Geriatric Hopes Rest on Improved CMS Outlays

BY BRUCE K. DIXON
Chicago Bureau

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mproved reimbursement remains the focus of efforts to shore up the nation’s supply of geriatricians.

Medicare’s physician fee schedule for running home care, emergency rooms, and the messenger.

“You're going to say, ‘You misquoted me.' You're going on and on and does not deliver a succinct message in those time frames, the messenger—and I don't mean you're working with pocket . . . and putting a face on the complex issues” rather than drawing attention to your specialty’s issues, he noted.

The media likes conflict and controversy, visuals, and emotion, which “for doctors means pulling patients out of your pocket . . . and putting a face on the complex issues” rather than drawing attention to yourself and your specialty’s issues, she said.

In the interview, he noted, “The average medical student has $100,000 worth of debt by the time he graduates, so to enter a procedural specialty that offers higher pay becomes extremely attractive,” said Dr. Robert Butler, president and CEO of the International Longevity Center in New York City.

The relatively small number of geriatricians in the United States—7,000 out of a total physician population of 650,000—is primarily the result of reimbursement issues and the increasing complexity of managing the aging patients, but the shortage is aggravated by the junior position of geriatrics in most medical schools, Dr. Butler said.

About 45 of the 144 U.S. medical schools offer significant geriatrics curricula, he noted, but “just because they have a program doesn’t mean they require students to go through it.”

Dr. Levenson sees that as a growing problem, because thousands of physicians who are providing care to geriatric patients “really don’t know what they’re doing . . . and create problems that have to be cleaned up by someone else.”

On the political front, physicians cannot just wait for events to unfold, Dr. Lichtenfeld said. “They need to step up to the plate and complete these surveys [about reimbursement], or we’re dead in the water.”

Nor can physicians expect help from the patients themselves, Dr. Albuch noted. “Nursing home patients don’t vote and they have no political clout, and politicians know this.”

Conciseness, Emotion Help Make Most of Media Exposure

BY JEFF EVANS
Senior Writer

WASHINGTON — Medicine and health care are so often in the news that it may be worthwhile to be prepared to do interviews in a variety of media, Ms. Patricia A. Clark said at a meeting of the Society for Pediatric Dermatology.

“The physician today cannot possibly get through or his entire career professionally without talking to the media, so you better be ready,” said Ms. Clark, a communications expert in media training, speech coaching, and message development from Ogden Dunes, Ind. “You do have to learn to talk, right? So the trick is how to tell it.”

Before one tries to get a particular message across during an interview, it is necessary to understand the medium through which the message is delivered (television, radio, print) and the messenger.

“If you don’t understand the medium you’re working with … and if you aren’t an appealing messenger—and I don’t mean handsome or beautiful, I mean eager, avid, happy to be there,” she said, then the interview “won’t matter. We will have ‘remotized’ you out before you get to the message.”

Stories on the evening news are packed into preset lengths: a 45-second story, which normally provides 10-20 seconds of commentary from the physician, or a 110 second story, which could provide 30-40 seconds if the sound bite is good or just 10-20 seconds if it is not. When a person goes on and on and does not deliver a succinct message in those time frames, the media will pull out a piece of what was said when they are put on the second cut, leaving the potential for misquotation.

“You’re going to say, ‘You misquoted me. You took me out of context,’ while the messenger will say, ‘No, we tried to save you,’” Ms. Clark said.

The television camera diminishes appearance and does not catch subtlety, so it is necessary to restore what it takes away by increasing your smile, perk, and warmth. And on television, “every time you look away, you give away: You give away believability,” she said.

“The media likes conflict and controversy, visuals, and emotion, which ‘for doctors means pulling patients out of your pocket . . . and putting a face on the complex issues’ rather than drawing attention to yourself and your specialty’s problems, she said.

Stories on the radio are not too much different from television, but the lack of a visual element puts more focus on what is said, so verbs and nouns have to be more illustrative and carry more weight.

Newspaper stories are now smaller than ever, and interview subjects may get only two minutes over the air, but sources have already weighed in with their interpretations of the issue. Your quote will be stuck at the bottom because it is too late to try to integrate it into the story, she said.

“Start thinking about what the press needs rather than what you need, because when you figure out what [they] need, you’ll figure out how to get what you need,” Ms. Clark said.

Easy practice may be found in the form of a cable access channel that few people watch. Volunteer to be on a show and talk about clinical topics you know well. Talk or call in radio is another option. Every time you take a call, practice bridging back to your core message, she said.

Average Medicare Reimbursements Are Lower for Nursing Facilities

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<th>Facility Type</th>
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Note: These payments do not reflect geographic adjustments. Source: Centers for Medicare and Medicaid Services

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