Dateline Washington

prepared by the Division of Advocacy and Health Policy

College leads effort to address workforce shortage

On June 14, the Institute of Medicine (IOM) held a press conference to announce the release of three reports on issues related to emergency and trauma care in the U.S.: *Hospital-Based Emergency Care: At the Breaking Point; Emergency Medical Services: At the Crossroads;* and *Emergency Care for Children: Growing Pains*. The reports indicate that the hospital emergency departments and trauma centers across the country are severely overcrowded, emergency care is highly fractured, and critical surgical specialists are often unavailable to provide emergency and trauma care. For copies of these reports, go to *http://www.iom.edu/CMS/3809/16107/34641.aspx*.

ACS Regent A. Brent Eastman, MD, FACS, participated in the press conference as a representative of the College and provided the College's views on this subject. In addition, the College released its own report, *A Growing Crisis in Patient Access to Emergency Surgical Care.* Drafted using input gathered at previous meetings with the surgical specialty societies, this document highlights the contributing factors to the emergency workforce shortage and proposes short-term and long-term solutions to the problem. The College's report appears on page 8 of this issue of the *Bulletin.* Along with the white paper, the College has issued a national press release on the IOM report and a fact sheet on the subject in general. For more information, contact cbrown@facs.org or lmeyer@facs.org.

ACS comments on performance measurement

The American College of Surgeons, along with the American Medical Association, the American Academy of Ophthalmology, and the American College of Physicians, participated in a May 22 briefing for Senate staff. The focus of the meeting was on issues related to physician performance measurement. Frank G. Opelka, MD, FACS, who serves on the ACS General Surgery Coding and Reimbursement and Health Policy Steering Committees, spoke on this organization's behalf. Dr. Opelka informed participants of the College's initiatives for improving care for surgical patients and the challenges posed by efforts to design broad payment schemes that will improve quality across specialties. All participants described the progress that has been made to meet the challenge of developing new performance measures but expressed concern about the effect that potentially expensive administrative burdens could have on physician practices. For further information, contact jlewis@facs.org.

CMS posts hospital payment data

On June 1, Mark B. McClellan, MD, PhD, Administrator of the Centers for Medicare & Medicaid Services (CMS), announced the posting of information on Medicare payment for 30 common elective procedures and other hospital admissions. The new information from CMS shows the number of cases treated at each U.S. hospital and the range of payments by county for a variety of treatments provided to seniors and people with disabilities during fiscal year 2005. The listing includes information on heart operations and cardiac defibrillator implants, hip and knee replacements, kidney and urinary tract operations, gallbladder removal, and back and neck procedures.

CMS anticipates that these data will help patients make better

decisions about their care, according to Dr. McClellan. Release of this information is one part of the Administration's effort to fulfill President Bush's commitment to expanding Internet availability of Medicare price and quality data as an initial step toward improving access to care. For more information and to download the hospital payment information, go to *http://www.cms.hhs.gov/HealthCareConInit/01_Overview.asp#TopOfPage*.

CMS updates policy on undocumented aliens

CMS recently issued an update on federal reimbursement for emergency services provided to undocumented aliens. CMS notes that physicians, hospitals, and ambulance services that provide emergency health services to undocumented immigrants may not be receiving the payments available to them under the Medicare Prescription Drug Improvement and Modernization Act (MMA). That law allocates $250 million annually for fiscal years 2005-2008 to provide financial compensation to eligible providers of emergency health services. To receive related payments, surgeons must enroll with the national contractor for the program, TrailBlazer Health Enterprises, LLC. To view the CMS update, go to *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0633.pdf*. For more information or to enroll as a provider, visit the TrailBlazer Web site at *http://www.trailblazerhealth.com/* and click on the "Section 1011 Contractor Announcement" link in the "What's New" box on the home page.

Aetna to pay claims with modifier –25

In May, Aetna, Inc. agreed to pay certain previously denied claims for evaluation and management (E/M) services that included the modifier –25. This modifier indicates that a significant, separately identifiable E/M service was performed on the same day and by the same physician as a separate procedure or service. Aetna will pay claims with dates of service as far back as May 2003 and will make changes to its claims payment software so that future claims will be handled properly. This development is an outgrowth of a class-action suit settled in Florida. The settlement included a compliance dispute resolution process that physicians used to force Aetna to make this change in its claims software. For more information, contact jharris@facs.org.

Work group releases interim recommendations

The Citizens' Health Care Working Group recently released interim recommendations on the future of health insurance coverage. The panel was created under the MMA to provide a national public forum through which Americans could decide what type of medical coverage they should have and how it should be financed. Based on online polls, community meetings, and written comments, the group recommends the following: protection from catastrophic health costs; a "core" benefits package for all residents; integrated community health networks; more focused efforts to improve quality of care and efficiency; and new methods to provide and fund hospice, palliative, and other end-of-life care. There will be a 90-day comment period on the recommendations, with the group sending its final proposal to President Bush in September. To request more information and to send comments, send an e-mail to citizenshealth@ahrq.gov.