

Survey Results
For
Texas Medical Association
Medicare SGR Survey

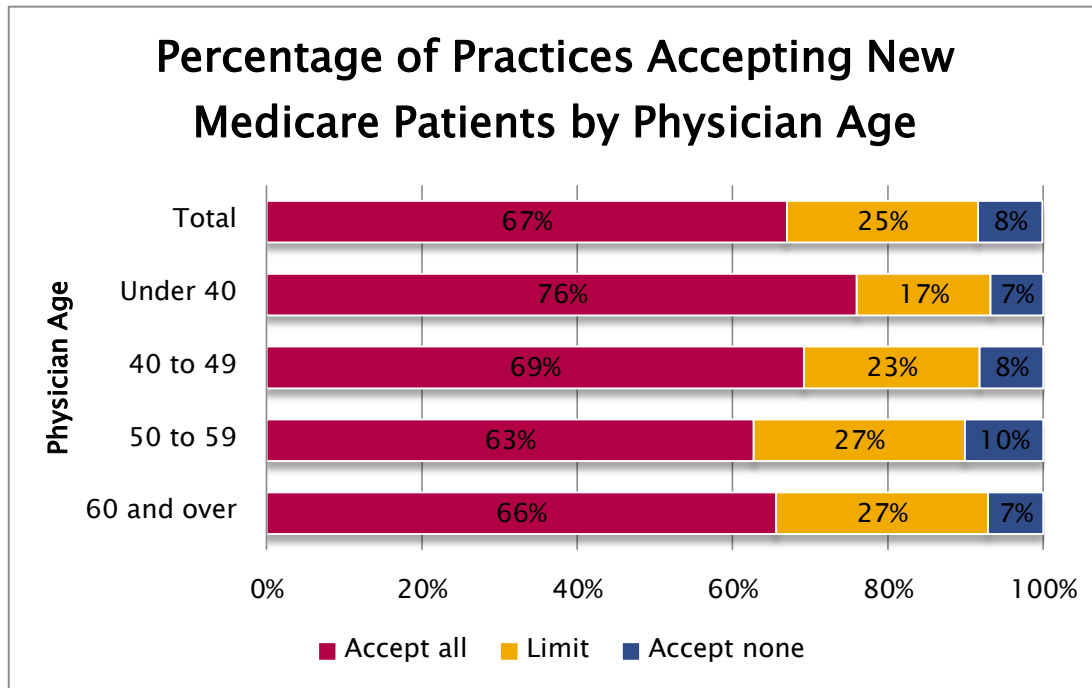
August 2011



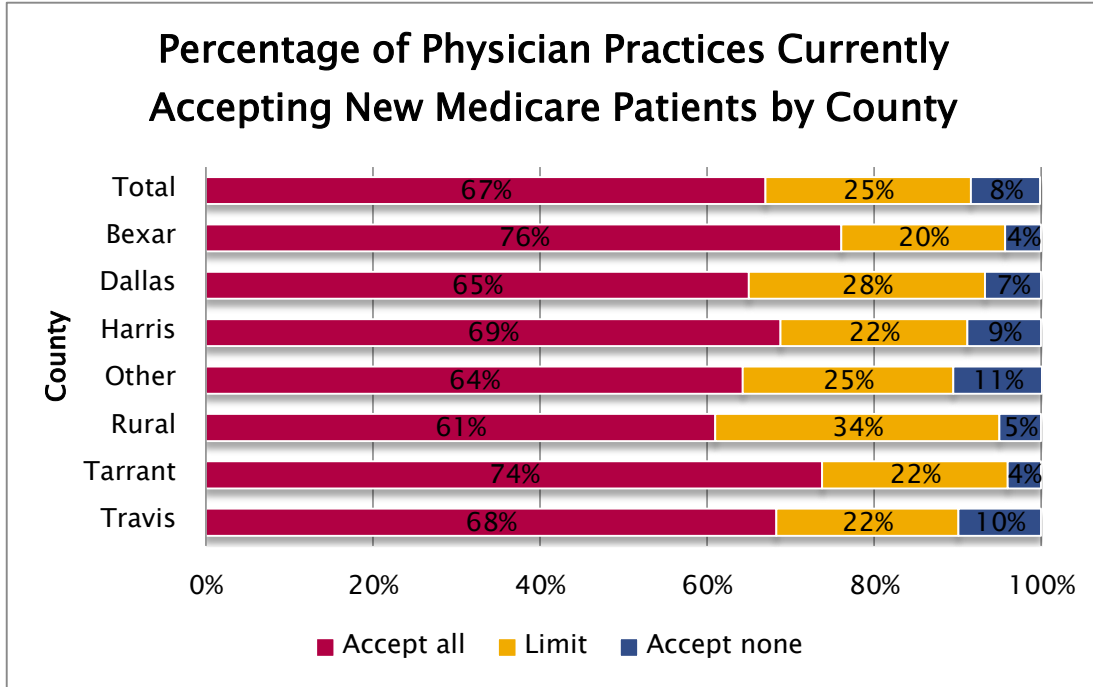
Introduction

The future of Medicare remains highly uncertain for physicians, as the Congressional default funding formula continues to require deep cuts to physician payments. Congressional failure to fund a permanent fix to the formula means that physicians are dependent on repeated temporary Congressional corrections to the fee schedule in order to avoid deep fee schedule cuts. As a result of the ongoing problem and the proposed 29.5 percent cut in Medicare fees for 2012, physicians may be taking, planning, or considering changes in their practices. In August 2011, the Texas Medical Association conducted an online poll to better understand how Medicare fee cuts would impact Texas physicians and patients. Findings are as follows:

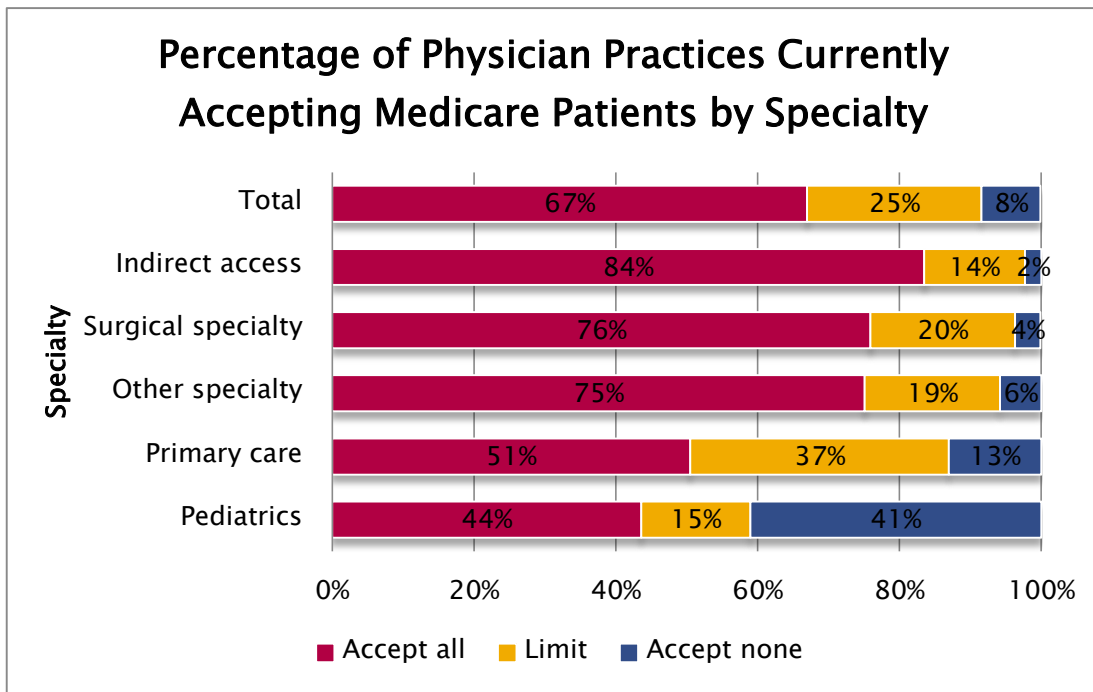
Among respondents who currently treat patients in an active medical practice and are accepting new patients, 67 percent accept all new Medicare patients. Physicians in the youngest age group (under 40) physicians are more likely to accept all new Medicare patients (76 percent). Older physicians are more likely to impose limitations on their acceptance of new Medicare patients.



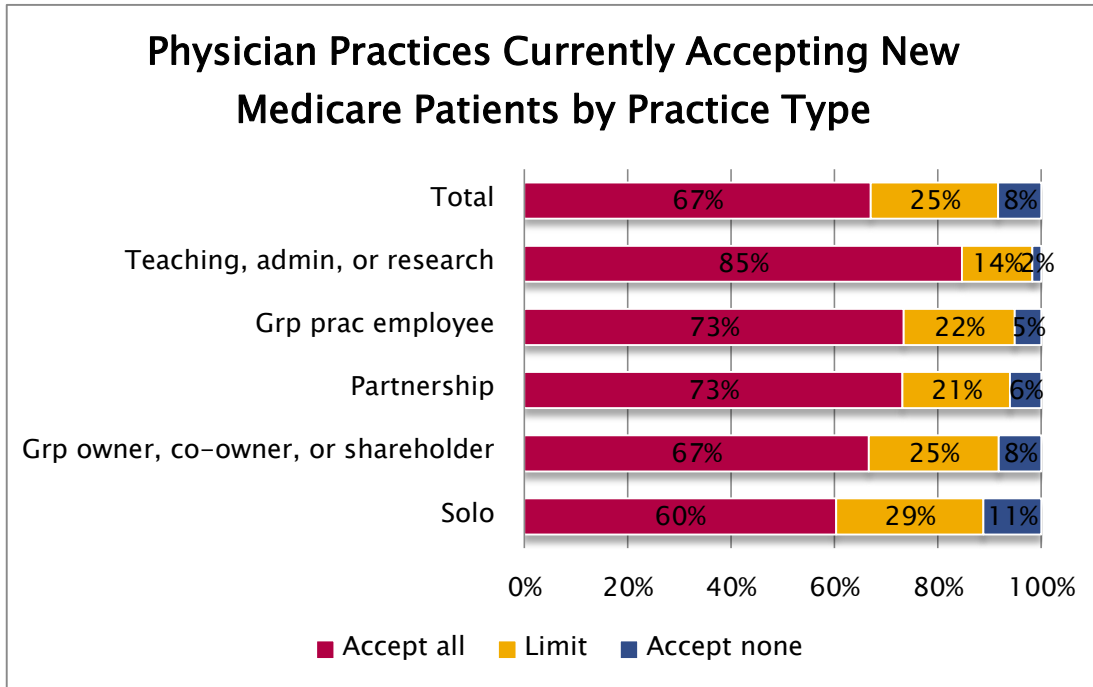
Physicians practicing in Bexar County are most likely to accept all new Medicare patients (76 percent) while physicians in rural counties are least likely to do so (61 percent). Physicians practicing in rural counties are more likely than physicians in other counties to impose limitations on Medicare acceptance (34 percent).



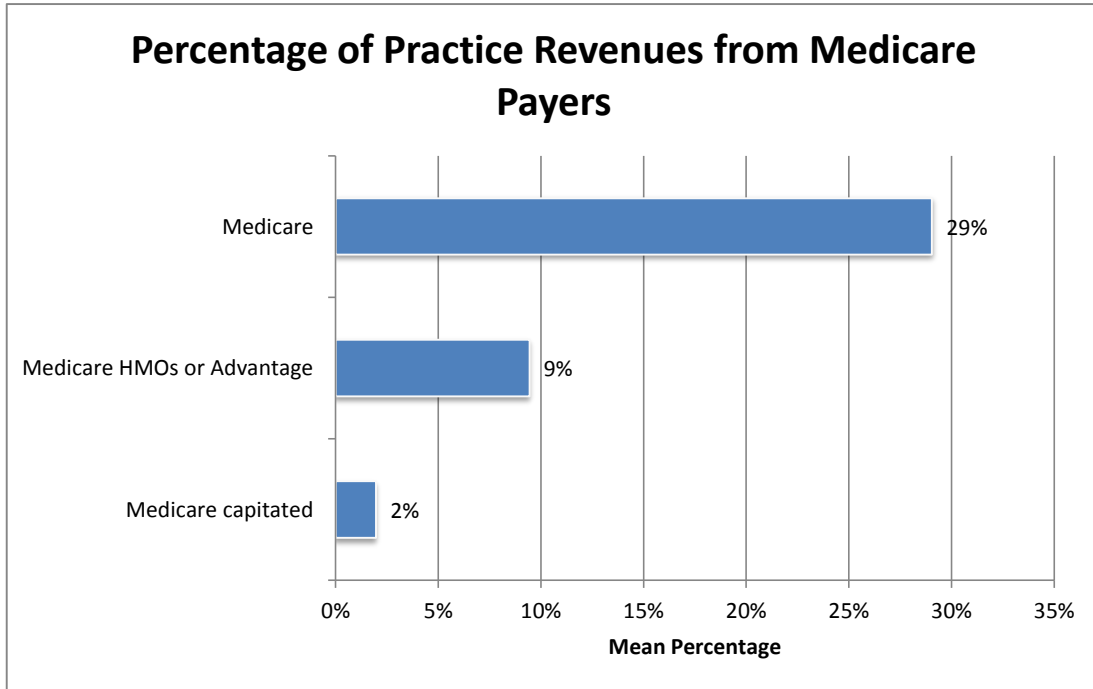
Indirect access physicians are more likely to accept all new Medicare patients (84 percent). Primary care physicians are more likely to impose limitations on their acceptance (37 percent).



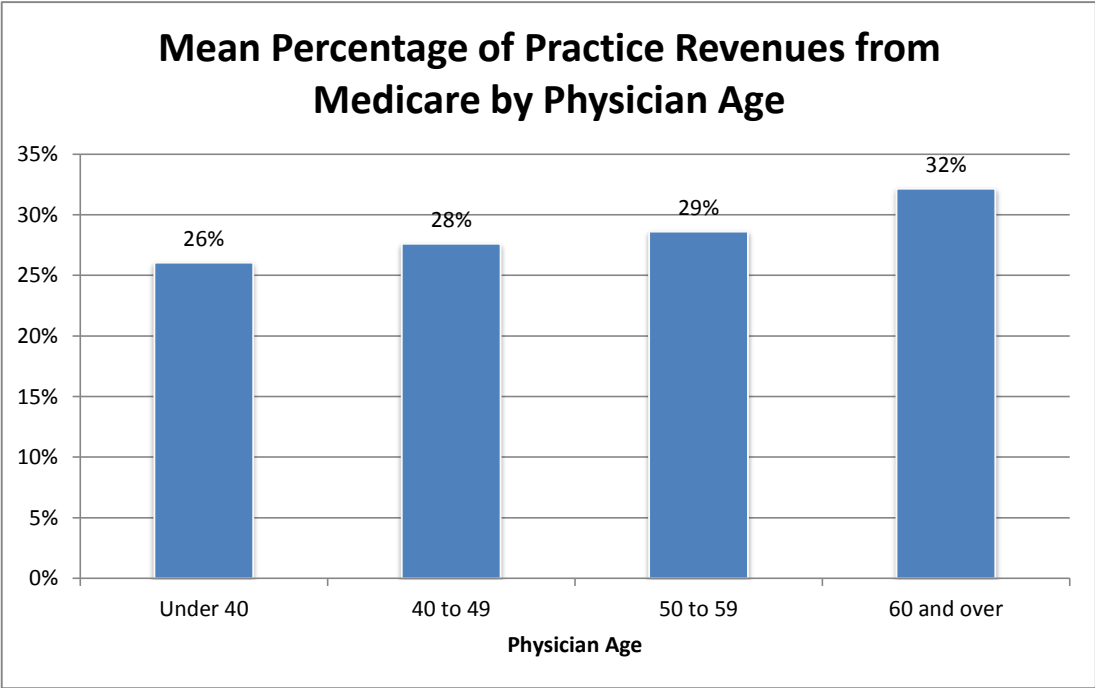
Physicians who are currently practicing in teaching, administration or research positions are most likely to report accepting all new Medicare patients (85 percent). Solo physicians are more likely to accept some with limitations (29 percent) or none at all (11 percent).



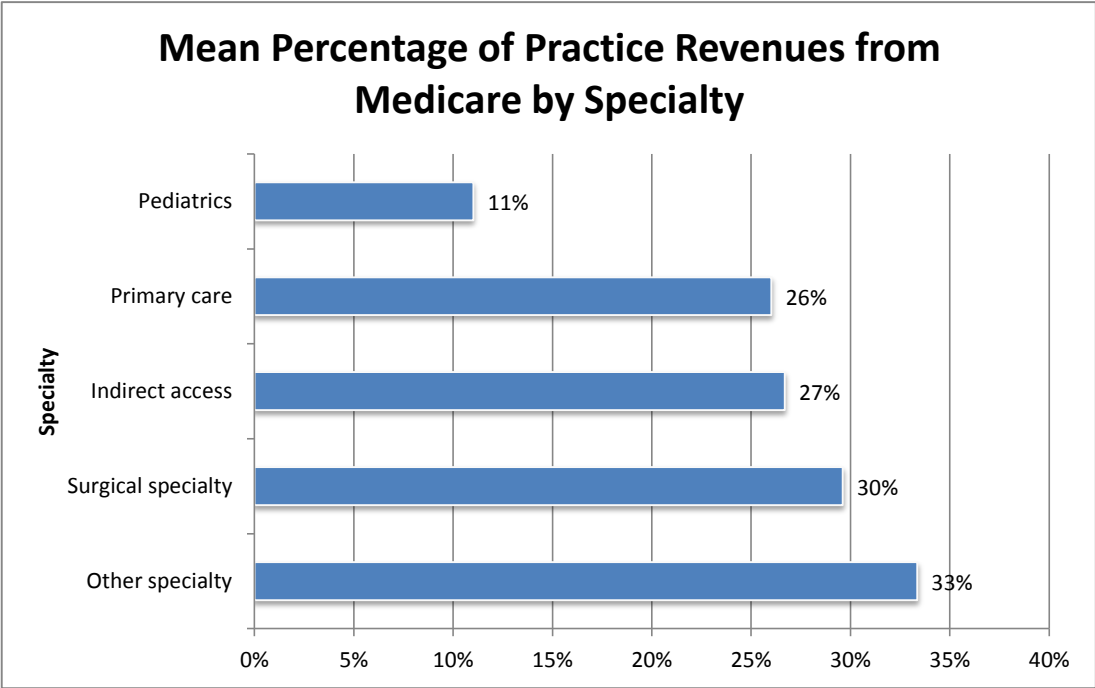
Physicians report forty percent of their practice revenues are, on average, from Medicare programs, including Medicare HMOs or Advantage plans (9 percent) and Medicare capitated (2 percent).



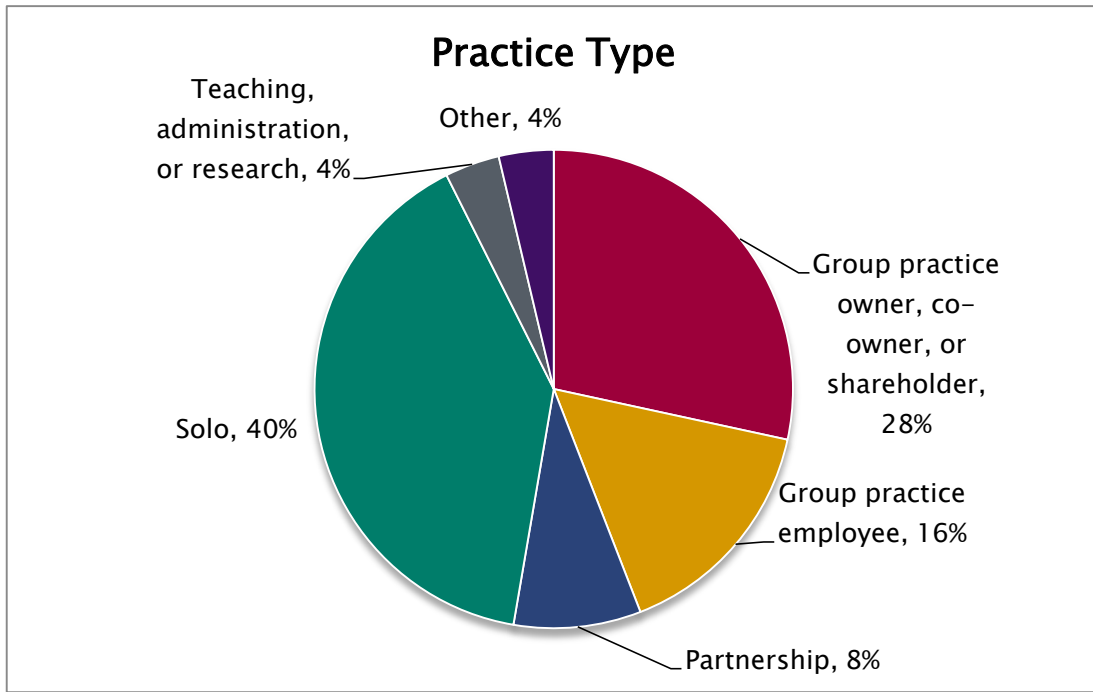
Older physicians are more likely to report more of their practice revenues, on average, are from Medicare.



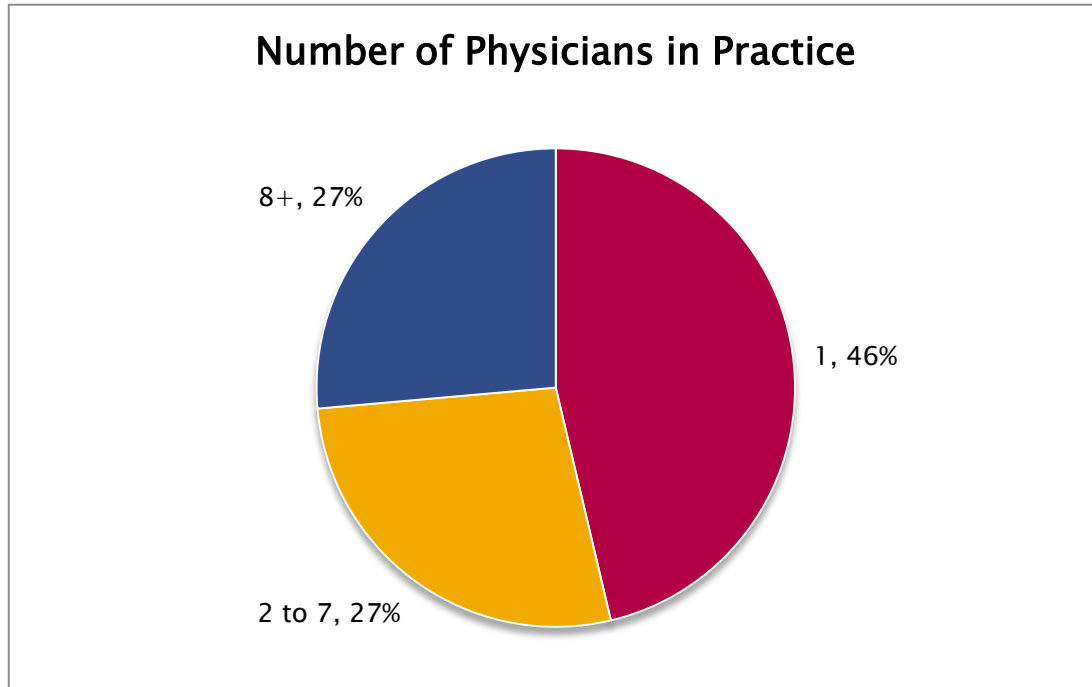
Physicians practicing in non-surgical specialties are more likely to receive more of their practice revenues from Medicare (33 percent).



The largest minority of physicians who responded to this survey are solo practitioners (40 percent).

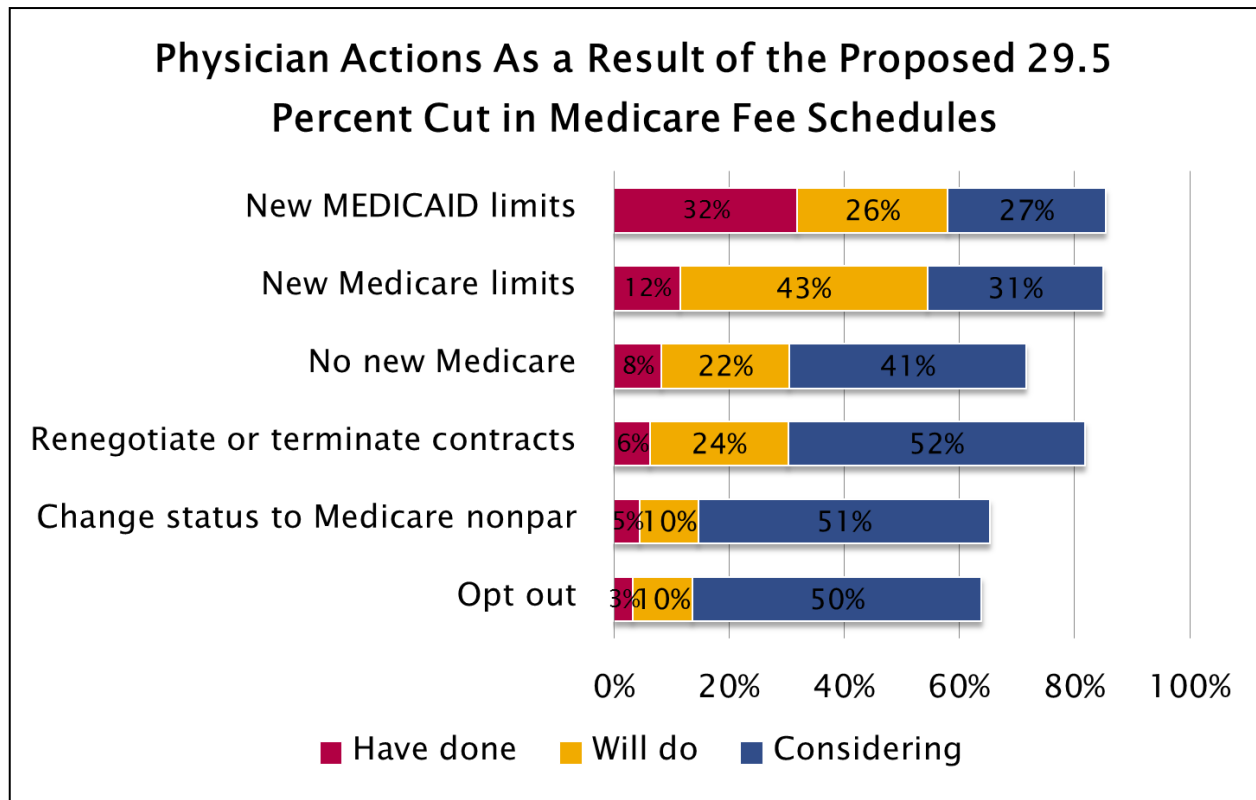


When asked about the number of physicians in practice, the largest percentage of physicians report 1 (46 percent). Approximately a quarter of physicians (27 percent) practice in groups with 2 to 7 physicians and a similar percentage of physicians work in larger practices with 8 or more physicians.

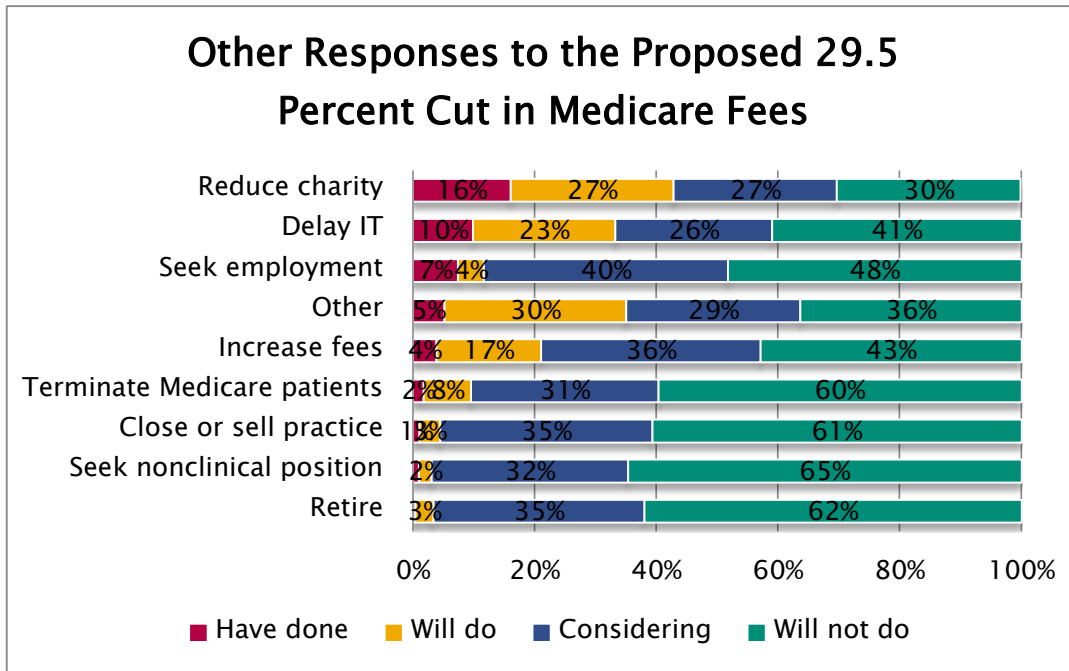


Effects of Proposed Cuts in the Medicare Fee Schedule

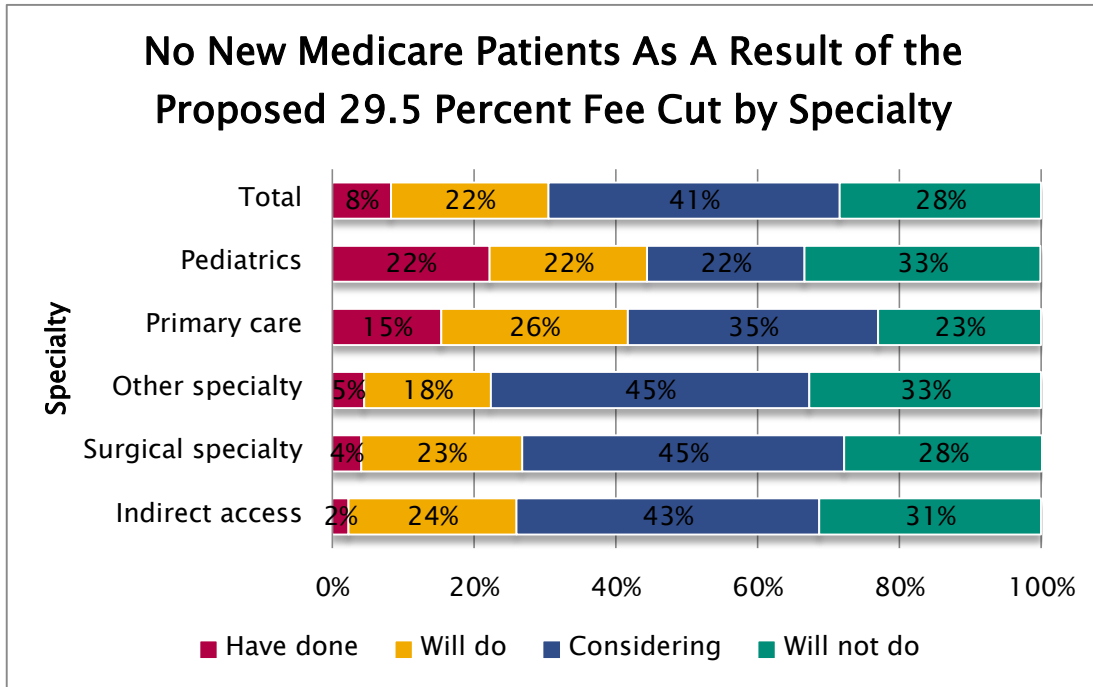
The proposed 29.5 percent cut in Medicare fee schedules has already taken a toll, primarily in access to care. A significant portion of Texas physicians have already imposed new limits on their acceptance of patients covered by Medicaid (32 percent). Of greater concern, are the actions physicians are considering if cut take effect, including terminating or renegotiating some health plan contracts (52 percent) changing Medicare status to non-participating (51 percent) or opting out altogether (50 percent).



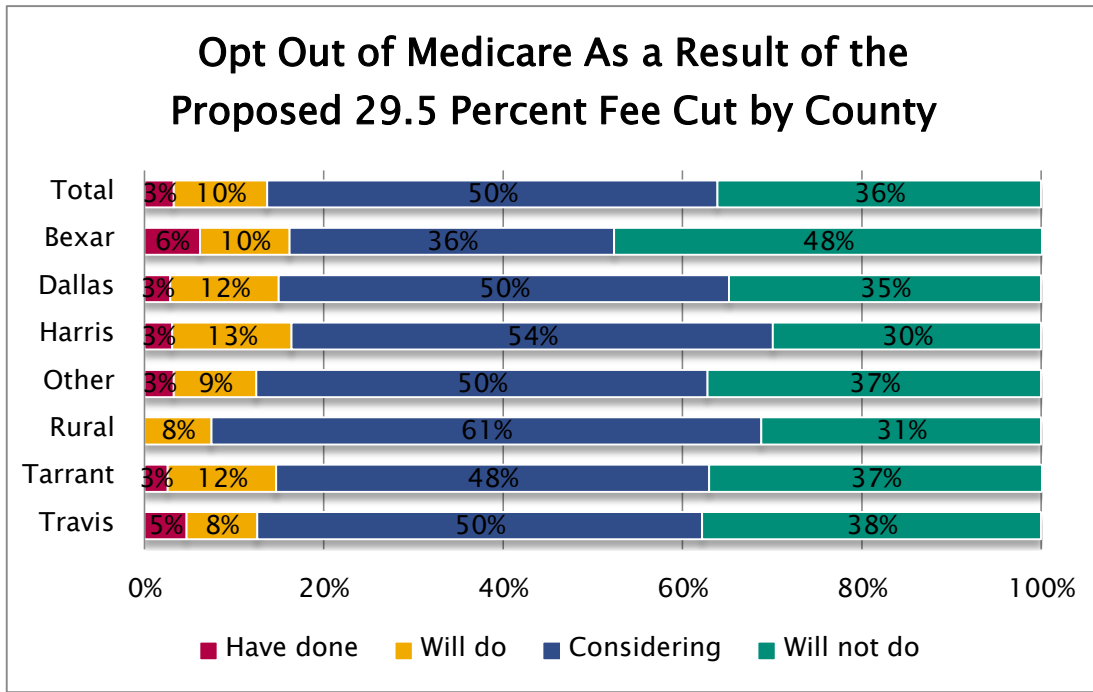
Physicians also have, will do, or are considering other actions (i.e., concierge medicine or cash pay) if the proposed 29.5 percent cut in Medicare fees takes place (64 percent)



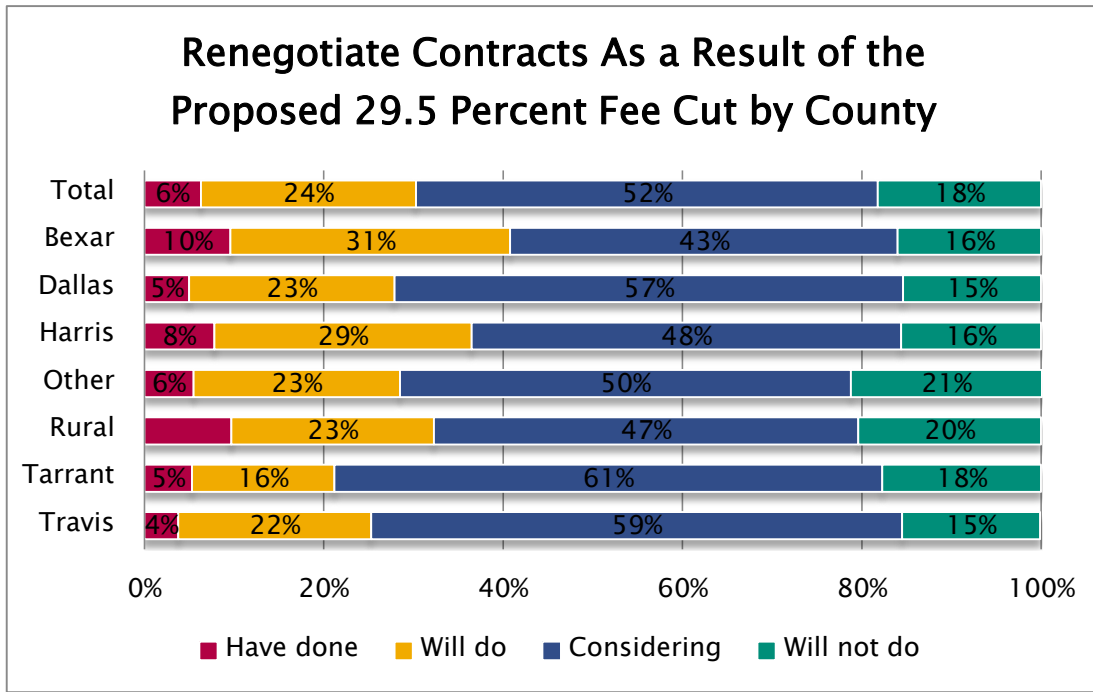
Physicians in pediatrics and primary care are more likely to have already closed their practices to new Medicare patients (22 and 15 percent respectively). Further, primary care physicians are more likely to do so if the proposed 29.5 percent cut goes through (26 percent).



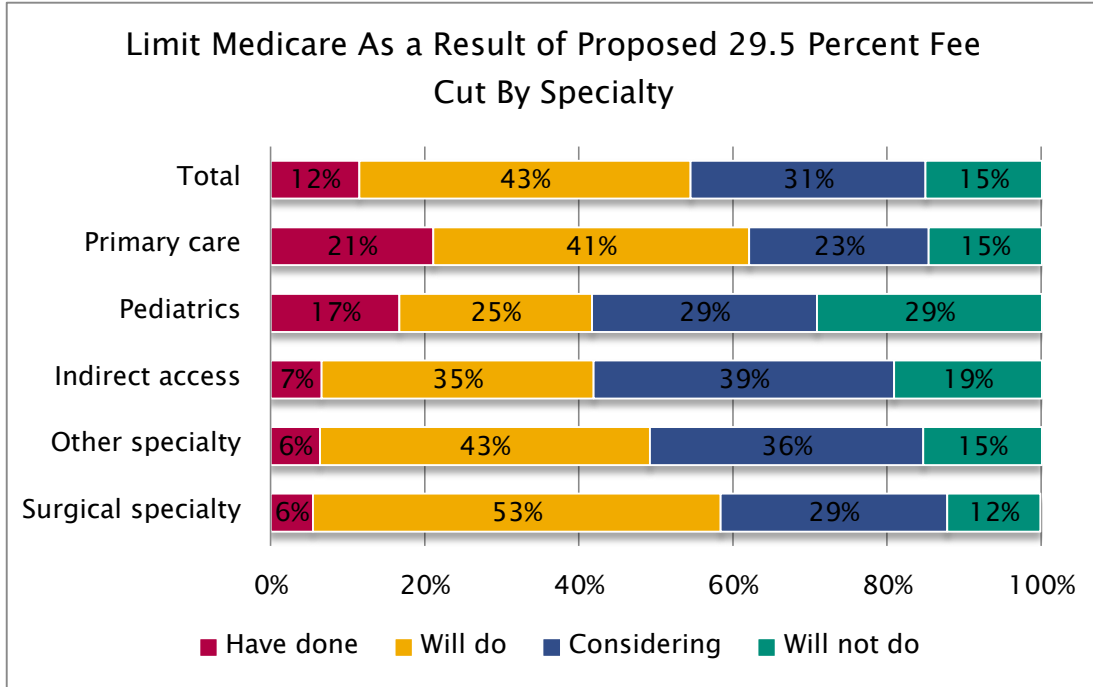
None of the physicians practicing in rural counties report having opted out of Medicare to date, however, a majority (61 percent) are considering doing so if a 29.5 percent fee cut is put in place.



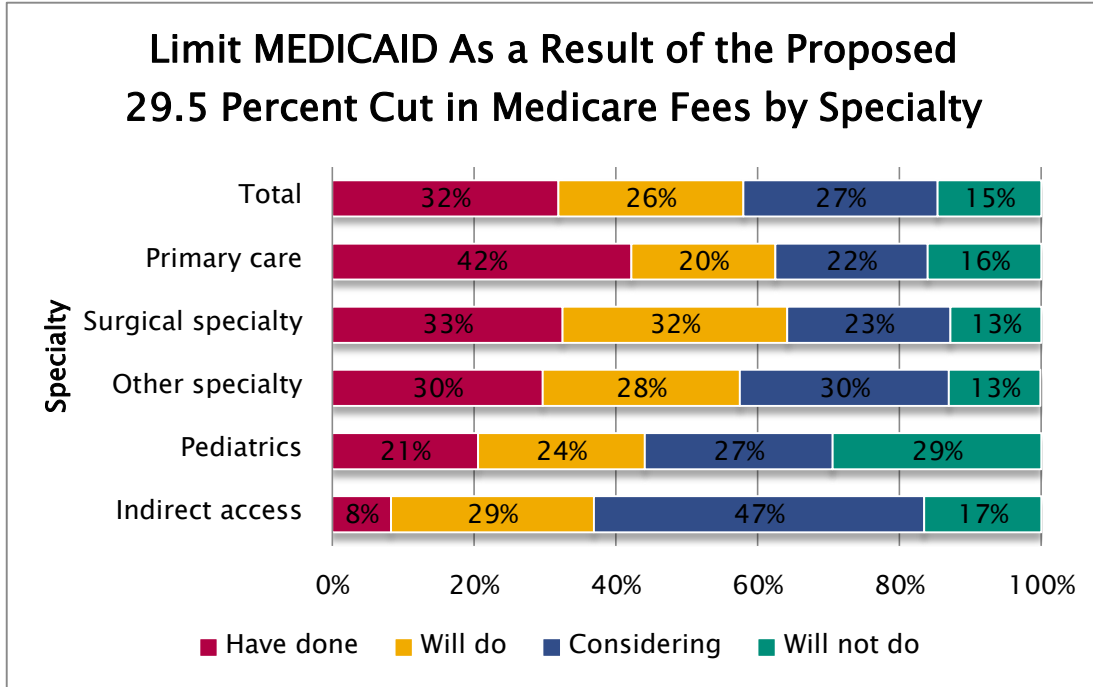
Physicians in Tarrant County are more likely to report they will consider renegotiating or terminating some plan contracts if the proposed cut in fees goes through (61 percent).



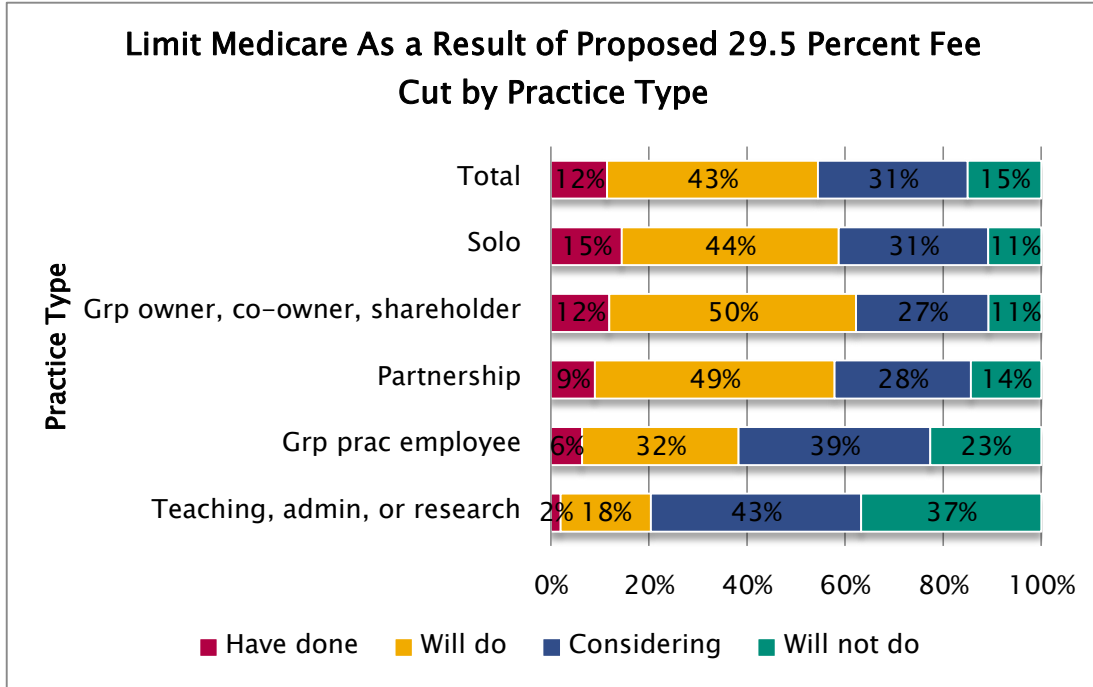
Physicians in primary care specialties are more likely to have already placed new or additional limits on Medicare acceptance (21 percent). Surgical specialists are more likely to report they will do so if the cut takes place (53 percent) and indirect access physicians are considering doing so (39 percent).



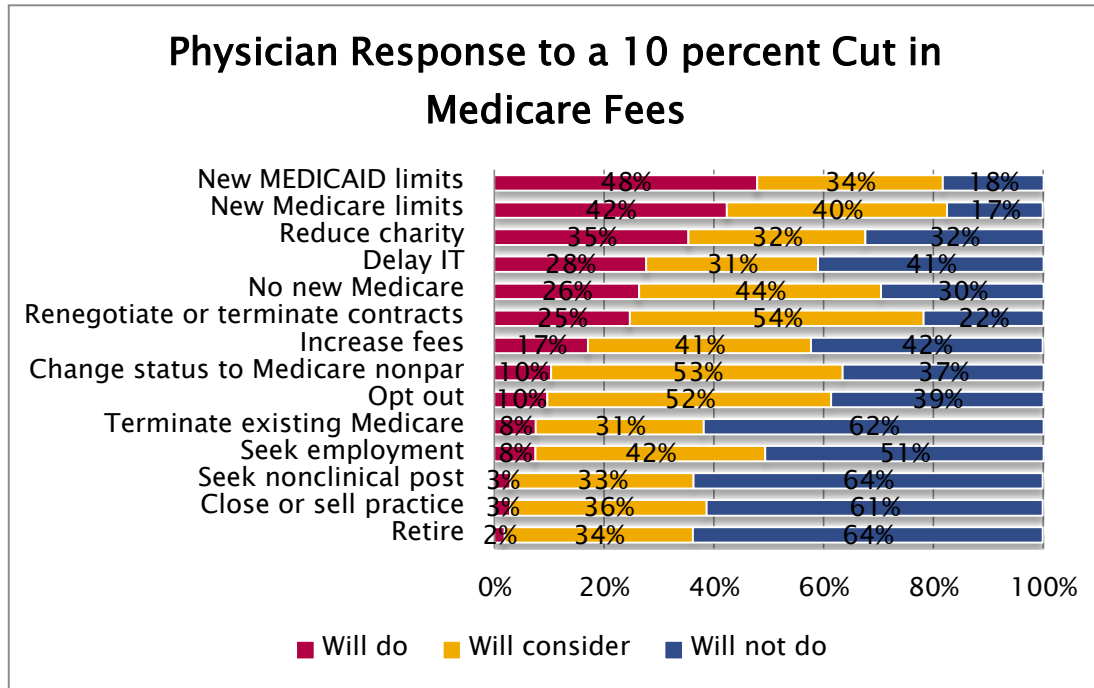
As a result of ongoing problems with the Medicare fee schedule, physicians in primary care have expanded limitations on their acceptance of Medicaid patients (42 percent) while surgical specialists are more likely to do so if the proposed 29.5 percent fee cut goes into effect (32 percent).



Solo physicians are more likely to have expanded limits on Medicare patients as a result of fee problems (15 percent). Physician group owners, co-owners, or shareholders report they will do so if the proposed 29.5 percent fee cut goes into effect (50 percent) and physicians in teaching, research, and administration positions are considering doing so (43 percent).



Physicians were asked what actions they will take or consider if Congress tries to compromise by offering a 10-percent cut in Medicare fee schedules. If this happens, physicians will impose new limitations on acceptance of Medicaid patients (48 percent), Medicare patients (42 percent), and reduce charity care (35 percent). Physicians will consider renegotiating or terminating some health plan contracts (54 percent), changing their status to Medicare nonparticipating (53 percent) or opting out altogether (52 percent).



Overall, physicians report they will take or consider taking the same actions even if a smaller cut is put in place. Therefore, it is unlikely a cut of any size will be viewed as an acceptable “compromise” to physicians.

Physician Comments

How are we going to improve access if we can't afford to work?

I love my elderly patients but further cuts in Medicare fees will force me to stop seeing these patients because I will not be able to pay my staff otherwise.

Fifty-five percent of my patients and procedures are Medicare (GE). Thirty percent of my revenue comes from Medicare. Two thirds of my work load and stress comes from Medicare patients. For what reasons other than altruism and humanitarian/ethical reasons should I see Medicare patients?

A thirty percent Medicare cut may as well be a ninety percent cut. Physicians will be paying Medicare in order to see Medicare patients. Veterinarians are paid more for removing dog's cataracts than we receive for removing human cataracts now--even before the thirty percent cut!

A big portion of my practice is also nursing home patients. I am not even making enough money as an employed physician Internist despite working more hours. With even ten percent Medicare cut I cannot afford to continue in private practice. I will sell it.

A pity that seniors who have paid their dues are being subject to this kind of injustice. It's sooner or later going to come around!

Adjustments will need to be made to Medicare, increasing the age of enrollment, increased cost to patients, etc..; however, if cuts continue year after year to physician reimbursement, who will accept Medicare? Who will be left to care for the patients?

After a lifetime of our hard-working citizens contributing to the greatness of American while investing in their future health insurance, it's incredible that Congress would put in place cuts and policies that make well-meaning physicians avoid them.

All other prices always go up. Cost of living, minimal wage, gas, electricity, rent, all kinds of goods. Why in the world should doctor's reimbursement go down every year? How do they expect us to continue to work and live like everyone else?

Any Medicare fee cuts are unacceptable and financially unrealistic.

Any Medicare fee cuts will drive many doctors out of business. Medicare reimbursement has already been flat for the last 10 years.

Any reduction in reimbursement by Medicare is likely to be mirrored by most if not all other payers - fee schedule reductions will dramatically injure if not kill my current practice - this type of business model makes no sense.

As a board certified geriatrician and internist it would be will particular sadness that I would be forced to ask my Medicare patients to go elsewhere, but I could not keep my solo practice financially viable if the cuts were to take place.

As a Cardiothoracic surgeon I feel we are grossly underpaid for the expertise that is required to practice. NO cuts will be acceptable and ANY cut will result in turning away any and all Medicare patients. I do feel there is any negotiating left.

<p><i>As a pathologist I do not treat patients but am actively involved in their workup and diagnosis through lab services. The people of Texas depend upon the medical profession. Spending cuts should be made elsewhere so that Texans can get the care they need.</i></p>
<p><i>As a physician I have experienced some of the worst financial years ever. I don't take Medicare, but there is no way I would even consider it with deeper cuts. We are having a difficult time meeting overhead now.</i></p>
<p><i>As a salaried faculty in an academic program, I am not affected directly for now. Unfortunately, the medical school will suffer tremendously and be unable to recruit top researchers, physicians, residents, etc. due to the loss of funds.</i></p>
<p><i>As an ophthalmologist about sixty percent of my practice is Medicare not to mention the fact that commercial rates are tied to Medicare; such cuts would put us out of business immediately.</i></p>
<p><i>As we continue to have Medicare cuts, we are finding it more difficult to take on Medicare patients. They are the most challenging and time consuming patients in our practice, requiring fifty to sixty percent of our time.</i></p>
<p><i>At current rates it is impossible to maintain a solo practice well-staffed. I will not practice mediocre medicine due to lack of support. If they cut further it is not worth the effort to practice and might be better to retire or change career.</i></p>
<p><i>At some point, doctors have to say "enough is enough." It already costs me more to see a Medicare patient than I get in reimbursement.</i></p>
<p><i>Being an FP with ever increasing practice expenses I could not continue to see Medicare patients with any cut in fees.</i></p>
<p><i>By cutting our reimbursement, we have chosen not to replace employees that leave. While we have not increased the unemployment rate, we are decreasing the positions available at our office. We are considering dropping health insurance on our employees.</i></p>
<p><i>Congress must end this SGR mess!</i></p>
<p><i>Congress needs to start representing the people (physicians and patients) and repair the Medicare fees. Continued delays and temporary fixes only jeopardize Americans now or in the future.</i></p>
<p><i>Congress should find appropriate revenue to pay for Medicare and Medicaid. Balancing the budget on the backs of the most vulnerable members of society is immoral.</i></p>
<p><i>Cuts in Medicare fees will severely hamper Community Mental Health Centers from providing treatment to patients. Since state funds have been cut, Medicare cuts will lead to reduction in services for patients and delays in accepting new patients.</i></p>
<p><i>Cuts of any sort would be a total betrayal of the trust of the American people. Cutting MD/DO fees can do nothing to help balance the budget, since only six percent of Medicare dollars flow to physicians.</i></p>
<p><i>Cuts to physicians have taken place annually across the board and physicians are already restricting Medicare patient seen, if not discontinuing care altogether of patients on Medicare. There is no room for additional cuts without disastrous consequences.</i></p>
<p><i>Devastating. I no longer recommend anyone go into medical practice. Hard work, many personal sacrifices and very little rewards.....are getting less and less. Very soon the private practitioner will disappear and every physician will become an employee.</i></p>

<i>Elderly patients are getting more and more complicated, medications and treatments options are getting more complex requiring more mental and physical input from physician. All overheads are increasing from rent to employee salaries to medical supplies.</i>
<i>Enough is enough. I earn thirty percent of what I did on Medicare from when I started practice in 1989. Overhead has continued to increase as have regulations. When Medicare subsidizes my overhead, staff and malpractice, I may give it another look.</i>
<i>Even though I do not accept Medicare patients. The SGR is used as a benchmark by private insurance companies to figure out physician reimbursement. So it still affects what all physicians are reimbursed. It is getting harder to continue in my solo practice.</i>
<i>Fix the formula. This is a ridiculous waste of time and effort that could go toward finding other solutions for healthcare.</i>
<i>How can CMS expect physicians to care for the elderly and disabled in an environment where costs are rising every year and reimbursement is declining? It appears the federal government doesn't value the health care of its elderly and disabled constituents.</i>
<i>I already limit Medicare to current patients that reach Medicare age due to poor reimbursement and the higher time requirements for most patients. It is a punitive system compared to other insurers.</i>
<i>I am a Medicare beneficiary, however I will not accept any new Medicare patients if cuts are implemented because I would be losing money on every patient I see and go bankrupt in a couple of years.</i>
<i>I am a plastic surgeon and will likely stop performing reconstructive surgery and focus all on cosmetic surgery</i>
<i>I am the only one in my specialty accepting new Medicare patients. I will have to stop if the fee cuts go into effect, and may have to close my practice altogether.</i>
<i>I fear for my patients who will find it even more difficult to find doctors to care for them. This will overly burden the system by crowding ER's and hospitals...worse solution and can worsen an already serious population similar to the "UNINSURED"</i>
<i>I feel it is a disservice to our profession. We work so hard for so little. I went into medicine to help the underserved population; however, doing so continues to punish me. We are the only profession that cannot increase our fees as overhead increases.</i>
<i>I have a son who is a fourth year medical student wanting to go into family practice. I have discouraged him from Medicare participation unless CMS recognizes the vital importance of patient care that family physicians provide and compensate accordingly.</i>
<i>I have already stopped caring for Medicare patients because I couldn't afford to stay in practice otherwise.</i>
<i>I have also enjoyed taking care of the elderly, my specialty is geriatric psychiatry; yet, i will have to continue to limit my intake of Medicare patients' because of the limits in payment.</i>
<i>I have lately retired from medical practice, partially out of discouragement on where medicine in this country is going. Medicare dictates to us both what we charge and what we can collect. This is not freedom as we know it.</i>

<i>I have never taken Medicare (pediatrician) but insurance companies follow what Medicare does. I expect insurance reimbursement to decrease which may drive me out of business because expenses have increased twenty-five percent over the past 4 years.</i>
<i>I have worked in the medical field over 20 years and the cuts are now affecting the Medicare population in such a negative way that I feel we are in danger of losing our physicians.</i>
<i>I live and work in a rural town. I still have an office mortgage and student loans. My practice is approximately 60 percent Medicare, so this would kill me. The hospital depends on my practice. I like where I live and work and this would devastate my family and town.</i>
<i>I opened my practice 2 years ago and made a conscious decision not to be a Medicare or Medicaid provider as a result of my previous experience with these programs. Reimbursement did not cover costs and there was an annual threat of further decreases.</i>
<i>I opted out of Medicare for my psychiatric practice two years ago. Further cuts mean I will not opt back in.</i>
<i>I practice psychiatry in a rural largely retirement community. Although I am willing to work for minimal compensation because it is the right thing to do, I will not be able to pay out of my own pocket to care for these patients if my fees are reduced.</i>
<i>I take pride in caring for our older more complicated patients, but I have my financial obligations as well. I will have to look at my bottom line and make some tough decisions.</i>
<i>I work in the ER and the cuts will reduce the amount of services that we can provide. As a physician trying to provide care and act as America's safety net, this will definitely hurt our patients and our general mission to care for the public.</i>
<i>I'm tired of the whole thing. When I leave the practice of medicine, I won't forget how diminished I was made to feel about the whole thing.</i>
<i>In my practice, Medicare patients are, in general, the higher risk patients, the least compliant, and the patients that provide the lowest reimbursement and the higher claims denials. Any significant Medicare cut is an immediate reason to opt out.</i>
<i>It being more difficult to make an honest living under these conditions, any further cuts could be disastrous to solo practices and expect many to close.</i>
<i>It is a very scary situation. If the Medicare fee cuts are taken up by the private insurance companies as well then I am through. I will lose an 11 year practice that I built from scratch. I do a lot to help my community and that will be a sad day.</i>
<i>It is absolutely absurd to have doctors' professional fees cut when the cost of staying in practice climbs every year. We cannot stay in practice if we can't cover our expenses.</i>
<i>It is a shame our older population, who needs doctors the most, are having trouble finding physicians to care for them. It is also a shame that the Government expects medical care for less although expenses of providing care go up.</i>
<i>It is causing to me evaluate whether to stay in practice even though I love practicing medicine.</i>

<i>It is going to be extremely difficult for seniors to get proper care with physicians seeing patients for peanuts.</i>
<i>It is my belief that if these cuts go through, I will be FORCED out of practice!!</i>
<i>It is quite clear cut that we will have no choice but to terminate participation with Medicare. It is a shame, because we care deeply about our older patients. But you cannot provide care that costs you to provide.</i>
<i>It is unconscionable that Congress has not seen fit to fix the SGR formula by now.</i>
<i>It is unethical & troubling since it will lead to poor care to seniors & a downgrade on our already faltering medical system in the USA.</i>
<i>It may get to the point that every doctor will stop taking Medicare patients and that is a shame because this population needs care.</i>
<i>It's very sad to me; I have a geriatric sub specialty and now can't afford to administer the care I've wanted to do and have done many years.</i>
<i>It's unreasonable & unfair considering the cost to practice medicine these days.</i>
<i>Like many physicians, I will not accept ANY further decreases in reimbursement for Medicare.</i>
<i>Medicare cuts will place an increased burden on the rural practices where the aging population has nowhere else to go for medical care. These patients will likely go to the emergency rooms for care which will increase the overall cost of medical care.</i>
<i>Medicare fees are already below my overhead (and I have low overhead) so, sadly, I am forced to gradually withdraw from providing services to Medicare beneficiaries.</i>
<i>Medicare is the most arduous payer, possessing the highest risk of audits and (false) accusal of claim fraud, thus generating the most administrative oversight. Burdensome challenges like e-prescribe are required to avoid penalties. So why am I accepting it???</i>
<i>Medicare patients are some of the most complicated patients in practice and deserve to have thoughtful, high-quality medical care. If fees are cut, docs will be forced to limit time spent with patients just to make ends meet and fewer docs will accept Medicare.</i>
<i>Medicare reimbursements do not now even cover the overhead. So every time I see a Medicare patient I lose potential revenue that is necessary to pay for my rent and employees' salaries and benefits like health insurance.</i>
<i>Medicare, as it relates to physician reimbursement, is quickly becoming the equivalent of Medicaid. A significant "cut" has already occurred, considering that reimbursement rates have essentially remained flat for the past 10 years.</i>
<i>More cuts equals more doctors opting out.</i>
<i>More cuts to an already underfunded system of physician reimbursement. Cuts are always directed at cuts in services, with no regard for the costs of medical education, residency, opening and maintaining a practice, or costs of documentation of compliance</i>
<i>My partner and I will retire ASAP as in general practice the economics of keeping the office open are so difficult especially with increased medical assistants' employment being necessary to function with EMRs and so many people in Texas uninsured.</i>

<i>My current overall cost of seeing Medicare and Medicaid patients in my office is slightly above my overhead. Any further cuts will lead to my paying to see my own patients. I feel ethically torn, but cannot sustain the business of medicine after 35 years in practice</i>
<i>My feeling is this may result in the end of primary care; one can already see the proliferation of urgent care centers which i feel will be the primary care model of the future-the result will have a devastating effect on medicine as we know it.</i>
<i>My patient volume is higher each year; my net income is less each year for the past nine years. I work 7 days a week, and not had a vacation in 10 years. Any cut pushes me to retire.</i>
<i>My plan is to limit my practice but any further cuts in Medicare would not even make that worthwhile.</i>
<i>My practice cannot tolerate any fee cuts.</i>
<i>My practice is solely limited to skilled nursing facilities and nursing homes as I have retired from my office practice. I continue to do this because I feel an obligation to the community. However, if these drastic pay cuts come about, I cannot continue to provide this service</i>
<i>My wife and I practice in the Rio Grande Valley and have been active since 1973. If we do not take Medicare and Medicaid our practice will close. As of now we barely meet expenses and often do not draw a salary from the practice.</i>
<i>No more cuts to Medicare!!! I have stopped seeing Medicare patients because I cannot afford to keep my practice open otherwise!</i>
<i>Not acceptable.</i>
<i>Not justified. Unsustainable. Unfair</i>
<i>On 4/1/2011 all of the doctors in my practice severed our Medicare contract. We continue to see our patients over age 65 by utilizing private contracts. In terms of job satisfaction, this is one of the best things I have ever done.</i>
<i>Once again, balancing the health care budget is placed on those who provide the services. The doctor's care, education and time are constantly being devalued.</i>
<i>One more dagger in the heart of primary care physicians.</i>
<i>I'm done.... It breaks my heart and haunts my soul; however, I have NO CHOICE, IF I am to stay in business.</i>
<i>Out of commitment to special needs patients (adult MR/MI); I provided care for them part time, outside of my full time employment. I will need to discontinue this part of my practice. I cannot afford the cost to continue.</i>
<i>OUTRAGEOUS! This has been going on for years & Congress plays this game until the very last minute. It's a shame that our seniors & their physicians are being held hostage & used as pawns in this annual ritual of "chicken." More docs will stop seeing Medicare.</i>
<i>Patient access is continuing to be limited by cost necessity by physicians setting quotas of Medicare patients. Decreasing physician access is not the answer to increasing costs of health care.</i>
<i>Physicians have seen fee cuts of over fifty percent as measured against inflation since 1986. No other highly skilled group has seen such cuts. Enough is enough. My group draws the line here.</i>

<i>Physicians who see Medicare patients are already making a sacrifice to society. I don't currently limit my quota of Medicare and as a result I get many patients who have already been dumped by their PCP. Please do not make me become a "dumper" too.</i>
<i>Presently Medicare is "breakeven"(zero profit) for me. I feel a strong responsibility to care for these patients...they've EARNED this! I can't afford to LOSE money with each Medicare patient....the reduction will create this effect. Their care will suffer!</i>
<i>Reduction in Medicare reimbursement will actually cost the government more, because as more private physicians drop out of Medicare, the emergency room visits will increase for those who have government funded health insurance which will lead to higher cost</i>
<i>Ridiculous to have to go through this every year. Public should realize all fees are now tied to Medicare who set the rates for all doctors, so everyone will be affected. Impossible to plan capital investment, hiring, expansion of services or technology.</i>
<i>SGR needs to be completely overhauled! The continued threat of Medicare cuts, only to delay fixing the problem at the last minute, is as damaging to Medicare participation as actual cuts.</i>
<i>Shortsighted and disastrous</i>
<i>The annual threat of cuts is wearing and depressing. That alone makes me want to stop practicing. I have 7 people who work for me and in uncertain economic times, I will not retire for both the practice and patients who hate losing their internists.</i>
<i>The budget needs to be balanced, but this is not the way.</i>
<i>The costs of operating a solo medical practice have continued to rise during the past 10-11 years without any increased payment from Medicare. Governmental interference continues to demand increased costs (EMRs). I will likely declare bankruptcy</i>
<i>The formula must be changed. I and my patients are tired of this "game".</i>
<i>The less reimbursement I receive from Medicare, the more reimbursement I try to obtain from private insurance by staying out of networks. This increases the healthcare costs to both the employers and the employees.</i>
<i>The medical profession is the only profession that is paid less now than 10 years ago.</i>
<i>The payments do not cover costs. Period.</i>
<i>The proposed cuts would make it impossible for most physicians to see Medicare patients without actually paying to see the patients. This would decimate physician access for Medicare patients.</i>
<i>The proposed Medicare fee cuts will greatly harm the field of Geriatric Medicine and the recruitment of the best and brightest into the field of Geriatric Medicine at a time when we need these physicians the most.</i>
<i>The sacred trust of healthcare control must remain solely in the hands of physicians. I disagree wholeheartedly with government involvement in its practice. I have yet to see a community of physicians where compassion and care are withheld.</i>
<i>The US Government is trying to balance the federal budget in the backs of doctors' and the senior citizens.</i>

<i>The way that it will affect me is that insurance companies will pay on a percentage of "Medicare rates." If the 29.5% cut goes into effect, I will either need to be employed or retire completely. The other scary thing is where will I get medical care?</i>
<i>There is no room for additional cuts. Either increase participant contributions or reduce services. As much as I love my work the changes that have been occurring are too onerous. I suspect I am not alone...there will be a mass exodus of physicians.</i>
<i>There is nothing to cut. By not keeping pace with inflation we have already been cut and further cuts approaching 1/3 would just be theft of service. This will lead to physicians spending even less time with the most vulnerable patients</i>
<i>These cuts are unconscionable in a profession already suffering rising overhead and declining revenues. No other business would even try to stay open under these onerous conditions - everyone else would just quit, and do something else.</i>
<i>These cuts will severely restrict access to doctors for their care.</i>
<i>These drastic cuts make it impossible to accept new Medicare patients. This will decrease our senior's access to care.</i>
<i>These would be devastating to the practice.</i>
<i>Think about your own parents, congress! Don't you want them to have access to quality health care?</i>
<i>This is not going to have the results that the government intends. Cutting payments to doctors isn't going to make healthcare less expensive. It will further limit access to care by causing doctors to opt out of Medicare/Medicaid programs.</i>
<i>This is ridiculous to cut fees further. We need more payment to provide good care, not less.</i>
<i>These will definitely affect our ability to stay in practice as commercial payers fees are set as a percentage of Medicare fees. We may not be able to continue our small practice.</i>
<i>To cut Medicare rates while requiring more paperwork and documentation for every DME and home health/hospice certification is a sure way to push physicians out. There is no way that a practice can sustain itself by doing more work for less money.</i>
<i>Too many aspects of exam to be done and too many forms to fill in order to get paid. With more things to do, payment is not commensurate to the effort (given in a visit). It is not surprising other doctors in primary care are dissatisfied.</i>
<i>Unfortunately it will place a burden on my patients, but i have no alternative if I have to suffer more cuts. My expenses are down to the essentials only.</i>
<i>We stopped accepting new Medicare patients last year due to the Medicare mess that Washington has created. If Medicare is cut at all we will immediately stop seeing any Medicare patients. We feel sorry for our patients and want them to have the best.</i>
<i>We will continue to see all patients in the ED although the cuts will hinder care with likely less on call coverage, less inpatient beds/staff, less ED nursing and ancillary staff, longer wait times in the ED, and lower patient satisfaction.</i>

What other industry business model exists wherein annually-escalating overhead CANNOT be passed on to the consumer, and at the same time, reimbursement is REDUCED? This business model does not exist elsewhere, because it is UNSUSTAINABLE.

Why anyone would want to see new Medicare patients is beyond my comprehension. If it were JUST the poor reimbursement I wouldn't be so adamant against new Medicare. However, the additional "hassle factor" (claims, coding, etc.) is ABSURD.

Why do we have to do this every year????? It is time for Congress to once and for all FIX the SGR mess.

Why is the work I do valued so much less just because someone is over 65? Are elderly to be denied the same access to medicine as everyone else just because they are old? The entire Medicare system is predatory to physicians, elderly and taxpayers.

Why won't Congress fix the problem once and for all, instead of patch, patch, and patch?

Will probably retire though i feel I can give so much!!!

With the present Medicare fee schedule it is difficult to keep my practice going, further fee cuts will definitely drive us out of business.

With these fee cuts, we would also stop taking hospital emergency call. This would deprive even commercial insurance patients of acute neurological care, but the severe loss of income would make it financially non-viable to see patients in the hospital.

Wrong way to go. Medicare will get what they pay for.

You can't keep trying to wring blood from a stone. We will need to have some other way to balance the books. Perhaps elimination of the balanced billing statutes would help allow us to stay open and do what doctors do - help people!

About the Survey

This report contains a statistical analysis of the results to the TMA Medicare SGR Survey. The analysis includes answers from 1,906 respondents who took the survey.

Invitations to participate in the online survey were sent via e-mail to all 32,797 TMA member and non-member physicians for whom the association has e-mail addresses. The response rate was 6 percent. Demographically, the respondents reflect the makeup of the entire TMA on the basis of age, gender, specialty, member type, and geographic location.

Data was analyzed using SPSS statistical software. Using a Chi-square test and a 95-percent confidence level, differences in population segments were conducted using cross-tabulations on the following demographic variables: age, specialty, and county.