

# The Medicare Crisis

BY JIM DENNING; JOHN F. DOANE, MD; HERMAN D. SLOANE, MD;  
AND J. TREVOR WOODHAMS, MD

*For each installment of "Today's Topics," section editor John F. Doane, MD, identifies a hot-button topic in cataract and refractive surgery and asks several experts to share their thoughts.*

**What are your thoughts on the recent legislation the US Congress passed to halt the 10.6% cut in Medicare reimbursement effective July 1, 2008, and the replacement of the 5.4% cut scheduled for January 1, 2009, with a positive 1.1% update for 2009? How do you think the bill will affect ophthalmologists' ability to deliver quality care?**

## JIM DENNING

In my opinion, Congress only postponed addressing the effect of continued cuts on medical practices. As a result of the frozen fee schedule and current high inflation, medical practices will experience a minimum annual 5% reduction in operating margins. For many cataract and refractive surgeons, their practice's expenses have already been cut to the bone.

I believe the Medicare crisis could be solved by incrementally removing the Limiting Charge laws from the Medicare fee schedule. For example, seniors would have a choice between doctors who may charge nothing or \$60.00 over the Medicare fee schedule. We would no longer "need" Congress to "save" Medicare.

## JOHN F. DOANE, MD

Congress' overturning of President Bush's veto of the Medicare Improvements for Patients and Providers Act may appear to be a victory for cataract and refractive surgeons, but we should not be complacent. Medicare patients are expecting quality and cutting-edge medical care, but a lack of progressive shifting of costs to patients is making this difficult to achieve. I believe doctors will continue to be trapped between patients' expectations and a broken system until Medicare reduces irresponsible bureaucratic waste by seeking more free-market and less socialist policies.

## HERMAN D. SLOANE, MD

It is unclear what long-term effect the Medicare bill will have on ophthalmologists' ability to provide quality care. The majority of doctors are invested in quality patient care to the detriment of themselves and their pocketbooks. In my opinion, doctors lack the clout that patient advocacy

groups and the insurance companies possess. Although our lobbyists fight for our voices to be heard, other groups have larger megaphones. I believe physicians need to become more politically active. We can do this in a variety of ways—from writing to our local Representatives and Senators, to making donations to candidates who understand the importance of maintaining high-quality service, to even running for office. We also need to overcome anti-trust restrictions that keep us from discussing how to position fees for services that we provide to our patients. This is allowed in other sectors, and it is unreasonable that these discussions are limited within a continuously evolving profession such as medicine.

## J. TREVOR WOODHAMS, MD

The Medicare bill allows all parties—doctors, patient advocates, the US government—to claim partial victory. The bill, however, does not fix the pending insolvency of the Medicare program. I believe changes needed for a long-term fix include (1) increasing patients' deductibles to more realistic levels, (2) increasing FICA withholding past current income caps, (3) raising the Medicare eligibility age to over 65, and (4) creating alternative incentive savings accounts. Fee cuts will end when news stories cover Medicare patients unable to find doctors willing to treat them. ■

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