

Congress of the United States
House of Representatives
Washington, DC 20515

May 2, 2012

Jonathan Blum
Deputy Administrator and Director, Center for Medicare
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: New Evaluation and Management Codes for Primary Care

Dear Director Blum:

As you finish work on the proposed CY 2013 physician fee schedule, I write to urge you to lay the groundwork for a long-term solution that addresses the payment inequity faced by primary-care physicians.

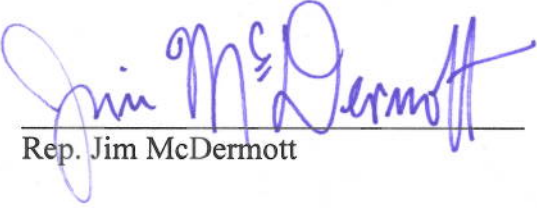
As you well know, the current fee-for-service system does not recognize the value that coordinated primary-care delivery produces. The current system rewards physicians who deliver a high volume of services, driving many physicians toward procedural specialties and away from primary care. This has created a workforce imbalance between primary care and other specialties that threatens the stability of the U.S. health-care system.

I understand that primary-care physician groups, like the American Academy of Family Physicians (AAFP), and the Society of General Internal Medicine (SGIM), have recommended the creation of a new family of evaluation and management codes that would more accurately reflect the work provided by primary-care physicians. This is based on the notion that the current evaluation and management codes, which are based on "problem" identification and management, do not correspond to the proactive and complex work that primary-care doctors perform. Primary-care physicians often address multiple and interactive chronic conditions in a single face-to-face visit, prescribe multiple medications, engage in screening and prevention, and counsel patients. Also, creating and appropriately valuing a new set of codes will help avoid the difficulties of paying different specialties different amounts for the same codes, which is prohibited under the Medicare physician fee schedule.

I understand that the preliminary work necessary to develop new codes is complete. Once a new set of codes is surveyed and valued, they can be constructed to better capture the complexity of the work done by primary-care physicians. I urge you to take the steps needed to begin bringing this work to fruition to help ensure that primary-care physicians are appropriately reimbursed for the services that they provide.

Thank you for consideration of this proposal. I look forward to working with you on this important issue.

Sincerely,



Rep. Jim McDermott