Plan Would Reslice Payment Pie

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cians. These changes would begin in Jan-
uary but would be phased in over 4 years. To pay for the proposed increases in re-
imbursemen, the CMS is required to im-
pose cuts on the board cuts in work RVUs. This could mean payment cuts for physi-
cians who provide fewer evaluation and management services. Many expected increase for pri-
mary care physicians could be offset by the end of the year if physicians are unable to get a temporary fix to the sustainable growth rate formula, which is expected to cut physician payments under Medicare by nearly 5%

“The CMS proposal reinforces the ur-
gent need for Congress to act to stop the Medicare payment cut and en-
sure that payments keep up to practice
costs,” Dr. Cecil Wilson, AMA board chair, said in a statement.

For psychiatrists, CMS estimates that there will be a 2-5% drop in allowed Medicare charges in 2007 based on the combined impact of the work RVUs and the response RVU changes. Officials at the American Psychiatric Association are disappoint-
ed by the decrease in pay-
mens, said Rebecca Tow-
cill, deputy director of the Office of Healthcare Sys-
tems and Financing at the APA. “We thought they were hopeful that de-
pending on the services pro-
vided, psychiatrists may be able to take advantage of some of the evaluation and management codes with increased work RVUs.

The changes were welcomed by physi-
cians in primary care. Dr. J. Leonard Lich-
tenfeld said the proposed changes to eval-
uation and management services would help address the underfunding of prima-
ry care. Dr. Lichtenfeld, a medical oncol-
ologist at the American College of Physi-
cians’ representative on the Relative Value Update Committee (RUC) of the Ameri-
can Medical Association. The RUC is a 29-
member multispecialty committee that makes recommendations to the CMS an-
nually on payment issues.

But although these changes go a long way in helping struggling physicians, it’s not a complete solution, Dr. Lichtenfeld said, because it doesn’t solve the underly-
ing problem of inadequate funds in Medicare.

Primary care physicians aren’t the only ones who will benefit from the increases for evaluation and management codes, he noted. Surgeons will see some benefit as well as physicians in cognitive specialties such as neurology, he said.

For Dr. Douglas Leahy, an alternate del-
legate to the RUC for the ACP and a gen-
eral internist, the proposed increases would be welcome in his charge to see more time with patients.

Dr. Leahy, who works in a large multi-
specialty practice in Knoxville, Tenn., said that although better reimbursement for eval-
uation and management services, he could devote more time to important areas such as diabetes prevention or counseling fam-
ily members of an Alzheimer’s patient.

Specialty Societies Speak Out

Primary care groups have expressed sup-
port for the CMS proposals, but some spe-
cialties are complaining about the way the practice expense changes were calculated. The agency put out a notice asking vari-
ous specialty societies to submit data for con-
consideration by CMS. One member of the Practicing Physicians Advisory Coun-
cil, which advises the CMS on issues af-
fecting physicians, took the agency to task at the council’s May meeting for allowing only some specialties to submit new data.

“I am more than a little frustrated that there [already] was a data set which ad-
mittedly was old, but it was collected from all specialties at the same time,” said Dr. Tye Ouozonian, an orthopedic surgeon from Tarzana, Calif. “Now some special-
ties have selectively submitted new data, which is 10 years newer, which is proba-
bly going to be more exten-
sive. Those societies are be-
ing allowed to use new data, whereas other societies were not allowed to use new data, and that’s not fair.”

The only way to make things fair, he said, “is to al-
low all societies to partici-
pute equally on the same footing with the same survey at the same time. To cherry-
pick data that is 10 years newer from 4 or 7 specialties is not fair to the groups that didn’t do it.”

Don Thompson, senior technical advis-
er to the CMS, said that although he had heard similar comments from specialty so-
cieties that didn’t participate in the survey, the agency also received comments from those specialty societies that did do sur-
veys. “The thrust of their argument is that other medical specialty societies had an opportunity to do surveys and chose not to, and their assumption was those soci-
eties felt the value they had was correct.”

Mr. Thompson added that the agency had invited all the specialty societies to do surveys, “and we had criteria ahead of time about what we would [need] to ac-
spect surveys. The surveys that were done that met the requirements we had pro-
posed to use them on that basis.”

Dr. Ouozonian noted that the American Medical Association was discussing coor-
динating a survey of practice expenses for specialties, but it is not clear if those societies that did do sur-
veys meet the basic criteria needed to participate. “We would be supportive of the AMA going out and doing a survey, and if the data that resulted is better than what we have now, we’d want to incorporate that into our methodology,” Mr. Thompson said.

The proposal was published in the June 29 issue of the Federal Register. The CMS is accepting comments until Aug. 21.

The proposed rule is available online at www.cms.hhs.gov/PhysicianFeeSched. Associate Editor Joyce Frieden contributed to this report.

Policy & Practice

Little Help for Would-Be Suicides

Many adults with suicidal ideation don’t consider getting mental health or substance abuse care, and those who do try to get care often have difficulty do-
ing so, according to a study by Rachel Brook and colleagues at the University of California, Los Angeles, Health Ser-
VICES Research Center. The authors in-
terviewed 7,800 respondents to the HealthCare for Communities survey done by the Robert Wood Johnson Foundation. They found that nearly 3.6% of U.S. adults in households with telephones reported suicidal thoughts at least once in the past 12 months. Nearly three-fourths of those respon-
dents (74%) had a probable psychiatric disorder or substance abuse problem, and 56% perceived a need for mental health or substance abuse care, the in-
vestigators noted. Of those who per-
cieved that they needed care, 39% did not receive any, or they received de-
layed care or less than they needed.

“Our findings suggest a need to im-
prove access to treatment for high-risk patients and improve providers in-
caring for persons with suicide ideation,” the authors wrote. The study was published in the journal General Hospital Psychiatry.

Narcotics: Top Recreational Drug

More people started using narcotic pain relievers for nonmedical purposes in the past year than marijuana, according to a new report from the Substance Abuse and Mental Health Services Administration. Ac-

cording to the report, 2.4 million peo-
ple 12 years old and older started using narcotics in the year before the survey, compared with 2.1 million who started using marijuana and 1 million who started using cocaine. Of those who used pain relievers, 48% used Vicodin, Lortab, or Lorcet; 34% used Darvocet, Darvon, or Tylenol with codeine; and 20% used Percocet, Percodan, or Tylenol OxyContin was near the bottom at 8%.

The indicator rate shows that we must continue our efforts to help the public confront and reduce all drug abuse,” SAMHSA Administrator Charles Curr said in a statement. Data for the report came from the 2004 National Survey on Drug Use and Health.

National Depression Survey

People who suffer from depression and have limited access to mental health treatment incur an average of nearly $4,000 in costs for medication, psychotherapy, and other treatment costs compared with patients who have less restricted access, a survey from the National Al-
liance on Mental Illness shows. The Harris Interactive online survey of 3,500 people found that those with lim-
ited access spent $4,312 annually versus $3,600 for patients who have less restricted ac-
cess. In addition, patients with limited access to treatment for their depression were nearly three times as likely to have unpaid bills more than 60 days overdue and more than twice as likely to be unable to afford the necessities of life. “This survey pinpointsexactly how much of a burden lack of access to mental health care, job prospects, financial situation, and personal relationships of people living with depression,” said NAMI medical director Dr. Kaye Duckworth. The sur-
vey was funded by Wyeth Pharmaceu-
ticals.

Postmarketing Study Failure

The Food and Drug Administration is doing a poor job of ensuring that phar-
aceutical companies live up to post-
market study commitments, ac-
cording to a new report by the Department of Health and Human Services’ Office of Inspector General. Among the findings: that the FDA can’t easily identify if the studies are pro-
gressing or what stage they are in; and that monitoring postmarketing studies “is not a top priority at FDA.” The IG reviewed new drug applications from 1990 to 2004; 48% of those applications had at least one postmarketing study commitment for which drug makers were required to report results. The IG found that 35% of the re-
ports that should have been submitted in fiscal 2004 were missing or had no in-
formation on the study commitments. The IG noted that the FDA has limited enforcement power in this area, but suggested that the agency require more, and more relevant, information from drug makers. In particular, the IG said it could not do that without addi-
tional regulations, but agreed that it needed to do more to improve its mon-
toring and to ensure that such com-
mitments are honored and that annual re-
ports are thorough.

Group Eyes Doctor, Nurse Shortage

Experts on health care workforce issues have formed the Council on Physician and Nurse Supply. According to the council, which comes out of the Uni-
versity of Pennsylvania, the U.S. may be short by as many as 200,000 physicians and 800,000 nurses by 2020. The council plans to collect data on the physician and nurse short-
age, and talk with legislators and oth-
ers about how the supply can be im-
proved. Members of the council include Dr. Richard “Buz” Cooper and Linda Aiken, Ph.D., both of the university, as well as James Bentley, Ph.D., senior vice president for strat-\negic policy planning at the American Hospital Association; Dr. Peter Burt-
ti, chair of the health administration and policy department at the Universi-
ity of Oklahoma; Dr. David Blumen-
thal, director of the Institute of Health Policy at Massachusetts General Hos-
pital; Dr. Robert Graham, professor of family medicine at the University of Cincinnati; and Dr. William Jesse, president and CEO of the Social Group Management Association. The council is funded by AMI Healthcare, the parent company of health care staffing firm Merritt, Hawkins. A first meeting is planned for October.

—Joyce Frieden

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