



200,000 Physicians Strong

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Statement on Behalf of the Alliance of Specialty Medicine

By Stuart Weinstein, MD

**Medicare Campaign Press Conference
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Washington, DC -- Good morning, I am Stuart Weinstein, the Ignacio V. Ponseti Chair and Professor of Orthopaedic Surgery at the University of Iowa and immediate Past President of the American Association of Orthopaedic Surgeons. I am here this morning representing the Alliance of Specialty Medicine – a coalition of 11 medical societies, representing nearly 200,000 specialty physicians.

As you have already heard this morning, we are deeply concerned with the impact the steep Medicare cuts will have on patient access to care, including access to an appropriate range of specialty care.

All physicians in every payment locality and specialty will sustain a payment cut of 5.1 percent in 2007 if Congress does not act. But a number of other payment rules will also add further cuts---resulting in cuts to some physicians of 10 to 15 percent.

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Some specialty patient services are especially hard hit. 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.

The fear is that this care will not be available. Consider what is happening to hospital emergency department use. 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 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. This is because the Medicare payment formula for physicians is designed to automatically penalize physicians with lower payments per service the more care they provide to their patients.

This is happening at a time when 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. Additionally, all Medicare beneficiaries are now ensured a “welcome to Medicare” check-up.

It is important for Congress and the Administration to not only consider the increase in the use of physician services, but the ability of these services to provide patients with healthier outcomes, and in some cases, save lives.

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No physician wants to turn away patients or leave a practice and the patients he or she has been serving for years.

Like the AMA and other medical societies, the Alliance of Specialty Medicine has been involved in discussions with Members of Congress. We understand that they and the Administration are intent on moving 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 payment system, and we stand ready to continue our involvement as the process moves forward. But we are asking Congress to first address the negative payment update, to replace the flawed payment formula with a system that is more predictable and recognizes the true costs of providing physician services to beneficiaries, and to acknowledge that this flawed formula is incompatible with a new value-based purchasing system.

We believe this is critical in moving toward a more stable Medicare program that beneficiaries can rely on.

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