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Medicare facing cancer, cardiac care cuts

Reimbursements for oncologists and cardiologists are on the federal government's chopping block in the next six weeks.

By Arie Szatkowski, Special to The Commercial Appeal
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As the health care debate continues in Washington, lost in the controversy is a little-known change in Medicare policy that threatens efficient access to lifesaving medical services for millions of heart and cancer patients.

If enacted as scheduled on Jan. 1, 2010, policy changes recommended by the federal Centers for Medicare and Medicaid Services (CMS) – the government's insurer for the elderly and disabled – will severely cut current Medicare reimbursements to cardiologists and oncologists for critical care services that are provided to patients in physicians' offices or other out-of-hospital setting, such as chemotherapy to treat cancer, and various cardiac procedures to monitor and treat heart disease, such as nuclear imaging and heart catheterization.



These cuts will force cardiologists and oncologists to limit care to their Medicare patients, withdraw from treating Medicare patients altogether or require their patients to pay more out of pocket to make up the difference in the cost of these services.

Unless these proposed changes are rescinded, current and future cardiac and cancer care patients will suffer the consequences, especially in rural areas where the proportion of Medicare patients is exceptionally high and patients have fewer choices of health care providers.

The changes certainly will force the closing of outreach clinics in rural areas, leaving many people without easily accessible cardiac or cancer care. They will be forced to travel to hospitals, sometimes long distances from home, and to wait for hours, if not days and weeks, for the tests and services they need.

It is difficult to think of the emotional, physical and financial burden this will place on people already suffering from heart disease and cancer.

Yet the policymakers at CMS, who base their decisions on numbers and statistics, are unilaterally and dramatically changing the delivery of heart and cancer care by proclaiming that care for heart disease and cancer is too costly, while treatment for other diseases has greater value.

Such decisions are based on flawed and incomplete data. They disregard the fact that heart disease and cancer kill more Americans than any other disease, and that advances in heart and cancer care have led to a 25 percent reduction in deaths due to heart disease during the past decade, and a marked increase in survival of cancer.

With the U.S. population aging, along with an expected rise in the number of cases of heart disease and cancer, the ability to manage these diseases in a cost-effective manner while maintaining a high standard of care through

the use of advanced therapies and tests will be critical for prolonged life. Studies have proved that people with heart failure have better outcomes when their illness is managed by cardiologists in an outpatient setting. Yet the changes proposed by those who run Medicare will disrupt much of the progress we have made.

Many oncologists and cardiologists -- myself included -- in Memphis and the Mid-South and throughout the nation, are faced with this difficult dilemma: How can we afford to treat our Medicare patients when the proposed Medicare reimbursements in some cases are less than the cost of providing medical services? As with all businesses today, the costs of running medical practices have increased.

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While these changes will have serious financial impact on medical practices, they also will erode a doctor's ability to provide patients with the very best quality of care that has proved to be cost-effective and beneficial. They will erode a doctor's ability to provide the same level of care for people who live far away from medical centers such as Memphis. And they will lessen a doctor's ability to be the primary advocate for his patients, as opposed to a group of hospital administrators, bureaucrats and lawyers.

At this point, the proposed CMS policy changes remain just that: proposed changes. During the next six weeks, CMS officials will be reviewing them, and they'll likely be enacted unless the people most seriously affected -- patients and the doctors who care for them -- contact CMS officials and their congressional representatives to protest these proposed changes.

Otherwise, the day is coming when Medicare patients -- often the most vulnerable in our society -- will wake up and realize they no longer have access to the timely and often urgent medical care they need.

Dr. Arie Szatkowski is a cardiologist with The Stern Cardiovascular Center in Memphis.