it with the Medicare Economic Index (MEI) to determine physician fee schedules. The "Ensuring the Future Physician Workforce Act of 2008" (S. 2729 and H.R. 5545) introduced by Sen. John Cornyn (R-TX) and Rep. Michael Burgess (R-TX) would repeal the SGR and replace it with the MEI in 2010.

Removal of Part B drugs from the SGR formula from the base year. The rate of growth in the cost of prescription drugs is beyond the control of physicians and their reimbursements must not be tied to drug costs. Congress has urged CMS and House and Senate leadership to remove this calculation from the physician payment formula.

Pay-for Performance standards that are based on clinical, not claims, data. Linking quality measures to reimbursement by using measures based on reasonable principles set by professional medical organizations would assure Congress that physicians are providing high-quality care to our nation's Medicare population. Many of our members participate in Medicare's Physician Quality Reporting Initiative and are encouraged by the accuracy of the data and the scope of the project.

Accreditation, clinical appropriateness criteria and credentialing requirements to ensure appropriate, high-quality imaging utilization. Advanced imaging procedures have enabled physicians to make great strides in the diagnosis and treatment of cardiac disease. CAA supports reasonable requirements on physicians and practices, such as those required by the Medicare Improvement for Patients and Physicians Act of 2008, so patients receive the appropriate test at the appropriate time.

THE BOTTOM LINE: CAA asks Congress to put into place measures that stop the implementation of the flawed SGR formula while working toward a permanent resolution to reimburse physicians fairly for the care they provide to the nation's older population.



CAA provides leadership in the development of legislation, policies and reimbursement methodologies that affect the quality of care and access to services for cardiovascular patients and their physicians. For more information, please visit our website: www.cardiologycaa.com.