



**Monday, June 16**

# Crunch time for Medicare cuts

*“AMA and seniors agree—it’s time to make a choice.”*

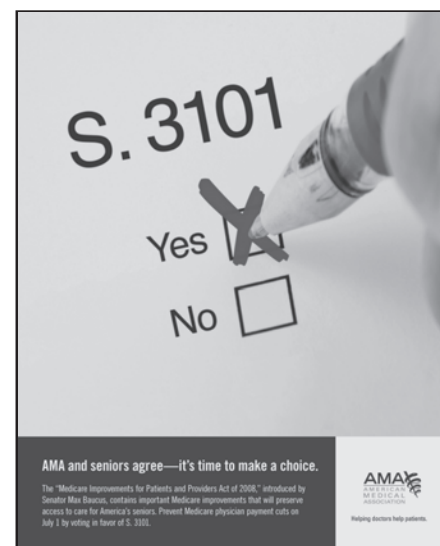
That headline appeared as part of an AMA ad in last Thursday’s *CongressDaily* and *Roll Call*, and it highlights the importance of congressional action to avert harsh Medicare physician payment cuts planned for the next 18 months—a 10.6 percent cut scheduled for July 1 and an additional 5 percent cut slated for Jan. 1.

The cuts are scheduled to begin two weeks from tomorrow, and the political situation on Capitol Hill is fluid and changing quickly. On June 6, U.S. Sen. Max Baucus, D-Mont., introduced the Medicare Improvements for Patients and Providers Act of 2008 (S. 3101), which the AMA and many other state medical and physician specialty societies support. This legislation would grant an 18-month reprieve from the cuts by continuing

the current 0.5 percent payment update through this year, and it includes a provision to implement an additional 1.1 percent update in 2009.

Last Thursday the U.S. Senate voted 54-39 to not proceed on S. 3101, falling short of the required 60 votes needed. However, the issue is still very much alive, and the AMA greatly appreciates the support of a bipartisan majority of senators who are committed to passing legislation to avert the cuts before they begin.

With less than 10 legislative calendar days remaining before the July 1 cut takes effect, the AMA is strongly urging the Senate’s Democratic and Republican leadership to promptly reach an agreement on legislation that replaces the cuts scheduled for the next 18 months with updates that better reflect increasing practice costs. Further delays will create great uncertainty for seniors and their physicians—and exacerbate the likelihood of access-to-care problems.



This ad, calling for Congress to take action to avert Medicare physician payment cuts scheduled for the next 18 months, appeared in last Thursday’s *CongressDaily* and *Roll Call*.

Delegates are urged to call their senators and tell them to make a choice to stop the Medicare cuts once and for all.

**Physicians’ Grassroots Network:  
(800) 833-6354**

## Tuesday’s highlights

- **House of Delegates Elections**, 7:30–8:45 a.m., Columbus K–L
- **House of Delegates Session**, 9 a.m.–3 p.m., Grand Ballroom
- **AMA Alliance Officer Installation**, noon, Drake Hotel, 140 East Walton Place
- **Presidential Inauguration**, 5 p.m., Crystal Ballroom
- **Inaugural Reception**, 6:30 p.m., Grand Foyer
- **Inaugural Dinner/Dance (tickets and reservations required)**, 7:30 p.m., Grand Ballroom



Students networked with representatives from more than 45 specialties Saturday during the AMA Medical Student Section’s Medical Specialty Showcase.

# Improving quality of care

Ten physician groups have improved their clinical management of diabetes patients, according to first-year results of a four-year pilot project launched by the Centers for Medicare & Medicaid Services (CMS).

In its fourth year, CMS' Medicare Physician Group Demonstration Project rewards providers for coordinating and managing the overall health care needs of Medicare patients with chronic conditions, and ranks physician performance by the AMA-convened Physician Consortium for Performance Improvement's 32 quality measures. In the first year of the project, all 10 groups—including 5,000 physicians—achieved benchmark or target performance on at least seven of the 10 diabetes clinical quality measures.

CMS' John Pilotte informed attendees of Saturday's educational session "Improving care coordination: Medical groups pave the way" of these results and provided an overview of the project from its April 1, 2005, launch. "This project allows us to test a concept and get our feet wet before we apply it across an entire program," said Pilotte. "Even PPOs started out as a test pilot at one time." He went on to say that this program is relevant to small practices. Following his presentation, a panel of physicians shared their groups' experiences as actual participants in the project.



Bruce Hamory, MD, shares his group's experience with the CMS project.

One such panelist, Bruce Hamory, MD, of Geisinger Health System, said "we joined this project with the goal of having it assist us in focusing our efforts on improving chronic disease management," he said. "This has been beneficial to Geisinger clinic, but more importantly, to our patients [by] significantly enhancing patient care, and we look forward to the results in the future."

Year two demonstration results will be available on the CMS Web site at summer's end.

## Group meets on violence

Caring for veterans, reporting suspected trauma, and the health implications of violence and abuse across the life span were a few of the topics touched on during the AMA National Advisory Council on Violence and Abuse caucus Saturday. Facilitated by David Corwin, MD, chair-elect of the council, the caucus reviewed resolutions at this year's meeting that relate to violence and abuse.

The lengthiest and liveliest discussion was spurred by Board of Trustees Report 6, which centers on health care for veterans and their families. All participants agreed that the issue is a serious one that deserves more attention—and not just in the United States. The talk turned international when Peter Bennie, MD, chairman of the Representative Body of the British Medical Association, described some of the ways Great Britain differs from the U.S. in its treatment of returning veterans.

The group also sought Dr. Bennie's insight on physician reporting in Great Britain. Once again, he pointed out a few differences between the two countries' handling of the issue. However, everyone agreed that though it is mandated by law, it is a sensitive issue, particularly for family physicians.

Did you miss the caucus? Visit [www.ama-assn.org/go/violence](http://www.ama-assn.org/go/violence) to learn more about the National Advisory Council on Violence and Abuse, and how you can get involved.

## Disaster medicine's first-ever caucus

The AMA Center for Public Health Preparedness and Disaster Response hosted its first caucus Saturday. The Centers for Disease Control and Prevention's Richard Hunt, MD, shared his experience with blast injury fax sheets as an effective disaster response mechanism. The AMA's James J. James, MD, stressed the need for discipline in disaster medicine planning, which would require a unique body of knowledge, curriculum, journal, vocational track and research. The caucus received a preview of "The emergency preparedness toolkit for office-based health care practices," launching this fall, and concluded with a discussion on disaster education in medical schools.