



December 13, 2007

Catherine D. DeAngelis, MD  
Journal of the American Medical Association  
515 North State Street  
Chicago, Illinois 60610

Dear Doctor DeAngelis:

As the Chairman of the American Medical Association Relative Value Scale Update Committee (RUC), I must respond to the commentary "Unintended Consequences of the Resource-Based Relative Value Scale (RBRVS) Reimbursement," published in the Journal of the American Medical Association on November 21, 2007. The RUC has achieved significant improvements in the relativity of payment for Evaluation and Management (E/M) services since the inception of the RBRVS. E/M physician work valuation has increased 45% in the first fifteen years of this payment system, most recently benefiting from a \$4 billion shift in Medicare payment, based on a recommendation from the RUC.

The RUC and the RBRVS update process is transparent. More than 200 individuals attend our meetings, including physicians and staff from any interested medical specialty society and health care professional organization. Staff from the Centers for Medicare and Medicaid Services (CMS) and the Medicare Payment Advisory Commission regularly attend the RUC meetings. The AMA's *RBRVS Data Manager* product includes public data from the CMS website, as well as the RUC rationale, for each physician service.

The RUC has recommended many improvements in policies that would benefit generalists. Unfortunately, CMS has yet to implement many of these recommendations. The RUC led the advocacy in the early 1990s to apply budget neutrality to the conversion factor, rather than the relative values and has strongly criticized the CMS implementation of a new work adjuster to diminish the E/M increases recommended by the RUC. The RUC has a number of standing recommendations related to practice expense and professional liability insurance that would benefit generalists. Our committee has recommended valuation for phone calls, team conferences, and anticoagulation management. CMS has decided not to cover these services.

While I appreciate the recognition of the importance of the RUC's work, its role in the health care economy is greatly overstated in this commentary. The assertion that the RBRVS payment system is to blame for primary care income and specialty choice is naive. The author fails to acknowledge market conditions involved in private payor contracting and the complex reasons young physicians choose one specialty over another. In addition, many primary care physicians no longer provide a wide range of in-office services as a result of the hospitalist movement and regulations such as the Clinical Lab Improvement Act. Rather than blame a volunteer committee of physicians, the author should work with our committee to persuade CMS to implement the RUC's recommendations.

Sincerely,

A handwritten signature in cursive script that reads "William L. Rich, III, MD, FACS".

William L. Rich, III, MD, FACS  
[Hyasxa@aol.com](mailto:Hyasxa@aol.com)