Bill Halts 4.4% Medicare Cut
Congress’ long-awaited passage of the budget reconciliation package put a freeze on a 4.4% cut Medicare physicians experienced in the month of January. While the congressional action stopped any further reductions to payments, it did not increase Medicare physician pay for 2006. The Centers for Medicare and Medicaid Services will reimburse physicians retroactively for the reductions experienced in January, and has instructed its contractors to automatically reprocess claims. But work on this issue is far from over, Dr. J. Edward Hill, president of the American Medical Association, said in a statement. “With 6 years of cuts still scheduled to come as practice costs continue to rise, we fear more physicians will make difficult practice decisions about treating Medicare patients. We must build on the momentum and awareness raised in 2005 to make 2006 the year Congress permanently repeals the broken Medicare physician payment formula.” President Bush’s fiscal year 2007 budget request to Congress briefly mentioned the impending cuts, although it expounded on CMS’s efforts to expand pay for performance initiatives to “achieve better outcomes at a lower overall cost.”

President’s Health Care Agenda
The federal government has a responsibility to provide health care for the poor and the elderly, as well as confront its rising costs, strengthen the doctor-patient relationship, and improve people’s afforded insurance coverage, President Bush said in his State of the Union Address. Medical associations praised the president for his pledge to make broader use of electronic health records and calling medical liability reform a priority. “America’s medical liability insurance crisis is hurting the women of this country and limiting their access to the obstetrician-gynecologists who care for them,” Dr. Michael T. Mennuti, president of the American College of Obstetricians and Gynecologists, said in a statement. But Ron Pollack, executive director of the consumer group Families USA, noted that the White House and Congress to date have failed to make meaningful reforms to the system. “Jackson Hole: The New Medical Liabillity Crisis,” The Hill, March 6, 2006. “We have the answer. And the answer is simple. By using the QuickVue® iFOB (immunochemical Fecal Occult Blood) test, you can help patients understand the importance of screening for colorectal cancer and offer them a convenient solution. After all, the earlier cancer is detected, the better the chance for recovery.” And let’s face it, getting screened is often an uncomfortable topic for patients. So why not make it easier on them and you? The QuickVue® iFOB test requires only one sample collection and has no dietary restrictions. “Because we’ve made the test less of a hassle, your patients may be more likely to complete it. Plus, the QuickVue® iFOB test is analytically more sensitive than traditional Guaiac-based methods. Which makes us wonder—why would you ever use anything else?” Log on to www.quidel.com or contact your local distributor for the CLIA-waived QuickVue® iFOB (immunochemical Fecal Occult Blood) test.

March is Colorectal Cancer (CRC) Awareness Month and we are offering physicians special promotional materials, samples and patient information to help educate your patients as to the value of early screening. Simply log on to www.quidel.com and click on our mascot, Pookie, to request your free information kit today.

We have the answer.