



200,000 Physicians Strong

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Seniors' Access to Specialty Care May be in Jeopardy Unless Congress Stops Medicare Cuts

Alliance of Specialty Medicine Warns of Rising Demand, Fewer Services

Washington, DC, September 12, 2006 -- If Congress does not stop the physician payment cuts under Medicare, seniors' access to health care and to specialty care in particular could be jeopardized, said a spokesman for the **Alliance of Specialty Medicine** at a press conference today.

"As American seniors are maintaining lifestyles that allow them to remain more active longer, the need for highly specialized care can only be expected to grow," said **Dr. Stuart Weinstein**, an orthopaedic surgeon representing the alliance of 11 specialty organizations at a medical group press conference today.

At the same time, Dr. Weinstein warned, scheduled payment cuts and a flawed payment formula that penalizes physicians for providing care will force more physicians to limit their patient care.

"The sad reality is that the only way physicians can avoid cuts to the annual payment update in Medicare is to somehow limit care to the population that needs it most," noted Dr. Weinstein, who is also the immediate past president of the American Association of Orthopaedic Surgeons. "No physician wants to turn away patients or leave a practice and the patients he or she has been serving for years."

All physicians in every payment locality and specialty will sustain a Medicare payment cut of 5.1 percent in 2007 if Congress does not act. Other payment rules will add further cuts -- resulting in cuts to some physicians of 10 to 15 percent. Some specialty patient services will be especially hard hit. Over the next nine years, the government plans to cut Medicare physician payments by about 40 percent. Many private insurers will also look to the government in setting their reimbursement rates.

Dr. Weinstein worries that care will not be available to many seniors, at a time of rising demand and need. "The Medicare population is growing and recent Medicare policies have encouraged more screening benefits for beneficiaries, such as bone density measurement to prevent osteoporosis, colorectal screening, screening to check for skin cancer, or mammograms to prevent breast cancer," said Dr. Weinstein.

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Evidence that seniors may be encountering difficulty is seen in hospital data. Visits to the emergency room by Medicare beneficiaries as a substitute for physician office visits increased by 10 percent in a 4-year time span, faster than the 4.1 percent growth in the Medicare population for that same time period.

The Alliance of Specialty Medicine, along with the American Medical Association and three other medical groups, today called for Congress to act before the fall recess and

- address the negative payment update
- replace the flawed payment formula with a system that is more predictable and recognizes the true costs of providing physician services to beneficiaries, and
- acknowledge that this flawed formula is incompatible with a new value-based purchasing system.

Members of Congress and the Administration want to move the Medicare program into a quality-reporting and value-based purchasing system. “All specialty groups in the Alliance have made tremendous progress in developing quality measures and preparing their physicians for this new system, and we stand ready to continue our involvement as the process moves forward,” said Dr. Weinstein.

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