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Another yearly epidemic

This yearly epidemic engenders mass concern in the physician community. Alerts are frantically e-mailed, conferences are urgently convened, and the mass media salivates over the gory details. No, it's not the latest incarnation of the influenza or an outbreak of hepatitis A. Yet, as predictable as the weeds that begin to outstrip my lettuce in early summer, I can count on the annual return of SGR Fever.

I am sure you are familiar with the symptoms: physicians threatening to withdraw from Medicare, professional societies launching public relations campaigns, congressional leaders wringing their hands, special interest groups lining up to lobby for their pet issues, and the President pontificating.

Passed by Congress in 1997, the SGR (sustainable growth rate) was meant to slow the growth in Medicare spending. Beginning in 2002, with a flagging economy, the SGR has triggered regularly scheduled cuts for Medicare reimbursement to physicians. This year was no exception, with a 10.6% proposed reduction scheduled for July 1, 2008. After much wrangling, and the Senate and House override of a presidential veto, HR 6331 was enacted, rescinding this cut. (Indeed, a 1.1% increase is in place for 2009.) I guess we should all be whooping for joy about this incredible increase; I figure it will probably buy a tank of gas for my Mini-Cooper.

But seriously, is this illness what we want our Congress to fight every year? Do we want weeks of legislative bickering and political infighting over seniors' health care? Does society gain one iota of benefit from this perennial skirmish? Isn't it time we send Congress a clear message to reform this system once and for all?

It's time to tackle serious Medicare finance reform: Ditch the SGR; stop propping up special interests (such as the private Medicare Advantage Plans); eliminate waste (needless procedures) and overpayment for procedures that have become routine; develop a sustainable strategy for financing medical education; and rebalance payment to support primary care.

And leave me more time to tackle those garden weeds rather than concerning myself with congressional incompetence.

PS: For some insight into lawmakers' views on the state of primary care and physician payment, see "Primary care's eroding earnings: Is Congress concerned?" on page 578.

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