



PATIENT ADVOCATE BULLETIN

A North Mississippi Physicians Association Publication

PRESIDENT'S MESSAGE

Dear Valued Patients,



Dr. David Bridgers, NMPA President
Gastroenterology Associates of North
Mississippi

I am writing this letter on behalf of all of the Medicare patients and their families in our geographical area to help explain how and why their health care is currently in jeopardy. One may ask, "What do you mean? I haven't heard about anything which is happening to our senior citizens on Medicare?" They are likely correct. There has been very little media coverage about the great travesty that is affecting the Medicare population and the physicians who value them.

So, what is this travesty? Well, in a nut shell, here it is...The problem arises from part of the Balanced Budget Act of 1997, which established the sustainable growth rate formula (SGR) for Medicare. This formula is used to determine how much Medicare pays for services physicians provide to patients in this program. Under the SGR formula, cumulative Medicare spending on physicians' services is supposed to follow a target path that depends on the rates of growth in physicians' costs, Medicare enrollment, and real gross domestic product per person. If program spending in a given year exceeds the SGR target for that year, then the amounts paid to physicians for each service they provide is supposed to be reduced the following year to move total spending back towards the target path.

To allow for greater understanding, provided is a brief history of the SGR. When the legislation was passed in 1997, it was after a period of time when the volume of Medicare patients seen and the complexity of services that physicians performed for these patients was increasing at a rate which was much slower than it had been for many years previously. Government forecasters felt this slower growth trend would continue into the future. This assumption was erroneous. As our population has aged, combined with advances in medical technology enhancing physician's ability to provide care, the volume of Medicare patients served has increased. It follows that older patients develop more complex medical issues that tend to consume greater costs and treatment time. These factors have returned Medicare plan consumption to the previous trend of accelerated growth that was long-standing for many years prior to forecasters' incorrect opinion of limited growth in patient volume and complexity.

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**Physician members of
North Mississippi Physicians Association
encourage patients to be involved in the
legislative process impacting the practice of health care.**

**Visit
www.nmpa-ipa.com
to find information and resources
on ways that you can take an active role.**

PRESIDENT'S MESSAGE CONTINUED

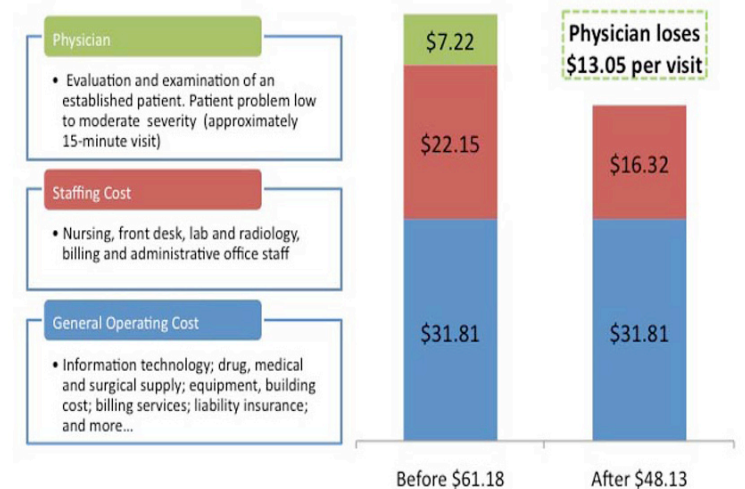
Not accounting for this increase in Medicare patient volume and the complex nature of health problems is the major fallacy of the SGR. Since 2002, the SGR formula has already called for significant reductions in payments made to physicians caring for Medicare beneficiaries. But, these cuts pale in comparison to what physicians are now facing. In 2010 to follow the SGR, it would require Medicare to pay 21% less to physicians who are trying to take care of their patients. Congress has been debating how to fix this for over the last two years without permanently repealing the SGR formula as the American Medical Association and essentially all other physician organizations have urged Congress. They have come in at the last minute to limit, not halt, some reductions for the past two years. The 21% cut was poised to take place on January 1st of this year, but Congress decided to freeze Medicare payments for the first two weeks of 2010 as a solution was debated. The United States Congress has now repeated this sequence again during the first two weeks of March, April, and again in June, as a permanent solution to this problem cannot be agreed upon.

In short, during these freezing of payment episodes, Medicare is not accepting, processing, or paying bills for Medicare patients. Also, the CMS (Center for Medicare and Medicaid Services), who administers and oversees the Medicare program, has eliminated consultant codes for sub-specialty physicians. This Medicare plan coverage elimination makes it even more difficult for sub-specialty practices to survive. During this time that the U.S. Congress has not been able to resolve the Medicare crisis, time was found to pass a health care bill which will cost the country over a trillion dollars when you add the one hundred billion dollar administration and implementation cost; which was not included in the nine hundred and forty billion dollar price tag of the health care reform bill. Yet, this bill still does not set aside funds for addressing the current Medicare crisis born from outdated legislation passed in the late 1990's.

How does this affect you and your health care providers? The expense of running a medical practice has increased sharply since 1997. Increased government and insurance regulation has required increased demands for staffing to simply be able to care for patients and process insurance claims on behalf of patients. The cost of supplies used to care for patients has also increased significantly since 1997. Also, as small business owners, your physicians have to meet their commitments to their employees with salary increases, employment benefits, and employee tax requirements. And, in many cases, the various educational funding agencies from which thousands of dollars were borrowed to receive necessary education to provide quality care to their patients. All of which have experienced significant rate increases since 1997. So, as total business costs continue to rise while income continues to fall, operating decisions are faced frequently resulting in daily practice experiences such as longer wait times, fewer clinic staff available to address patient needs, and lesser time available for consultation during exams. In

essence, the practice of medicine is forced to become quantity based rather than quality based in order to keep the clinic doors open. Physicians have faced these challenges without a negative impact on the quality of patient care by focusing on efficiency within the practice. However, should the proposed

Total Physician Revenue for Medicare Visit Before and After Potential 21.2% Medicare Cuts



Based on midlevel Medicare patient office visit with family practice physician (CPT code 99213). Cost calculated from MGMA Cost Survey data on cost per RVU.

legislation go into effect December 1, 2010 and the Medicare program makes the proposed cuts, it is feared that physicians will not be able to offset the impact as done in the past.

Speaking on behalf of my fellow physician colleagues, I attest that we each truly value our Medicare patients. These patients come from a generation who went to war serving their duty for this country. For the vast majority, they worked their entire life, and diligently paid taxes with the promise that when their time of need came, their country would do its duty for them. This group of patients who has made up this nation's "greatest generation" is now being failed by their government. I can assure you this problem is felt and grieved by more than your physicians. These same physicians who are called to your aid in the middle of the night and go there. These same physicians who work hours on end, often forsaking their own families to provide needed care. Billions of dollars a year are spent by the U.S. Federal Government which has driven our country into one of the deepest recessions in American history. However, our nation's leaders haven't yet come together to take care of the generation that raised many of them. Physicians are not asking for a raise. We are simply asking for the formula that determines payment rates to be revised to match the true nature of the program for which it was created.

In order to preserve the Medicare program and solve this problem within the program once and for all, we all need

PRESIDENT'S MESSAGE CONTINUED

to become informed and involved. It is important for not only our community members who are currently Medicare patients to engage, but also their families who love them. Their children and grandchildren. Those "Baby Boomers" who are now reaching the age to be enrolled in Medicare. Everyone at some level - either directly or indirectly - will be impacted by alterations to the Medicare program. So, what can you do? America is a democracy and you have a vote and a voice. You can organize your friends and family members to become involved and take action. You can contact your representatives in both the House of Representatives and Senate to share your concerns with them. You can tell your legislators, regardless of political party, you will accept nothing less than their maximum effort in convincing their colleagues in Congress to work with them in confronting and ending this crisis. You have a voice and healthcare providers need you to use that voice now.

Sincerely,



David Bridgers, M.D.

Gastroenterology Associates of North Mississippi
President, North Mississippi Physicians Association

NMPA

PATIENT SATISFACTION SURVEY

The physician members of NMPA would like to hear from you about your treatment experience.

Please visit the NMPA website at
www.nmpa-ipa.com
and click on the Patient Satisfaction Survey icon
to complete an *anonymus* survey.



"We're listening & want to hear from you!"

2009 Patient Survey Feedback Showed:

PHYSICIAN OVERALL SATISFACTION 95% RATED AS BEST








WOULD PATIENT RECOMMEND TO FRIEND 93% ANSWERED YES

STAFF FRIENDLINESS 91% RATED AS BEST

DO'S & DON'TS OF EFFECTIVE COMMUNICATION WITH MEMBERS OF CONGRESS





Elected officials rely on constituent input to be effective legislators. Ongoing communication is the only way public representatives will know and understand how voters feel about particular issues. Sending letters and making phone calls are typical ways in which constituents get their message to legislators. If an issue is urgent, it is recommended for a letter to be faxed or emailed. A phone call is more personal than an electronic message and usually has more impact. Listed below are several tips on how to most effectively communicate with your Member of Congress.

DO'S

-  Identify clearly the subject or subjects in which you are interested, not just House and Senate bill numbers.
-  State why you are concerned about an issue or issues. Sharing your own personal experience is excellent supporting evidence. Explain how you think an issue will affect patients, the medical profession, and your community or family.
-  Restrict yourself to one, or at most, two topics.
-  Put thoughts in your own words. If a member of Congress receives numerous letters with nearly identical wording, he or she may discount them as part of an organized pressure campaign.
-  Get involved early in the legislative process by communicating while legislation is being considered by congressional committees, as well as when it is on the House and Senate floor.
-  Find out the committees and subcommittees on which your representative or senators serve. Members of Congress have much more influence over legislation within their committees' and subcommittees' jurisdiction.
-  Address correspondence as:
To a Senator: The Honorable (full name)
 United States Senate

 Washington, DC 20510
Dear Senator (last name):
To a Representative: The Honorable (full name)
 United States House of
 Representatives
 Washington, DC 20510
Dear Representative (last name):

DON'TS

-  Don't ever threaten. Don't hint "I'll never vote for you unless you do what I want." Present the best arguments in favor of your position and ask for their consideration in a respectful manner.
-  Don't pretend to wield vast political influence. Contact your member as a constituent, not a self-appointed spokesperson for the medical community.
-  Don't use trite phrases or cliches. They can make your letter sound mass-produced when it isn't. Just be yourself.
-  Don't ever link campaign contributions to legislative support.

-Adapted from the American Medical Association publication. North Mississippi Physicians Association is not affiliated with the American Medical Association.

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NMPA
Post Office Box 2289, Oxford, MS, 38655
(662) 234-7472
