As of this writing, the House and Senate were set to vote on a last-minute deal preventing the 5% physician payment cuts in 2007. The legislation would provide a 0% update for 2007, as well as a 1.5% bonus-incentive payment to physicians who report on quality measures beginning July 1, 2007, through December 31, 2007.

This last-minute deal would likely not have occurred without the help of everyone in the cardiology community who invested tremendous time and energy working to avert the 2007 payment cuts and ensure that lawmakers made stopping the cuts a priority before the new year. More than 4,000 calls and e-mails were generated by American College of Cardiology (ACC) members in one month alone.

However, the Medicare reimbursement battle is far from over. While the deal addresses payment cuts in 2007, physicians still face cuts in 2008 and beyond unless Congress acts. This all comes at a time when practice costs are escalating and physicians are being asked to invest in necessary, but costly, overall health system improvements, such as electronic medical records. While relief from the 5% cut is significant, cardiology will still be severely affected by cuts in Medicare imaging payments due to legislation passed by Congress last year and other reimbursement changes being implemented by the Centers for Medicare and Medicaid Services (CMS).

Moving into the 110th Congress, we must urge lawmakers to develop a long-term, overarching solution to the payment issue. The failure of Medicare payments to keep pace with doctors’ cost of delivering care is the result of the flawed Sustainable Growth Rate (SGR) formula. For years the ACC has worked with lawmakers to design an alternative to the SGR formula, but solutions have been cost prohibitive and consensus is still lacking among policymakers about what would serve as the most feasible alternative to the SGR from both a technical and political standpoint.

The longer Congress waits to fix the payment formula permanently, the more costly the solution becomes and, even more important, the greater the impact on quality of care. This is not a formula for success. Congress continues to step in at the last minute to avert scheduled payment cuts, and lawmakers continue to procrastinate when it comes to developing a permanent, long-term solution. We have reached a point where band-aids are no longer acceptable. Lawmakers are hearing our message, and we must continue to move them to act. Our ultimate goal—a fair and balanced payment system that is tied to the actual costs of providing care, not the overall economy.

I strongly urge all members of the cardiovascular community to continue to engage their members of Congress and compel them to find a long-term solution to the payment problem. We must continue to make this issue a priority. It is also essential that you take advantage of the opportunities provided by the ACC’s CardioAdvocacy Network (CAN) and the ACC Political Action Committee (PAC). Both programs provide great ways to stay up-to-date on legislative issues and to influence congressional leaders. More information can be found at www.acc.org, under “Advocacy,” or you may contact Frank Ryan (fryan@acc.org) or Molly Nichelson (mnichels@acc.org).
The Medicare physician payment issue affects us all. We must continue to work together and let Congress know we will not stand silent any longer. In order for us to provide the highest-quality care to our patients, we need a long-term solution to this issue . . . and soon!

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