

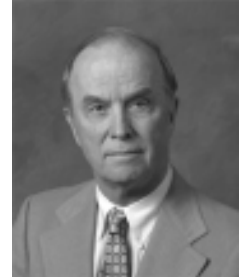


President's Comment

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Medicare's no pay rule of July 2008

The centers for Medicare/Medical, CMS issued a list of ten hospital-acquired conditions that hospitals would not be allowed to up code to cover additional expenses for treating these complications. The director Dr. Weems believes that this will improve hospital safety and eliminate increased costs because of medical errors. They estimate that MC will save approximately 21 million dollars for Medicare per year. The program also applies to Medicare per year. The program also applies to Medicare private insurance programs but will not include physicians involved in their care or other healthcare facilities such as nursing homes.

The current list includes:

1. Stage three and four pressure ulcers
2. Fall or trauma causing serious injury
3. Vascular catheter associated infections
4. Catheter associated urinary infections
5. Foreign body left in at the time of surgery
6. Certain surgical site infections
7. Air embolism
8. Blood incompatibility
9. Certain manifestations of poor blood sugar control
10. Certain deep vein thrombosis or pulmonary embolus

Now lets take a look at the list for one moment. CMS will have to explain the difference between stage two versus three or four pressure ulcers. Falls, foreign body left in at the time of surgery, air embolism and blood incompatibility should probably be on this list. With vascular-catheter, infections are there any guidelines? What if the guidelines are followed and the patient still develops an infection at the site of their vascular catheter? With urethral catheter-associated infections, how did they differentiate between bacteriuria and a true urinary tract infection or are two categories lumped together? The remaining three categories, "certain" surgical site infections, "certain" manifestations of poor blood sugar control, and "certain" DVT's or pulmonary emboli remain enigmatic and may be a bone of contention for hospitals involved in the care of these patients.

It appears that most of these conditions have been published without much fore thought. The

AMA has been responsible for removing or changing some of the conditions on the original list, did CMS forget operations done on the wrong side or on the wrong patient? I do not see them in the list above. CMS needs to come out with better definition about what "certain" mean in items six, nine and 10. They fail to take into account factors such as age, co morbid conditions, and patients contributing to their condition by pulling out their catheter.

In this not so perfect world, zero complication doesn't exist for some of the conditions listed above. I feel that CMS needs to rethink the rules and get expert advise from physician-surgeons that are contending with these conditions on a daily basis. The ominous situation is that in the future they will include physicians and other healthcare facilities such as nursing homes. I think this act will bring up a lot of controversy debate in the 21 million dollar savings will easily be eaten up by the bureaucratic red tape and will likely become a deficit to them.

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