

Dateline|Washington

prepared by the Division of Advocacy and Health Policy

Dr. Mabry testifies on payment policies

During a House Committee on Small Business hearing on May 8, Charles D. Mabry, MD, FACS, ACS Regent and Chair of the College's Health Policy Steering Committee, spoke about how Medicare reimbursement policies affect small surgical practices. A general surgeon in private practice and a small business owner from Pine Bluff, AR, Dr. Mabry noted that Medicare payment reductions are contributing to, among other things, the declining surgical workforce in rural and small hospitals. This shortage, in turn, inhibits patient access to surgical care.

Dr. Mabry asked Congress to preserve Medicare beneficiary access to care by stopping the 10.6 percent cut in reimbursement, which, at press time, was slated to take effect July 1. He also suggested that Congress replace a scheduled 5.4 percent cut in 2009 with an increase and enact long-term reforms consistent with the College's proposal to supplant the current reimbursement structure with a system based on type of service. For a copy of Dr. Mabry's testimony, go to <http://www.facs.org/ahp/testimony/mabry0508.html>.

Dr. Meredith testifies on trauma

J. Wayne Meredith, MD, FACS, ACS Medical Director of Trauma Programs, testified at a May 5 House Committee on Oversight and Government Reform hearing on the possible effects of the Administration's proposed Medicaid regulations on the lack of hospital emergency surge capacity. Dr. Meredith asked Congress to prevent several of these proposed rules from taking effect later this year. Speaking as chairman of surgery at Wake Forest University Baptist Medical Center, Winston-Salem, NC, Dr. Meredith pointed to the scarcity of resources for trauma care and the negative effect the regulations could have on his hospital's ability to continue to provide trauma care services. To read Dr. Meredith's testimony, go to <http://www.facs.org/ahp/testimony/meredith0508.html>.

Conditions for nonpayment list may expand

In April, the Centers for Medicare & Medicaid Services (CMS) posted a notice of proposed rulemaking that would expand the list of avoidable complications that are reasonably preventable through proper care and that will no longer be paid at a higher rate if acquired during a hospital stay. In addition, CMS is adding 43 new quality measures on which hospitals will need to report to receive full annual payment.

The nine new complications proposed for nonpayment to hospitals in 2009 are as follows: surgical site infections following certain elective procedures, Legionnaires' diseases, extreme blood sugar derangement, iatrogenic pneumothorax, delirium, ventilator-associated pneumonia, deep vein thrombosis/pulmonary embolism, staphylococcus aureus septicemia, and clostridium difficile-associated disease.

Although the rule affects hospital payments only, the medical community agrees that this initiative could have significant implications for physician documentation. Hence, at press time, the College was preparing comments for submission to CMS. For more information about the proposed rule, go to <http://www.cms.hhs.gov/apps/media/press.release.asp?Counter=3041>.