

President's Report

Anesthesiology and MSA – Never Better, with Your Help

Each year the Massachusetts Medical Society publishes a state Physician Workforce Study (<http://www.massmed.org/workforce/>). Each year it reports an increasing physician shortage, with anesthesiology one of the featured specialties. Certainly part of the recruitment and retention problem has been generally low reimbursement. However, this year organized medicine and Anesthesiology with it have made an important stride to improve this problem.

In July of this year, the U.S. Congress passed the “Medicare Improvements for Patients and Providers Act of 2008” (H.R. 6331). We all remember the ailing Senator Kennedy appearing on the floor of the Senate to cast the break-through vote that allowed the bill to go forward.

This bill changes how we will be paid for Medicare patients. First, H.R. 6331 reverses the 10.6% Medicare payment cut that took effect on July 1, and blocks the 5.4% cut scheduled for January 1, 2009. Instead, the law maintains the 2008 increase of 0.5% for the rest of the year and will provide a 1.1% update increase for 2009. All told, ASA calculates that this will amount to more than \$83 million in increased payments for anesthesiologists. This 18-month provision will also allow Congress the time to address the additional Medicare payment cuts still projected for 2010 and beyond, due to the sustainable growth rate (SGR) formula currently mandated by law. For longer-term funding, the bill establishes a Medicare Improvement Fund and deposits \$19.9 billion for use in 2014-17.

H.R. 6331 also addresses several other components of physician payment. The Physician Quality Reporting Initiative (PQRI) provides a 2% incentive payment on Physician Fee Schedule charges for those physicians who choose report predetermined quality measures for 80% of their eligible patients. H.R. 6331 extends this bonus payment for 2 years, through 2010. For 2009, CMS has proposed two PQRI measures that can be reported by anesthesiologists: “Measure 30 – Perioperative Care: Timing of Prophylactic Antibiotics – Administering Physician”, and “Measure 76 – Prevention of Catheter-Related Bloodstream Infections – Central Venous Catheter Insertion Protocol”, as well as Critical Care measures. Another physician payment factor is the work Geographical Practice Cost Index (GPCI). This is the scaling factor that CMS uses to adjust payments to physicians to account for the costs of resources in different areas of the country. The bill extends the 1.0 floor on the work GPCI through December 31, 2009, meaning that physicians in areas where the GPCI is less than 1.0 will see an increase in payment from Medicare.

Massachusetts has a large number of anesthesiology teaching programs, and H.R. 6331 will provide critical relief for these programs. Under current CMS regulation, Medicare reduces payment to 50% per case if the attending anesthesiologist supervises two

residents on cases that overlap even for one minute. Anesthesiology is unique in being subject to this payment methodology – CMS pays surgeons 100% of the fee if they supervise residents in two overlapping operations. ASA believes that CMS policy has cost each academic anesthesiology program an average of \$400,000 annually, with some programs losing in excess of \$1 million per year. H.R. 6331 supercedes the CMS regulations, so that teaching anesthesiologists will receive 100% payment for two concurrent Medicare cases starting in 2010. ASA estimates that this legislation will translate into \$500 million increased payments over 10 years to anesthesiology teaching programs.

H.R. 6331 benefited everyone in medicine. There are numerous other provisions in the law that make the practice of medicine easier for many of our colleagues, and thereby gives all Medicare patients easier access to medically related services. You can find a summary of the H.R. 6331 provisions at <http://www.massmed.org>, linking to AdvocacyandPolicy>Medicare>all, and find the anesthesiologist-specific provisions in detail in the ASA's August Special Newsletter, 2008: 72(8).

How did we win? By all of organized Medicine working together. How can you help, as an anesthesiologist in Massachusetts? By becoming more active in MSA. There are committees to fit every aspect of anesthetic and organizational practice, and it's a great way to meet interesting people. If you're interested, please call or email our MSA office, at 781-834-9174 and MSABOX@verizon.net. Come with us to the ASA's legislative conference in Washington DC each year. It's an exciting experience to actually go to your Representative's and Senators' offices, talk with their health staff about issues that concern us and therefore palpably make a difference. And whether or not you want to come to meetings, please support the organizations that support your legislative needs, the MSA PAC and ASA PAC. In Massachusetts, at every legislative session, there are issues related to reimbursement, scope of practice and healthcare that we need to follow closely and act on. In this issue, you will read the report of the MSA legal counsel, Edward Brennan, Esq. about the recent active issues. Anesthesiologists in Massachusetts also need to support state legislators that support the interests of the medical specialty of anesthesiology. For all this, please send in your donation, large or small, to **MSA-PAC**, PO Box 1208, Marshfield, MA 02050. Certainly also support our ASA PAC, which is the voice of anesthesiology for the regulatory, legal and reimbursement concerns that can only be addressed at the national level. To donate, click on the "ASAPAC" button at the top of the Members Only section of the ASA website, <http://www.asahq.org>.

We invite you to become more active in MSA. Our recent success with Medicare is evidence that getting involved works!