

Office Visit: Medicare needs surgery

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By David Holden, MD

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As the results of last month's Massachusetts Senate election continue to dominate the discussion of what will happen to America's health care system, more important and immediate decisions linger that could result in a sharp decrease to patients' rights and access to quality health care.

Recently approved legislation by the U.S. Senate that would increase the federal debt limit to \$1.9 trillion includes a provision to reinstate "pay-go" rules mandating that Congress must offset any future increased spending with corresponding spending reductions or revenue increases. Of particular importance was the inclusion of language that, if enacted into law, would provide Congress a five-year exemption from these pay-go rules to address the Medicare physician payment cut. However, the provision does not provide any funding to a system that has been broken for years.

At the end of February, Medicaid reimbursement rates to physicians will be cut by more than 21 percent unless Congress intervenes. As practice costs continue to increase, a cut to Medicare rates would not only affect physicians, but would also threaten Medicare beneficiaries' access to care.

The pending Medicare cuts stem from the 1997 Balanced Budget Act, which was, in part, developed to control Medicare costs. Over the past 10 years, Medicare reimbursements to physicians have remained virtually unchanged, while the cost of practicing medicine has increased by 20 percent. Since 2003, Congress has blocked any reimbursement reduction at the 11th hour, which only provides a short-term solution for a very long-term problem.

A recent survey by the Medical Group Management Association revealed some eye-opening statistics. The MGMA surveyed more than 1,000 medical groups representing 28,000 physicians. As providers are already losing money based on current reimbursement rates, the research indicates that medical practices are taking significant steps in reaction to threats of any additional reduction of Medicare reimbursement.

According to the MGMA's survey results, 4 percent of practices indicated they are limiting or not accepting new patients, while 46 percent of practices said they would have to stop accepting and/or limit the number of Medicare beneficiaries their practices treat if the cut occurs. In addition, more than half of responding practices are considering reducing administrative and clinical staff and limiting new hires if the cut occurs. More than two-thirds of practices described how they would sacrifice or postpone information technology and equipment investments if the cut occurs.

There are close to 600,000 Medicare enrollees in Oklahoma, which does not take into account the number of baby boomers aging into the system beginning this year. Over the next several years, one-third of Oklahoma's population will be in for a shock as they look for health care providers, only to find that physicians can no longer afford to accept Medicare patients.

It's critical for Congress to repeal the 21-percent reimbursement cut prior to March 1. But the quick fixes are only a short-term solution that in the past has only exacerbated problems with Medicare. Until Congress comes up with a permanent solution for Medicare, Oklahoma seniors, baby boomers and military families will suffer by not having access to quality health care they count on every day.

Dr. David Holden is a board-certified orthopedic surgeon and currently serves on the board of directors with McBride Clinic Inc. in Oklahoma City.